

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
July 10, 2025

APPROVED

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
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:30 a.m. by Commissioner Green</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. Land Acknowledgement Action for May Minutes Action for June Minutes	<i>Information only.</i> <i>Read by Commissioner Green</i> <i>Approved by roll call</i> <i>Approved by roll call</i>
<u>III. Emergency Circumstance</u>		
<u>IV. Public Health Report</u>	Dr. Muntu Davis, County Health Officer, provided Public Health updates. Wildfire Recovery and Related Matters Following the Eaton Fire, there were significant concerns about potential lead exposure, particularly from contaminated soil just below the burn area. To address these concerns and help residents understand their risk, free blood lead testing was offered at a series of community events. The final testing event took place on June 27 at the Altadena Community Center. While those events have concluded, free blood lead testing remains available through December 2025 either at doctor's offices—typically covered by insurance—or by	

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	calling Quest Labs at 1-800-LA4-LEAD to schedule a free and confidential appointment. Since the initiative began, over 1,500 adults and children have been screened for lead exposure through community events. Of those tested, only seven individuals—all adults—had blood lead levels above the reference threshold of 3.5 micrograms per deciliter, indicating that the majority of participants did not have elevated lead levels. This suggests a generally low risk of lead exposure among the tested population. Ongoing information about fire-related safety and health resources is available on the program’s website. Substance Use and Prevention A recent analysis conducted by LA County’s Department of Public Health revealed a historic 22% decline in drug-related overdose and poisoning deaths in 2024, the largest drop ever recorded in the county. The number of deaths fell from 3,137 in 2023 to 2,438 in 2024—the lowest since 2019. Notably, fentanyl-related deaths decreased by 37%, while methamphetamine-related deaths dropped by 20%. Despite fentanyl remaining the leading cause of accidental overdoses, its share of overdose deaths decreased to 52% in 2024, down from 64% the previous year. These findings highlight the growing impact of public health initiatives focused on substance use prevention and intervention. The Substance Abuse Prevention and Control (SAPC) Bureau led the analysis as part of its annual report, now available on SAPC’s website. The report also provides a deeper demographic breakdown: the highest rates of fentanyl-related deaths were found among adults aged 40–64, followed by those aged 26–30. Males were more affected than females, and Black residents were disproportionately represented in overdose statistics, although the crisis cuts across all demographic and socioeconomic groups. These patterns further reinforce the need for tailored and equitable public health strategies that reach those most at risk. To address the crisis, LA County dramatically increased investments in prevention (by over 260%), treatment (35%), and harm reduction (500%) in 2024, largely funded through non-county sources. Campaigns such as the fentanyl frontline media initiative promoted awareness and the importance of carrying Naloxone, while the launch of ByLAforLA.org offered a stigma-free platform connecting	

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	people with harm reduction services. The data-driven outcomes suggest that these comprehensive strategies are working, offering real, scalable solutions to a complex crisis. Residents in need of help can call 800-854-7771, option 2, at any time to access substance use services. Recommendations/Comments: Rodrigues: Regarding the current climate and shifting priorities in terms of funding, would the funding for some of the current efforts that are having the greatest effect here be in jeopardy in any way? Given that it's blended funding, coming from different sources, do we estimate a significant reduction in the current programming and boots on the ground? Dr. Davis: It's hard to tell. We do understand that there are going to be impacts to Medicaid. What those exact impacts are, we don't know just yet. There is a potential for a reduction in access to these things, depending on what rules come with that and if there are changes in what's approved and any other funding levels that go along with that. Dorian: Advised the importance of examining not just mortality, but also morbidity when evaluating the success of public health programs. While preventing death is critical, she suggested that many valuable outcomes like reducing substance use or preventing serious illness often go unmeasured or unspoken. She expressed interest in better understanding how programming contributes to reduced morbidity, acknowledging that it's a complex area to study, especially since it can be difficult to isolate which specific parts of a program are responsible for improvements. Dr. Davis: Acknowledged the importance of evaluating program outcomes across the full spectrum of substance use services from prevention to treatment to housing. He emphasized that success can occur at multiple points along this continuum, and while some outcomes (like preventing initial substance use) may be harder to measure, it's important to recognize and strengthen efforts in all areas. He also stressed the need for a long-term perspective when analyzing data, focusing on sustainable improvements rather than quick fixes.	

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	He indicated that the Substance Abuse Prevention and Control (SAPC) team, led by Dr. Tsai, may already have some relevant data and will follow up for more detailed insights. He advised that ongoing evaluation and impact measurement are priorities across all public health programs, intending to continually improve services and better support people affected by substance use. Green: Regarding the lead poisoning, Is there any long-term or short-term effect that we'll have for those seven people? That's a good number compared to how many people were affected. Dr. Davis: Fortunately for those seven, they were all connected to our staff to provide additional information, to do any additional assessments. The exposure source, whether due to fires or other such as an industrial source or a house that has lead paint, is unclear. However, these people were connected to staff who were able to provide additional information and support.	
<u>V. Presentation</u>	Azar Kattan, Deputy Director for the Health Protection Bureau, and Christine De Rosa, Manager, Environmental Justice and Climate Health Office. In January 2024, the LA County Board of Supervisors directed the Department of Public Health (DPH) to gather stakeholder input and develop an ordinance to equitably establish a maximum indoor heat temperature for rental units. The ordinance was to include several key components: a single indoor temperature standard, cooling readiness requirements for all rental housing, anti-displacement protections, tenant provision updates, landlord incentives, and a phased implementation plan. Recognizing the serious health risks associated with heat—such as heat stroke, heat exhaustion, and worsened chronic conditions—DPH partnered with the Department of Consumer Business Affairs (DCBA) to address both health and housing concerns. Heat-related dangers are especially significant for residents in multi-family rental buildings lacking air conditioning. A notable example is the 2021 Portland heat dome, which caused 72 deaths—58% of which were in such housing. To inform its approach, the Office of Environmental Justice and Climate Health conducted a comprehensive review of literature, research from UCLA, other jurisdictions, and	

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	pending state legislation. The team aimed to create a balanced proposal that weighed public health needs with potential financial impacts on both renters and landlords, as well as environmental concerns such as energy grid strain and air quality from increased cooling use. To ensure equity and inclusivity, the ordinance was shaped through extensive stakeholder engagement, including large forums, small group sessions, and one-on-one interviews with both tenants and landlords. After developing a draft ordinance from this input, DPH returned to stakeholders for feedback and revised the ordinance accordingly. The department also collaborated with board offices and external experts to refine the final proposal, maintaining a focus on public health, tenant protections, and long-term sustainability. Stakeholder feedback revealed both support and concerns about the proposed indoor heat ordinance. Tenants generally favored establishing a maximum indoor temperature but raised important issues about affordability—particularly whether they'd be forced to use air conditioning they couldn't afford to run. They emphasized the need for financial assistance, effective enforcement, and rapid remediation, especially in extreme heat events. Tenants also expressed skepticism about complaint-based enforcement delays and advocated for a lower temperature threshold of 82 degrees. Landlords, on the other hand, largely opposed the ordinance due to financial and logistical concerns. Their main issue was the cost of retrofitting older buildings, particularly those with outdated electrical systems, which could require major upgrades. Landlords feared the financial burden could force them to sell properties, potentially leading to tenant displacement or redevelopment. They also worried about potential abuse of the complaint system and suggested a higher indoor temperature threshold of 86 degrees instead of 82. After considering input from both groups, Public Health finalized a draft ordinance that sets a maximum indoor temperature of 82 degrees for rental housing. Tenants will be allowed to install additional cooling to lower the temperature further, as long as it meets certain conditions. The ordinance aims to balance health protections with financial feasibility and will be presented to the Board of Supervisors for consideration on August 5. Enforcement challenges remain a	

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	concern, and further discussions may be needed to address those effectively. The proposed ordinance allows tenants to install additional cooling measures, but only under specific conditions. Tenants must provide landlords with five days' written notice and ensure any additions are safe, code-compliant, and non-invasive—meaning they can't make structural changes like installing ceiling fans or rewiring the unit without landlord consent. Landlords are prohibited from retaliating or harassing tenants who choose to add cooling devices or use non-mechanical methods, like blackout curtains or window shades. Minor upgrades required for cooling cannot be passed on to tenants under rent stabilization rules, although major capital improvements—like upgrading an entire electrical system—can be submitted to the Department of Consumer and Business Affairs (DCBA) for approval to pass through those costs. The ordinance applies to all rental properties in unincorporated LA County and in any city that contracts with the county for enforcement, excluding owner-occupied properties, mobile homes, RVs, and vacant units. If approved by the Board on August 5, it would take effect 30 days later, allowing tenants to begin installing cooling devices with proper notice. However, full enforcement would not begin until January 1, 2027, giving landlords an 18-month window to comply. During this period, the county will focus on education rather than penalties, providing both tenants and landlords with information on their rights and responsibilities. The delay in enforcement is partly due to capacity and funding issues. The Rental Housing Habitability Program (RHHP) was initially built on an undercount of rental units—estimated at 48,000 but now closer to 70,000—making inspections more complex and time-consuming. To fund the new heat regulation efforts, the county plans to increase the RHHP permit fees, including an added \$7–\$8 specifically for this program. However, that funding won't be available until early 2027, following inclusion in the 2026–2027 tax bills. In the meantime, inspectors will focus on outreach and education, especially promoting passive cooling techniques to reduce strain on the electrical grid and support heat health resilience. Comments/Recommendations:	

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	Rodrigues: Advised was very informative and much needed, as temperatures continue to rise. He wondered if there was an analysis of the county's electrical rate and how this is going to impact the county's electrical grid in the upcoming years. What kind of improvements are needed? Azar: In 2029. Christine: A RAND study provided recommendations related to indoor cooling, but its analysis had limitations, including a lack of reliable data on how many buildings actually have air conditioning. The study focused largely on single-family homes and assumed a countywide mandate for air conditioning, which doesn't align with the current, more targeted approach for unincorporated areas. While the study helped inform discussions—such as the idea of requiring AC in just one habitable room—its findings aren't fully applicable or data-driven for the broader range of rental housing types in LA County. Dorian: Asked about the practicality and cost implications of meeting an 82-degree indoor temperature standard, particularly whether it applies to just one room or the entire unit, and how frequently temperatures must exceed the threshold to trigger compliance. She also highlighted the need for clarity in enforcement, not only to ensure fairness but also to help landlords and tenants understand and meet the requirements appropriately. Additionally, she pointed out the broader economic context, acknowledging that financial and supply chain challenges may make compliance difficult for property owners, which should be factored into the implementation strategy. Azar: Enforcement is a central challenge, which is why the ordinance includes a long lead time and emphasizes education before penalties begin. Landlords who face legitimate barriers to compliance can apply for an extension of up to two additional years, potentially giving them until 2029 to meet the requirements, recognizing the variability in both housing conditions and weather patterns across the County.	

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	Dorian: Recent improvements in battery storage for solar and wind power are positively impacting the electrical grid, helping to reduce the risk of blackouts or brownouts during peak times like summer. However, ongoing questions remain about how to effectively manage and scale this technology in the future. Green: Dr. Davis talked about enforcement. For the landlords who are lagging, will there be a first-time or a second-time warning? Christine: For the first 18 months, the focus will be on education rather than enforcement. Even after enforcement begins, inspectors will prioritize educating landlords and tenants about passive measures to improve conditions. If a violation is confirmed, the process starts with a warning letter and could escalate to a fine. Landlords may receive or request extensions to comply. Enforcement follows a structured, step-by-step process, possibly involving a hearing officer or mediation, to encourage compliance through graduated measures. Azar: A draft ordinance will go to the health cluster next week and is scheduled for Board consideration on August 5. It's a Board letter with a departmental recommendation, not a motion from a Board Office, though amendments or motions could still be introduced by Board members. As written, it requires three votes to pass. Dowling: There are many old buildings in the County, many of them are still very well needed and cannot be torn down and rebuilt. Is there any assistance? Azar: There are financial assistance programs, such as through SoCalREN, to help landlords install cooling systems, including options beyond traditional air conditioning like swamp coolers. Part of the effort involves educating both landlords and tenants—landlords on affordable compliance options, and tenants on actions they can take to keep homes cooler. Cooling is seen as a shared responsibility: landlords must provide the infrastructure, but tenants also play a role in effectively using it.	

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	Green: For renters that already have their own air conditioning and their own units, and when it comes into effect, can those folks get reimbursement? Azar: This should be a consideration if something's already in place by the tenant. However, this will just be considered as the landlord meeting the requirement. There are no financial incentives. There's no discount or reimbursement to the tenant on past purchases. We don't have that. Christine: ISD is putting together a technical assistance and educational website, and it has a slew of sources for landlords of financial assistance programs and technical assistance. And so the ones that Azar mentioned are included, Clean Power Alliance and SoCalREN, those are included, but there are also others. And then there's some for tenants as well, like LIHEAP, which is the program that helps tenants with their electricity costs. The website is currently under development and yet running.	
<u>VI. New Business</u>	Public Health Prioritization Commissioners participated in an exercise, which was also conducted across all task forces and community meetings to raise awareness about our current \$1.766 billion blended budget and the potential risk of funding loss. The goal was to gather diverse input on key public health priorities to help inform future decisions. Key priorities identified included preventing infectious diseases, public health emergency response, and data collection, with additional support noted for women's and children's health, healthy communities, and worker safety. This summary was shared to invite discussion and reflection.	Commissioners were given the results of the survey.

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<u>VII. Unfinished Business</u>		
<u>VIII. Public Comment</u>	Attendee K.: A registered nurse at Children's Hospital in the ER, completing a family nurse practitioner program. This was a class assignment to attend a commission meeting.	
<u>IX. Adjournment</u>	MOTION: ADJOURN THE MEETING <i>The PHC meeting adjourned at approximately 12:12pm.</i>	<i>Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues.</i>