

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
July 11, 2024**

**APPROVED**

**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 \*\*  
Dr. Muntu Davis, County Health Officer\*\*  
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*

<b>TOPIC</b>		<b>RECOMMENDATION/ ACTION/ FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order at 10:30 a.m. by Commissioner Crawford</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	The Commissioners and DPH staff introduced themselves.  Action for June Minutes  Land Acknowledgement	<i>Information only.</i>  <i>Approved</i>  <i>Read by Commissioner Crawford</i>
<b><u>III. Emergency Circumstance</u></b>	N/A	
<b><u>IV. Public Health Report</u></b>	Anish Mahajan, Chief Deputy Director, provided COVID-19 and other public health updates.  COVID-19  There have been small increases in the number of reported cases. There has been an increase in the virus concentration in the wastewater and the percentage of positive COVID-19 tests. In the past week, it was reported 229 average daily COVID-19 cases. This is an increase from 215 cases the previous week. These represents an undercount because most testing is done at home and those are not reported to DPH.	

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	<p>Wastewater concentrations are at 17% of the most recent winter peak. Last time it was at 13%. Summertime is showing upticks in all numbers. It also suggests that more transmission is occurring. This past week there was a daily average of 197 COVID-19 positive hospitalizations, up from 159 from the week prior. The COVID-19 deaths remain relatively low and stable. Public Health reported a 0.9 daily average of COVID-19 deaths this past week.</p> <p>DPH recommends everyone to take precautions to reduce transmission. Free tests are available through us at the LA County Public Health clinics, local pharmacies, and most insurance plans. More information can be found on the DPH website at <a href="http://ph.lacounty.gov/covidtests">ph.lacounty.gov/covidtests</a>. Individuals who test positive should stay away from others until they are fever-free for 24 hours without fever-reducing medication and symptoms have resolved. Masking for 10 days after you test positive or when symptoms start to help reduce transmission.</p> <p>Vaccination remains the most effective way to protect against the severe effects of COVID-19. Those who are 65 years and older still have access to an additional dose of the updated 2023/2024 formula that provided additional protection to residents who are at the most risk of severe effects of COVID-19. All those who are 6 months and older are encouraged to receive the latest vaccine and get protection now before the new vaccination coming in the fall.</p> <p><b>Water Quality</b></p> <p>LAC has 3,200 public schools, 12,000 residential public pools, and more than 250,000 private pools. Properly maintained and regulated public pools greatly minimize the risk of many diseases related to being in the pool. Infection can enter through the body through the mouth, nose, ears, and ears.</p> <p>The County operates and manages 20 beaches that stretch along 25 miles of the county's mainland coast. The majority of ocean waters along the coast of LA County meet state ocean quality standards. Exceptions include areas adjacent or in front of discharging storm drains and after major storms when there is a lot of drainage runoff from urban areas into the ocean, which can cause the presence of disease-causing pathogens. DPH's Environmental Health Division, the Recreational Waters Program is responsible for reviewing, inspecting, and evaluating public pools, the ocean, and freshwater swim areas. Health Inspectors visit multiple-family dwellings like apartment buildings and condominiums with five or more units in private and commercial properties.</p>	

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	<p>Inspections include routine and follow up inspections of the public pools, responding to public complaints regarding public pools, evaluating visual quality of water and cleanliness of pool walls, floors, waterline tiles, skimmers, and deck areas. pH, chlorine residual, alkalinity and other kinds of harmful substances are being tested. The ocean water is also evaluated once a week throughout the year. Ocean water is analyzed for three types of indicator bacteria, which include total coliform, fecal coliform of E.coli, and Enterococcus. When found, they indicate the possible presence of disease-causing bacteria, viruses, or protozoa, which can cause several symptoms and issues like diarrhea fever, ear, nose, and throat infections.</p> <p>When testing does not meet State standards, DPH instructs lifeguards to post warning signs in the affected areas. The warning signs indicate the state bacteriological standards have been exceeded and may increase the risk to swimmers. The warning signs are removed after additional testing indicates the levels have returned to normal.</p> <p>If there is a sewage spill or chemical discharge, then beaches are immediately closed, regardless of bacteria levels and then reopened after testing indicates ocean waters meet state standards. For the latest information on ocean water quality conditions, the public can call 800-525-5662 or check out the website.</p> <p><b>Medical Debt</b></p> <p>Supervisors Hahn and Mitchell have sponsored a motion aimed at addressing medical debt in LA County through a comprehensive approach led by public health. This initiative builds on a coalition that includes the hospital association, health plans, community groups, and consumer advocates. Their efforts have focused on identifying best practices for financial assistance to prevent individuals from falling into medical debt and collections. Another key aspect involves retiring existing medical debt, estimated to burden hundreds of thousands of Angelinos with nearly \$2 million in debt. The Board allocated \$5 million from the Department of Public Health's budget to purchase and retire this debt in partnership with Undo Medical Debt.</p> <p>Additionally, collaboration with the Hospital Association of Southern California and health systems has highlighted efforts to forgive debt before it reaches collections. They are engaging health plans and the LA County Medical Association to expand these efforts. A forthcoming ordinance will mandate hospitals to report patient data related to medical debt to the</p>	

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	<p>Department of Public Health, aiming to identify gaps in financial assistance provision and improve practices.</p> <p>The ordinance will also ensure transparency by publishing aggregate data on financial assistance and medical debt countywide, enhancing public awareness. Despite concerns about data usage, ongoing dialogue with coalition partners seeks to address these issues. The initiative underscores a commitment to bridging policy with practice by leveraging data to assist hospitals in identifying and rectifying gaps in financial assistance provision.</p> <p>As the draft ordinance becomes publicly available, further discussions in board meetings will refine and finalize these measures, ensuring they effectively support vulnerable residents of LA County.</p> <p><b>Public Health Awards</b></p> <p>Public Health received 21 National Achievement Awards from the National Association of Counties (NACo) this year, recognizing innovative county government programs aimed at improving resident services. This achievement highlights Public Health's dedication to enhancing the health and wellbeing of Los Angeles County's 10 million residents. Dr. Ferrer expressed gratitude for the recognition and emphasized their commitment to addressing health inequities and improving public health equity across all programs.</p> <p>A press release on June 13th summarized the 2024 Public Health honorees, including initiatives such as the Substance Use Disorder Capacity Building and Incentive program, a \$50.4 million effort to improve treatment access and operational efficiency. The Overdose Prevention Initiative, led by Dr. Gary Tsai's team, expanded harm reduction services and distributed 50,000 doses of naloxone to prevent overdose fatalities.</p> <p>Another notable program is the Children's Oral Health School Linked program, which partnered with local school districts to ensure kindergarteners receive dental screenings and connect at-risk children with dental evaluations. Additionally, the Violence, Help, and Healing Storytelling Project received recognition for capturing diverse community voices on violence, contributing to prevention strategies.</p> <p>Public Health's efforts also included developing pedestrian safety plans for underserved communities, engaging residents in enhancing safety, and promoting walking. These achievements reflect the dedication and collaborative spirit of Public Health staff and their community partners,</p>	

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	<p>underscoring their ongoing commitment to public health excellence and community well-being.</p> <p>New Staff Member</p> <p>Jackie Valenzuela has been appointed as Public Health’s new Chief Wellness Officer, overseeing health and wellness initiatives within the department, including the development of a comprehensive wellness plan for employees. With over 20 years of experience in health and human services, Jackie previously served as Chief Adviser to the County Health Officer and Senior Adviser to the Director. She brings a commitment to collaborating across sectors to address community needs through policy and practical strategies.</p> <p>Initially, Jackie will focus on four priorities: promoting a respectful work environment through a "just culture" approach, enhancing implementation of the department's wellness programs, optimizing the Public Health Well time for staff development, and developing site-specific strategies to support employee wellbeing. A wellness council will be established to provide guidance and oversight. Public Health is excited about Jackie’s appointment and welcomes feedback from the community on this new role.</p> <p>Comments/Recommendation:</p> <p>Green: Should folks take the current vaccine or wait for the new one that will come out in the fall?</p> <p>Dr. Mahajan: For those over 65 or who have a chronic illness that makes them immunocompromised, if they have not taken a second shot from 23/24 vaccination that can still be done to protect themselves right now. They shouldn’t wait. If not, there need to be a four-month wait between your last dose before taking the new dose.</p> <p>Dorian: Do the individual hospitals use the same indicators, meaning every hospital uses the same indicators to judge financially within their communities?</p> <p>Dr. Mahajan: I think there's certainly a set of criteria about who is eligible for financial assistance that’s standardized. And it’s not like the hospital is bad. It's more like it's very difficult sometimes for hospitals to have operational processes in place to get the needed financial information from a patient to see if they qualify.</p>	

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<b><u>V. Presentation</u></b>	<p>Dr. Gary Tsai, Director of the Substance Abuse Prevention and Control Bureau talks about harm reduction service throughout the county.</p> <p>DPH’s Division of Substance abuse prevention and control oversees the move diverse and comprehensive continuum of SUD services in California. SAPC is committed to innovative, equitable and quality-focused substance use prevention, harm reduction, treatment and recovery services.</p> <p>Substance Abuse Prevention and Control is the County’s entity responsible for the specialty substance use prevention, harm reduction treatment and recovery system. All services are contracted out. So, the relationship with DPH and community-based organizations are the way in which services is delivered to County residents. Same for harm reduction and recovery bridge housing. Recovery Bridge Housing is a type of interim housing that’s recovery oriented.</p> <p>2022 was the first year fentanyl overtook methamphetamine as the primary contributor to overdose deaths. However, the numbers are similar due to people who use drugs often use multiple drugs at the same time. The drug overdose death in 2022 was 3220 but recently numbers for 2023 depicted a slight reduction to 3110 to overdose death overall. This is the first time in a decade there has been a reduction for overdose deaths. This demonstrated the impact of investing in a continuum approach to SUD services, not just investing in harm reduction or treatment but investing in prevention.</p> <p>17% of the people in the US have a substance use disorder. 15% of those individuals have received treatment over the past year. Of those that did not receive treatment, 95% did not perceive the need for those treatment services. One of the challenges that with the people that are being served is that the vast majority of the people with the condition are not interested in the serves that is being offered. The challenge is how to facilitate access for that population. And how to better engage them. One of the ways to address it is the viewpoint that we have abstinence-based serves and then harm reduction services and that there is no overlap in services.</p> <p>Other approaches include youth development health promotion and prevention services that are targeted at schools and at the community levels.</p> <p>Harm reduction services are the services that largely serve people who are using drugs, most of whom are not interested in treatment services. It is mainly focused on low threshold services that have been proven over 30 years of research to reduce morbidity and mortality including outreach</p>	

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	<p>overdose prevention services, syringe exchange peer services, linkages to necessary services, including substance use treatment.</p> <p>People with substance use disorders are at different stages of readiness and different stages of change. There is a spectrum of services with harm reduction. It is not just one thing but many. There is a distribution of harm reduction supplies, syringe exchange, and disposal, naloxone and fentanyl as well as xylazine text strips, access to drop-in centers, medications for addiction treatment, linkages to housing and other needed services, Mental health, substance use treatment or housing and other services. The goal is to meet people to check their status and/condition. It's important to have a brick-and-mortar site. Mobile services, street-based services are also offered.</p> <p>Harm reduction is not only a service but an approach. It also represents an orientation or approach to participate engagement. It's low barrier and no judgement services, meeting people where they are, these are core concepts of a harm reduction approach. SAPC launched a 95% Initiative last year. Reaching 95% initiative is aimed at implementing strategies to target the 95% of people with substance use disorders who are no knocking on our treatment door.</p> <p>All harm reduction services are not equal in the eyes of public opinion. There is a broad support for naloxone. These have expanded in jails and other correctional settings. That has been one of the contributors to the plateauing of overdose deaths in 2023. The exchange, distribution of harm reduction supplies, inclusive of safer smoking supplies do tend to be viewed more negatively. DPH has engaged with various partners across the county. Key concerns have been brought up that harm reduction services may enable substance use and more needs to be done in prevention. However, there are a lot of supporters of harm reduction services across communities although not always vocal.</p> <p>DPH is making an effort to address community concerns with community engagement events such as public meetings in all supervisorial districts and specific engagements with community leadership. DPH will continue its public messaging emphasizing the "continuum" approach to service so there is a shared understanding that when the county invests in harm reduction, those are just one component of our investments to meet the barrier needs of county residents. Also, the use of Harm Reduction Videos which aims to humanize people who use drugs, and the services harm reduction provides to these individuals.</p>	

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	<p>Recommendation/Comments:</p> <p>Dorian: Discussed the intersection of abstinence-focused education and harm reduction strategies, noting that while there's overlap between the two approaches, community leaders and partners are often trained primarily in promoting abstinence. She highlighted a gap in training for harm reduction methods, attributing low engagement in services partly to this oversight. She suggests a need for better training on harm reduction and trauma-informed care among community partners to effectively engage youth in services.</p> <p>Dr. Tsai agrees with the sentiment expressed, emphasizing the nuanced nature of discussing harm reduction versus abstinence. He noted that while they can elaborate on these nuances during interviews, media often simplifies the story. He highlighted the misconception that supporting harm reduction means opposing abstinence, clarifying that their approach includes substantial investments in both harm reduction and treatment. He stressed the importance of training community members to discuss these complex issues effectively, recognizing that the responsibility cannot solely rest on Public Health.</p> <p>Crawford: There are parallels between discussions on reproductive justice and substance abuse, emphasizing the need for inclusive approaches that respect individual choices. The challenge of defining reproductive justice to encompass both abstinence and safe sex practices for teens, similar to how substance abuse strategies must consider different approaches for different individuals. They support a model that promotes autonomy in decision-making, referencing a past initiative called Healthy Love Party that aimed to provide tools for safer sexual practices. Perhaps explore recent movements for insights and potential strategies to apply in substance abuse education and support.</p> <p>Dowling: Hats off for doing this for 20 years. In the <i>LA Times</i> yesterday, it mentioned a program where people could be paid not to use substances.</p> <p>Dr. Tsai: Yes. There's a contingency management pilot the state implemented under a federal waiver program. There are also other contingency management programs that are not funded through Medicaid. The state program I mentioned, which LA SAPC did opt into, so we are offering that, basically offers low dollar incentives for people to engage in treatment. And contingency management is one of the primary evidence-based treatments for stimulant use disorders and particularly methamphetamine.</p>	

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	<p>Green: Fentanyl use has been increasingly growing, is that in combination with some of the dealers that are cutting their heroin and other things with fentanyl. Is that separate or is that combination?</p> <p>Dr. Tsai: Yes, that's included in here. Fentanyl is being found in illicit drugs. Let's say someone's looking to use heroin, but actually there's fentanyl in there. It's also being found in counterfeit pills that may look like something that you would have in your medicine cabinet, like a normal sleeping medication, for example. And then people are also looking for fentanyl, particularly those who are dependent on it already. So there's all different scenarios in which fentanyl is being consumed.</p>	
<b><u>VI. New Business</u></b>		
<b><u>VII. Unfinished Business</u></b>		
<b><u>VIII. Public Comment</u></b>	<p>Caller #1: Mentions the role of Commission is to provide oversight and ensure DPH and BOS are accountable on all public health matters, including long COVID.</p> <p>Caller#2: Affected by long COVID and autoimmune conditions, advocates for maintaining N95 or higher respirators in healthcare settings, criticizing mask bans as fascist and expressing disappointment with the Mayor of Los Angeles.</p> <p>C.W.: Raised awareness about the severe impact of long COVID in the entertainment industry. He highlights the significant disruptions caused by long COVID, with numerous concerts and productions being canceled or delayed due to illness, affecting both celebrities and countless working performers, crew, and venue staff.</p>	

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	<p>D.D.: Expressed concern over the impact of COVID and long COVID on the population, advocating for mask mandates in healthcare settings and improved air quality monitoring in public buildings and calls for transparency from Public Health regarding wastewater data.</p> <p>T.J.: A long COVID patient and argues for mandates to mitigate airborne transmission of COVID-19, measles, and tuberculosis and calls for public funding to support measures in healthcare facilities to protect immunocompromised individuals.</p> <p>R.J.: Living with long COVID and ADHD. calls for accountability in eradicating SARS Coronavirus-2. and advocates for prioritizing educational support for children with long COVID under the Individuals with Disabilities Education Act.</p> <p>R.V.: Congratulates Department of Public Health on the national awards for excellence in various departments and hope to get a report from DPH on implementation of the use of the opioid settlement funds that were assigned to Los Angeles County, especially in light of the recent Supreme Court decision to lift immunity from the Sacklers. And thank you for your efforts in opioid use reduction intervention like for the efforts with regard to fentanyl exposure.</p> <p>Line#8: Opposes mask bans, citing concerns about their impact on the disabled community and personal health benefits. Advocates for continued mask use in essential settings like healthcare to protect vulnerable individuals.</p> <p>Attendee E.: Shared her experience of developing chronic health issues after getting sick leading to significant medical debt. She also expressed concern over inadequate COVID precautions in healthcare settings, highlighted personal health worries like potential breast cancer linked to prior COVID infection.</p> <p>HD: A single parent expressed fear over potential severe effects of a third COVID infection as her daughter enters high school. Advocating for continuous mask use in healthcare settings and enhanced indoor air quality measures to mitigate COVID-19's impact and prevent long COVID.</p> <p>Attendee A: A lifelong resident of Los Angeles expresses deep love for the city despite facing complex health issues that worsen with each COVID infection. He opposes the mayor's proposed mask ban. He seeks assurances</p>	

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	<p>from local leaders on measures to ensure the safety of residents like himself.</p> <p>JL: Had leukemia but have been in remission for past 11 years. Advocates for masks in the healthcare settings.</p> <p>Attendee M: A believer of human rights and should have basic human rights to protect own health. Advocates against ban of masks.</p> <p>Attendee P: Representing a woman with long COVID. Mentioned vaccine only isn't working and does little to prevent transmission. Advocates for masks in healthcare setting and other areas.</p> <p>Attendee J: Advised health has been compromised because of public health infrastructure around COVID. Hopes the city can invest in health and care for the vulnerable.</p> <p>Attendee A: Has managed chronic illness at a young age and now has minimal level of care because she is outraged that experts who treats her will not mask.</p> <p>Attendee N: Never recovered from long COVID. He understands the hard choices some people have to make when going in for care when people in the health facilities are not wearing masks. They take the risk of getting worse. Advocates for masks in the healthcare setting.</p> <p>VS: Expressed frustration over the government's failure to implement known COVID-19 prevention measures like HEPA filtration. criticized ongoing waves of COVID-19, arguing that these measures could prevent unnecessary death and economic damage.</p> <p>L.S.: A student nurse raised concerns about inadequate COVID-19 safety measures in her clinical environment. She reported being one of the few in her nursing cohort equipped with a high-quality respirator, while many instructors and staff at the medical facility do not consistently wear masks or follow proper protocols.</p> <p>J.T.: Urged the Public Health Commission to take stronger actions to improve public health. He emphasized the importance of clean air in all indoor public spaces, advocating for sufficient air changes per hour and maintaining low CO2 levels as part of harm reduction strategies.</p> <p>Attendee unknown: Lost her mother to COVID three years ago, expressed empathy and solidarity with previous speakers' concerns. She strongly</p>	

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	<p>opposed the proposed mask ban, arguing it would severely harm immunocompromised individuals and other vulnerable members of the community. She also describes masks as the last line of defense against COVID-19.</p> <p>J.B.: Demanded mandatory masks in healthcare settings, clean air initiatives in schools, government buildings, and public transportation. He also called for free distribution of N95 masks and updated infrastructure for air filtration and ventilation across all environments and opposed mask bans.</p>	
<b><u>IX. Adjournment</u></b>	<p><b><i>MOTION: ADJOURN THE MEETING</i></b></p> <p><i>The PHC meeting adjourned at approximately 12:15 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>