

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
June 13, 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 **
 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
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:30 a.m. by Commissioner Crawford</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	<p>The Commissioners and DPH staff introduced themselves.</p> <p>Action for March Minutes Action for May Minutes</p> <p>Land Acknowledgement</p>	<p><i>Information only.</i></p> <p><i>Approved</i> <i>Approved</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</p> <p>As LAC heads into the summer months, there begins to be an uptick in COVID infections. In the past four weeks, there has been a small increase in cases and an increase in the wastewater concentration. A</p>	

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	<p>higher percentage of COVID-19 positive tests are being reported to DPH. Tests that are reported to DPH are only a subset of all the tests that are done. Most people don't report to the Public Health Department if they are positive.</p> <p>New variants are circulating such as "FliRT", KP.2, and KP.3. These are descendants of the Omicron and JN.1 variants, causing increased infection rates. The trends during the summer in the 3 past years had shown increased cases.</p> <p>DPH recommends COVID testing for anyone who suspects that they have COVID symptoms. Free tests are still available at LA County facilities, through insurance providers, and pharmacies. If anyone tests positive for COVID, they should stay away from others until they are fever-free without medication for 24 hours and symptom-free. LAC is recommending people remain masked after being positive for up to 10 days after testing positive or after the symptoms have started in order to protect the most vulnerable residents.</p> <p>Residents 65 and older are eligible for an additional dose of the vaccine that was available last fall. The next vaccine will be more tailored to the variants that are circulating now and will be available in September or October. There needs to be a four-month gap between the time you took your previous dose of any COVID vaccine and the next one.</p> <p>Avian Flu</p> <p>Highly Pathogenic Avian Influenza (HPAI) is a severe and contagious disease primarily affecting birds, caused by viruses such as H5 and H7. These viruses, also known as bird flu, are transmitted from wild birds to domestic poultry and potentially other animals. While HPAI poses significant mortality risks to birds, it has not shown significant threats to human health, as it has not mutated to become transmissible between humans. Despite this, individuals who handle poultry or work on farms are advised to take precautions due to isolated cases of transmission. Government efforts are focused on testing to detect the virus, with recent cases in wild birds reported in LA County but none in domesticated birds. There is a low overall risk to humans, but precautions such as avoiding contact with sick birds and consuming</p>	

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	<p>only properly cooked poultry products are recommended to mitigate any potential risks.</p> <p>Gun Violence Awareness Month</p> <p>In 2022, data showed 836 LAC residents died from firearm injuries, and 500 of those were firearm homicides and 313 were firearm suicides. This year to promote Gun Violence Awareness Month, the Office of Violence Prevention continues to work on the awareness of the impact of gun violence, tools, and resources. There was a purchase of over 60,000 gun safety locks that is being distributed for free to LAC residents, no questions asked.</p> <p>The gun safety initiative began in April during Public Health Week. DPH started the initiative as a free public awareness campaign and distributed locks and educational tours at the six county medical centers. This month in partnership with LAC Libraries, OVP is expanding the gun safety lock distribution to the five tool lending libraries. Residents can visit www.lockedandloaded.org if they would like to get more information or obtain the gun safety lock.</p> <p>DPH is also launching a campaign in the Office of Violence Prevention to educate the public about gun violence restraining orders, which is a tool to reduce access to guns and ammunition from individuals who pose a significant risk of harming themselves or others.</p> <p>Pride Month</p> <p>June is Pride Month and DPH marched in the Pride Parade. DPH is proud to honor and commemorate the impact of lesbian, gay bisexual, transgender, intersex, queer, questioning, and asexual individuals who are part of our community here locally and nationally, and internationally. DPH is working with members of the LGBTQI+ community to understand their experiences, their distinct health concerns, and the inequities that they face. This month, DPH will be launching, in collaboration with the Williams Institute at UCLA, a report on the experience of LGBTQ+ individuals in LAC.</p> <p>State Health Audits</p>	

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	<p>The Los Angeles County Children's Medical Services program, which serves over 47,000 children and youth with qualifying medical conditions under state coverage, underwent a focused audit by the California Department of Healthcare Services starting in October 2023. This audit was prompted by complaints from patients and providers. Over several months, investigations and audits were conducted. The audit reviewed 30 cases and 49 service authorization requests (SARs), as well as 23 appeals, which were selected based on complaints received.</p> <p>Despite the vast scale of managing 47,000 cases and processing over 200,000 SARs from April 2022 to October, the audit identified 10 findings in a preliminary report. These findings centered around issues related to the timeliness of case adjudication, recommended policy, and procedure changes, and staffing and caseload adjustments to ensure effective management by nurses and other staff. Moving forward, the program is collaborating closely with the Department of Healthcare Services to implement corrective actions and enhance operational efficiency, aiming to provide optimal service to its clients.</p> <p>State Budgets</p> <p>In prior years, the state established a significant annual investment of \$300 million in the Future of Public Health Fund, with \$200 million allocated to local jurisdictions like LA County for infrastructure improvements and \$100 million to statewide operations. This funding was crucial for enhancing public health infrastructure, including staffing and community programs. However, recent budgetary challenges, highlighted in the governor's May revision, threaten to cut this essential program and other public health initiatives due to a projected deficit.</p> <p>For LA County, losing this funding would mean a severe impact, jeopardizing the employment of 218 permanent staff and reducing support for community organizations engaged in critical public health activities such as disease outbreak investigations. Despite strong advocacy efforts by local authorities and sympathetic responses from the state legislature, the final decision rests with the Governor.</p>	

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	<p>Discussions are ongoing, but uncertainty remains as the budget deadline approaches, leaving stakeholders anxious about the future of public health investments in the state.</p> <p>Recommendations/Comments:</p> <p>Green: Regarding COVID, it was mentioned the variants we're seeing now are not as severe, but is it the same kind of risk or is it a lesser risk? And how much does the current vaccine protect us compared to the one coming?</p> <p>Dr. Mahajan: Same kind of risk certainly for the elderly and those who are immunocompromised can have severe illness and some will experience flu-like symptoms. It has been announced that the newest vaccine will become available in the Fall. It is said to be tailored for the current variants, but it is to be determined. However, it will be good for reducing risks. It may not help in you getting infected, but it prevents you from getting sick from the infection.</p> <p>Rodrigues: As LAC waits for the new vaccine, the Health Department has recommended residents 65 years old and older get the latest shots. Many Community Health Workers or COVID mitigation projects have been sunsetted. So, how is the media team/outreach team getting the message out for them not to wait for Fall or winter and get protected now?</p> <p>Dr. Mahajan: Great point on the federal support for free vaccination that was easily available to people at one time is now ended. Everyone has to depend on the insurance system to get their vaccines covered and to get them. However, Public Health continues to stock the vaccine at our service sites and is encouraging the public through our communication team that they come to us, and they can get the vaccine.</p> <p>Green: Very sobering numbers regarding gun violence. Advised Gun Violence Archive is a live website that gives stats on people who were</p>	

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	<p>killed by gun violence across the country. Advised as of June 13th, there have already been 212 mass shootings in the country. That's more than one a day. OVP is doing a great job in the launching and would like to see more messaging around the violence restraining order piece.</p>	
<u>V. Presentation</u>	<p>Will Nicholas, Director, Center for Health Impact Evaluation. Dr. Nicholas presented information from the fifth annual report on mortality among people experiencing homelessness in LAC and provided insights into causes of death and demographic trends with recommendations.</p> <p>The fifth annual report on mortality among people experiencing homelessness in LAC began in late 2019, stemming from earlier work on Measure H's Health Impact Assessment. Recognizing the growing homeless population, the report aimed to highlight and address mortality issues. Initial findings were tied to actionable agendas by Dr. Ferrer and the Board, emphasizing not just data presentation but also collaborative strategies across departments to prevent deaths.</p> <p>Methodologically, mortality rates were calculated using death enumeration data, primarily sourced from the medical examiner, supplemented by keyword searches for homeless-related criteria and address file cross-referencing (The rate is the number of deaths in a given year divided by the total major population multiplied by 100,000). Data is collected from the medical examiner who has jurisdiction over all sudden, unusual, violent, and non-attended deaths, and homeless deaths fall under this umbrella. Population denominator data, such as the annual point-in-time homeless count conducted by USC, provided crucial demographic insights for age-adjusted rate comparisons and sub-population analyses.</p> <p>Each annual report detailed trends in total deaths and mortality rates, with 2022 marking a notable stabilization after alarming increases in previous years. Ongoing efforts include processing 2023 data for</p>	

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	<p>release in early 2025, reflecting ongoing challenges in data collection and analysis timelines.</p> <p>Overdose deaths, stabilized in 2022, contributing to the overall flattening of mortality rates observed. A notable correlation appears with the distribution of Narcan doses by the Department of Health Services, which surged in 2022 alongside the overdose rate plateau, suggesting potential effectiveness in harm reduction efforts.</p> <p>Excluding overdose deaths from the analysis, heart disease emerges as a leading cause of mortality, with fluctuations influenced by broader health trends and the impact of COVID-19. Traffic-related fatalities, primarily affecting pedestrians and cyclists, saw a rise until 2020, potentially mitigated by local initiatives redirecting vulnerable populations away from traffic hazards.</p> <p>Homicide rates exhibited fluctuations but spiked during the pandemic, echoing broader societal trends in violence. Gun-related incidents were predominant in these cases, underlining ongoing concerns about firearm violence within the homeless community. Suicide rates remained steady, with a notable lower involvement of firearms compared to the general population.</p> <p>COVID-19, which was once a significant cause of death, declined in 2022, falling out of the top ten causes entirely. Suicide, consistently a major concern, showed variance among age groups, particularly affecting younger adults.</p> <p>When looking at demographic disparities, there are changes in the racial and ethnic structure among the homeless population, with an increase in Latinx individuals. This demographic shift made an impact on mortality rates, which was due to the economic circumstances and hardship during the pandemic.</p> <p>Racial disparities in mortality rates revealed higher rates among white individuals despite lower representation in the homeless population, reflecting complex interplays between health conditions, substance use, and structural factors like racism.</p>	

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	<p>Gender differences indicated a positive trend with decreasing mortality rates among females experiencing homelessness, potentially linked to targeted interventions by community organizations.</p> <p>The report underlines the multilayered nature of homelessness-related mortality, urging continued vigilance, data refinement, and targeted interventions to address underlying health disparities and social determinants impacting vulnerable populations in LAC.</p> <p>Overdose deaths among people experiencing homelessness reveal a significant involvement of multiple drugs, with fentanyl showing a sharp rise in recent years, traditionally held by methamphetamine. These trends in drug involvement remain consistent across gender and race/ethnicity groups. Comparisons with the general population highlight stark disparities in mortality rates, with the combined 2021-2022 period showing a fourfold higher mortality rate among the homeless population compared to the general public, widening from previous years.</p> <p>Specific causes of death such as drug and alcohol overdoses, traffic fatalities, and homicides show disproportionately higher mortality rate ratios among the homeless, with overdose deaths being approximately 40 times higher and traffic-related deaths and homicides about 18 times higher than in the general population. The impact of COVID-19 among the homeless, while still elevated at 1.7 times higher, was mitigated by focused public health efforts during the pandemic, which aimed to identify and support homeless individuals effectively.</p> <p>These findings show the urgent need for targeted interventions addressing substance use disorders, violence prevention, and broader social determinants of health within the homeless community. The differential mortality rates also emphasize systemic inequalities and structural factors contributing to health disparities among vulnerable populations in LAC.</p> <p>Death from all causes is spread evenly throughout the county, with areas indicating up to six deaths per square mile. Concentrations are higher in downtown LA, Skid Row, Westlake, and MacArthur Park. Overdose deaths are geographically concentrated in downtown and</p>	

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	<p>MacArthur Park but represent only 25% of total overdose deaths, with significant occurrences areas like the San Fernando Valley, Hollywood, Venice, Santa Monica, Long Beach/Wilmington, and Pomona.</p> <p>Heart disease deaths show concentrations in Skid Row but are dispersed throughout the county, providing insights for targeted prevention efforts. Traffic deaths showed widespread dispersion across LA County, with noticeable clustering around freeway corridors, posing challenges for geographic focus. Homicide deaths also show concentration downtown but are broadly distributed across the county.</p> <p>The maps from the slides highlighted the diverse geographic distribution of mortality causes among the homeless population in LAC, emphasizing the need for nuanced, localized strategies in public health interventions and prevention efforts.</p> <p>Dr. Ferrer emphasized a thorough vetting and communication process for the findings, involving 150 groups who provided feedback that shaped updates and edits to the report's recommendations and interpretations. The recommendations are grouped into several key areas. Firstly, housing is highlighted as critical for preventing homeless deaths, advocating for training across service providers to facilitate housing linkages and ensuring sustained and expanded availability of permanent supportive housing and interim options. Additionally, measures are proposed to protect housing stability for individuals using substances, promoting recovery-oriented and overdose prevention services in congregate living settings.</p> <p>Secondly, the focus shifts to harm reduction strategies, particularly addressing overdose deaths as a primary concern. Recommendations include enhancing harm reduction initiatives, overdose prevention efforts, and outreach activities to mitigate risks associated with substance use within the homeless population. These efforts aim to improve health outcomes and reduce mortality rates among vulnerable individuals in Los Angeles County.</p> <p>These are strategies to address homelessness-related challenges through legislative actions, harm reduction efforts, and enhanced service provisions. It advocates for establishing safe consumption</p>	

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	<p>spaces and expanding harm reduction services across various settings frequented by homeless individuals, such as jails, hospitals, and residential areas, alongside robust outreach initiatives. Integration of telehealth and mobile health services is proposed to broaden access to physical and mental health care, complemented by peer-led services to incorporate lived experiences into service delivery.</p> <p>Emphasis is placed on targeted support for Black, Indigenous, people of color, and transgender, gender nonconforming, and intersex individuals experiencing homelessness, particularly in overdose prevention efforts. The next segment focuses on improving connections to broader health services tailored to homeless populations, including training medical providers to address specific needs and expanding primary and preventive care through mobile clinics and specialty care links. Implementation of infectious disease protocols, informed by lessons from COVID-19, is prioritized in homeless settings.</p> <p>Continuing mental health services expansion and initiatives like lowering eligibility thresholds for initiation of substance use treatment and lengthen the time of engagement and services. Efforts also extend to increasing the availability of FDA-approved opioid addiction medications for medication-assisted treatment. Finally, collaboration with municipalities under initiatives like Vision Zero aims to reduce traffic-related fatalities through community-driven planning, infrastructure enhancements, and policy interventions, addressing public safety concerns comprehensively.</p> <p>Recommendations/Comments:</p> <p>Dorian: Observed how much trends are influenced by improved data collection methods rather than actual changes in the underlying conditions. This highlights the importance of understanding the impact of enhanced screening and data availability on trend analysis.</p> <p>Secondly, concerned about age-adjusted all-cause mortality rates by race and ethnicity. While the data may initially seem positive for Latinx</p>	

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	<p>individuals, it's emphasized that changes in the denominator (population size) rather than actual health improvements may be driving these trends. This underlines the need to contextualize data points properly to avoid misinterpretation. Lastly, there are numerous non-public health factors influencing outcomes in various geographic areas. There is a need to advocate for a broader understanding of local contexts and interventions beyond public health, such as municipal policies and community responses, which shape the environment for people experiencing homelessness.</p> <p>Dr. Nicholas: The report goes into further explanation as to why trends are the way they are, but it can be misleading if you don't fully read and jump to conclusions. This is true when looking at the maps from the slides as well regarding overdose. It can appear that it's all happening downtown. However, it's a measure of geographic concentration by square mile. It just means that they're a little bit more spread out in other places, but it doesn't mean that it's not a problem in other places.</p> <p>Rodrigues: Great presentation. Two points/questions around two key issues - first, the dissemination of information among homeless prevention coalitions and other relevant departments; second, beyond putting community mental health ambassadors out there, what else could be done by dept of Mental Health through Prop 1, the Dept of Health Services, and OER branch? There is a need for interdepartmental cooperation regarding homelessness, particularly in light of Proposition 1 and its implications for funding distribution. He emphasize the importance of leveraging collected data to develop actionable strategies and collaborate effectively across departments to address upcoming challenges and opportunities.</p> <p>Dr. Nicholas: Since we released our first report five years ago, we've had a coalition, a county coalition with the Department of Health Department of Health Services, LAHSA, and the CEO Homeless Initiative. The group originally developed the initial set of recommendations and had a process of reporting on progress on</p>	

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	<p>strategies to the Board. There is an active agenda tied to this. For dissemination, DPH can do a better job. Just recently, this work was presented to the Measure H Citizen Advisory Board and SPA 6 Homeless Coalition. However, DPH is open to ideas of other venues.</p> <p>Joshua Bobrowsky, Director of Government Affairs</p> <p>The budget process in California for the upcoming fiscal year has been a dynamic and challenging journey. In mid-May, the Governor presented his revised budget proposal, which included significant cuts that sparked concern across various sectors. The legislature responded with their own plan, released shortly thereafter, aiming to counteract many of these cuts by exploring alternative revenue sources and adjustments. This legislative plan has since been formalized into budget bills, scheduled for imminent voting to meet the June 15 deadline for budget enactment.</p> <p>Once passed, the bills will head to the Governor, who holds the authority to make line-item vetoes. While traditionally sparing with such powers, the current financial constraints may prompt a different approach this year. Nevertheless, the process is far from over, with expectations of additional adjustments through what is informally termed a "Budget Bill Jr." This secondary legislation typically reflects consensus among the governor and the legislative branches.</p> <p>Amidst these negotiations, public health funding has emerged as a critical focus. Advocacy efforts have been robust, particularly regarding a proposed \$47 million cut that would affect over 200 positions within the department. Collaborative efforts with the California Can't Wait coalition have included lobbying legislators and engaging community partners to highlight the repercussions of such cuts. Encouragingly, the legislature's plan restored \$300 million earmarked for future public health initiatives, signaling recognition of the importance of sustained funding in readiness for emergencies.</p> <p>However, not all cuts were mitigated successfully. Reductions affecting programs like CalWORKS, Home Visiting and the Community Health Outreach Initiative remain concerning, albeit slightly tempered by legislative efforts to lessen their impact. The fate of crucial programs</p>	

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	<p>like the Child Health and Disability Prevention Program also hangs in the balance, with ongoing discussions about funding reallocations.</p> <p>Positive strides include the legislature's rejection of a proposed \$300 million cut to active transportation funding and their commitment to backfilling federal cuts affecting victim services. Despite these wins, uncertainties persist until the final budget agreement is reached, emphasizing the continued advocacy needed to safeguard essential services across the state, especially during these financially precarious times.</p>	
<u>VI. New Business</u>		
<u>VII. Unfinished Business</u>		
<u>VIII. Public Comment</u>	<p>W.P. - Two questions on the topic of the virus that causes coronavirus disease. It was said that these vaccine mitigations prevent you from becoming very sick. How does that stop the spread in Los Angeles? Why are vaccines recommended for all adults six months and up?</p>	
<u>IX. Adjournment</u>	<p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 11:49 a.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>