

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES  
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION  
Thursday, November 2, 2023**

<u><b>Commissioners</b></u>	Present	Excused	Absent
David Marshall, D.N.P., Chair		<b>X</b>	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair	<b>X</b>		
Christopher Bui, M.D.		<b>X</b>	
Michael Cousineau, MPH, Ph. D	<b>X</b>		
Dr. Genevieve Clavreul, R.N., Ph.D.	<b>X</b>		
Phillip Kurzner, M.D.		<b>X</b>	
Laura LaCorte, J.D.	<b>X</b>		
Patrick Ogawa	<b>X</b>		
Elisa Nicholas, M.D.		<b>X</b>	
Barbara Siegel, J.D.	<b>X</b>		
Margaret Farwell Smith	<b>X</b>		
Stanly Toy, M.D.		<b>X</b>	
Rosemary C. Veniegas, Ph.D.	<b>X</b>		
Tia Delaney-Stewart	<b>X</b>		
<u><b>DHS Staff</b></u>			
Allen Gomez			
Robert Broadbelt			

**1. Call to Order**

The meeting was called to order at 10:31 a.m. by Commissioner Siegel.

**2. Roll Call**

Allen Gomez, Commission staff, called the roll.

**3. Welcome and Introductions**

Chair McCloud welcomed all members of the commission, staff, and guest.

**4. Action Item:**

Approval of Minutes – October 5, 2023

**\*\*On motion of Commissioner Siegel, seconded by Commissioner Ogawa, the October 5<sup>th</sup> meeting minutes were unanimously approved\*\***

**5. Presentation –**

General discussion with Dr. Barbara Ferrer, Director of DPH, who provided recent data on health inequities, as well as DPH efforts to improve population health in LA County.

<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATIONS, ACTIONS, FOLLOW-UP</b>
<ul style="list-style-type: none"> <li>• Health Inequities               <ul style="list-style-type: none"> <li>○ Black population in LA County experiences highest mortality for all causes.</li> </ul> </li> </ul>	

- High Vaccinated regions with high poverty underperformed low vaccinated regions with low poverty – underscoring the impact socioeconomics has on population health.
- Factors Contributing to COVID Inequities
  - **Increased Exposures:**
    - Essential workers, especially in sectors like healthcare, public transportation, and grocery stores, often didn't have the luxury of working from home.
    - Many essential workers also lacked adequate PPE in the early stages of the pandemic.
  - **Environmental Conditions:**
    - Overcrowded housing can make it challenging to isolate or quarantine, increasing the risk of transmission among family members.
    - Densely populated neighborhoods with limited open spaces can lead to more interactions and potential exposures.
    - Poor ventilation can allow the virus to linger in the air, increasing the risk of transmission.
  - **Disproportionality in Other Health Outcomes:**
    - Chronic illnesses such as diabetes, hypertension, and obesity are prevalent among Black and Brown communities. These conditions can exacerbate the severity of COVID-19 symptoms.
    - Socioeconomic factors, limited access to healthcare, and historical distrust in the medical system contribute to these health disparities.
  - **Inequitable Distribution of Health-care and Health Affirming Services:**
    - Geographic disparities mean that some areas might not have easy access to testing centers, pharmacies, or clinics.
    - Economic disparities can prevent individuals from taking time off work when sick, leading to potential spread.
    - Limited telework options for low-income jobs mean that many individuals had to continue working in-person, even at the height of the pandemic.
- Reframe Using an Equity Lens
  - **Conventional Q:** How can we promote healthy behavior?
    - **Health Equity Q:** How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?
  - **Conventional Q:** How can we reduce disparities in the distribution of disease and illness?
    - **Health Equity Q:** How can we eliminate inequities in the distribution of resources and power that shape health outcomes?
  - **Conventional Q:** What social programs and services are needed to address health disparities?
    - **Health Equity Q:** What types of institutional and social changes are necessary to tackle health inequities?
  - **Conventional Q:** How can individuals protect themselves against health disparities?
    - **Health Equity Q:** What kinds of community organizing and alliance building are necessary to protect communities?
- LA County DPH Offices:

- Chief Science Office
- Office of Planning, Integration, and Engagement
- Office of Communications and Public Affairs
- Center for Health Equity
- LA County DPH Bureaus:
  - Disease control
  - Health Promotion
  - Health Protection
  - Operations Support
  - Substance Abuse Prevention & Control
- Health Promotion Bureau
  - African American Infant and Maternal Mortality Prevention Initiative (AAIMM)
    - **In partnership with First 5 LA, CBOs, and LAC Departments:**
      - 4 Community Action Teams
      - AAIMM Doula Programs
      - AAIMM Fatherhood Program
      - Culturally congruent group prenatal care at Charles Drew University's Black Maternal Health Center of Excellence
      - AAIMM Village Fund
      - California Coalition for Black Birth Justice – Policy Agenda
      - Public Engagement [www.blackinfantsandfamilies.org](http://www.blackinfantsandfamilies.org)
    - **Adjacent efforts:**
      - Black Infant Health program
      - Guaranteed Income pilot for Black expectant and other groups at risk of adverse birth outcomes
      - Black Mother Policy & Advocacy Board
      - Preparation for a countywide doula hub for the Medi-Cal doula benefit
  - Office of Violence Prevention
    - Establish Regional Violence Prevention Coalitions
    - Create Community Accessible Open Data Portal
    - Expand Trauma Prevention Initiative to additional communities
    - Implement Crisis Response Pilot in South LA
    - Advance Healing Centered and Trauma Informed System Change
    - Shift the narrative about violence and trauma.
- Public Health Centers
  - 14 Public Health Centers across LA County
  - Services Provided include:
    - Sexual Health Clinic
    - TB Eval Clinic
    - Immunization and Triage
    - Mobile Outreach Program
    - Telehealth
- Overdose Mortality

- **methamphetamine** (cardiac, neurologic, psychosis) and **fentanyl** (respiratory depression) are the top two substances resulting in fatal overdoses across LA County.
- SAPC strategies to address the overdose crisis:
  - **Establish widespread community awareness about the risk of fentanyl overdose**
    - Use of a variety of communication channels to communicate the fentanyl-related risks and services available
    - Media interviews
    - Health alerts
    - Social media campaigns, including leveraging influencers
    - Public messaging via mass media campaigns
    - Engaging neighborhoods through SAPC's Prevention provider network
  - **Increase substance use prevention programs**
    - Increase prevention funding to enhance capacity (DPH as an organization and contractor of community partners); increased funds directly go to key programming including investments in positive youth development (e.g., Student Wellbeing Centers, DPH Youth Ambassador program, My Brother's Keeper program with LAC Libraries).
  - **Expand the availability of harm reduction and overdose prevention services**
    - Increase funding to support harm reduction expansion (e.g., Engagement and Overdose Prevention (EOP) Hubs)
    - Improve integration with SUD treatment.
    - Explore piloting safer consumption sites locally.
  - **Make SUD treatment more accessible**
    - Enhancing outreach & engagement across the SUD system
    - Establishing lower barrier care across the SUD system
- Syphilis Rates:
  - Syphilis rates increased across all racial/ethnic groups, and the sharpness of the increase and overall rate was highest among African-Americans.
  - Focusing heavily on syphilis (compared to gonorrhea and chlamydia) due to its potential to cause serious health complications, its capacity for rapid transmission & link to HIV.
  - DPH continues to observe that these infections disproportionately affect certain groups based on gender, race, and sexual orientation, including Latinx and African-American persons; gay, bisexual and other men who have sex with men; transgender persons; and in the case of chlamydia in particular, young persons.
- LA County STD Prevention & Control Strategies:
  - Prevent
    - Key activities: condom distribution, comprehensive sexual health education in schools, and expedited partner therapy.

<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Introduction of Doxycycline post-exposure prophylaxis (Doxy-PEP) which is over 65% effective against bacterial STIs. Plans to expand its use are underway.</li> </ul> </li> <li>○ Treat: <ul style="list-style-type: none"> <li>▪ Emphasis on prompt treatment post-diagnosis to reduce infection transmission.</li> <li>▪ Noted rise in syphilis cases among marginalized women, leading to cases of congenital syphilis in newborns.</li> <li>▪ Ensuring providers have access to treatments and 24/7 clinical consultation.</li> </ul> </li> <li>○ Diagnose: <ul style="list-style-type: none"> <li>▪ Efforts to expand and normalize STD testing.</li> <li>▪ Low barrier STD screening and treatment programs in clinical settings.</li> <li>▪ Encouraging STD testing in emergency departments, school wellbeing centers, and syringe support programs.</li> </ul> </li> <li>○ Respond: <ul style="list-style-type: none"> <li>▪ Robust surveillance system in place to identify high-priority STI cases and potential transmission clusters.</li> <li>▪ Data-driven action informed by surveillance data, shared actively with partners like health plans and community providers.</li> </ul> </li> <li>○ Cross-Cutting Strategies: <ul style="list-style-type: none"> <li>▪ Promoting Gay/Bi/MSM Holistic Health</li> <li>▪ Community Engagement Programs (South LA)</li> <li>▪ Implicit Bias &amp; Medical Mistrust Training</li> <li>▪ Media Campaigns</li> <li>▪ HIV, Syphilis, Meth Use Disorder Syndemic Programming</li> </ul> </li> <li>• Q&amp;A: <ul style="list-style-type: none"> <li>○ Commission raised the question of what DPH would do with infinite resources: <ul style="list-style-type: none"> <li>▪ Curriculum in every school starting in pre-K to teach social and emotional learning.</li> <li>▪ Failed to teach children strategies for managing their emotions, which causes self-medication.</li> <li>▪ Important to acknowledge that demand for drugs is very high.</li> </ul> </li> <li>○ How are you addressing workforce challenges within DPH? <ul style="list-style-type: none"> <li>▪ Working hard on culture, and making sure people feel they are part of the discussions.</li> <li>▪ DPH still has a great deal of staff on contracts because of a lack of reliable funding stream. (approx. 86% of funding is through grants)</li> </ul> </li> </ul> </li> </ul>	
--	--

**6. Items for discussion and possible action:**

	<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATIONS, ACTIONS, FOLLOW-UP</b>
--	----------------------------	--

<p>a. Discussion of Hospital Commissions 2024 Strategic Priorities</p>	<ul style="list-style-type: none"> <li>• Discussed CalAim, Health Equity, Workforce and HR, patient experience, and mental health. <ul style="list-style-type: none"> <li>○ <b>Narrowed down to CalAIM, quality of care, workforce.</b></li> </ul> </li> <li>• Commission wants to know what DHS is doing with the dashboard data.</li> <li>• Commission suggested if we look at the issue of quality, we need more data. <ul style="list-style-type: none"> <li>○ More detailed assessment of quality metrics broken down by facility, etc.</li> </ul> </li> <li>• Commission suggested changing the standing committee focus to DHS implementation of CalAIM or the impact CalAIM will have on DHS.</li> </ul> <p>On Motion of Commissioner Siegel, seconded by Commissioner Ogawa:</p> <ul style="list-style-type: none"> <li>• Ayes: Vice-Chair McCloud, Commissioner Cousineau, Commissioner Clavreul, Commissioner LaCorte, Commissioner Ogawa, Commissioner Veniegas, Commissioner Smith, Commissioner Siegel, Commissioner Stewart.</li> <li>• Nays: None</li> </ul>	<p>Motion to set the Hospital Commission 2024 Strategic Priorities to: CalAIM, Quality of Care, and Workforce passes.</p> <p>Ayes: 9 Nays: 0</p>
<p>b. Discussion to set priorities and meeting dates for the newly created Standing Committee on Housing and Homelessness</p>	<ul style="list-style-type: none"> <li>• Commission unanimously voted to change the focus of the standing committee from housing and homelessness to CalAIM.</li> </ul> <p>On Motion of Commissioner Cousineau, seconded by Commissioner LaCorte:</p> <ul style="list-style-type: none"> <li>• Ayes: Vice-Chair McCloud, Commissioner Cousineau, Commissioner Clavreul, Commissioner LaCorte, Commissioner Ogawa, Commissioner Veniegas, Commissioner Smith, Commissioner Siegel, Commissioner Stewart.</li> <li>• Nays: None</li> </ul>	<p>Motion to shift the focus of the Standing Committee on Housing and Homelessness to CalAIM passes.</p> <p>Ayes: 9 Nays: 0</p>

c. Discussion on Future Commission Guest Speakers for 2023-2024

- Commission suggested Clemens Hong as a future guest speaker for the 1-2pm standing committee in January.
- Tentative Speakers:
  - Shari Doi – August 2024
  - Dashboard DHS – September 2024
  - Marilyn Hawkins – October 2024.
- Confirm if Jackie Contreras is available from 1-2pm in April 2024, and confirm if Dr. Patel is available from 11-12.

Received and filed

d. Discussion on Future Commission Site-Visits for 2023-2024	<ul style="list-style-type: none"> <li>Continued to December</li> </ul>	
e. Report back on the October 19, 2023 Correctional Health Services Ad Hoc Meeting	<ul style="list-style-type: none"> <li>Continued to December</li> </ul>	
f. Review priorities of Ad Hoc Committees – Correctional Health Services Ad Hoc	<ul style="list-style-type: none"> <li>Continued to December</li> </ul>	
g. Discussion – DHS Dashboard	<ul style="list-style-type: none"> <li>Continued to December</li> </ul>	

**7. Items not on the posted agenda for matters requiring immediate action because of an emergency, or where the need to take immediate action came to the attention of the Commission after the posting of the agenda.**

**8. Public Comment**

**9. Adjournment**

The meeting adjourned at 12:31 p.m. The next regular meeting is scheduled for December 7, 2023.