LOS ANGELES CITY

HEALTH COMMISSION REPORT

2018

2018 Health Commissioners

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Introduction to Annual Report 2018

The Health Commission seeks to evaluate the state of health in the city, reporting this information in an annual Health Services Plan. Following in similar fashion as the published 2015-2016 Annual Report, the 2018 Los Angeles Health Commission Report seeks to follow Blum's Model of Health (1983), placing emphasis on the major community health determinants of environment, lifestyle, and medical care. Moreover, this report offers a progress report on prior recommendations of action and a comparative view of the differences that have emerged in the city's health landscape between 2016 and 2018. Through this continual evaluation of progress and updated recommendations on policy and practices, The Los Angeles City Health Commission reaffirms its commitment to improving the health and wellbeing for all who reside in the City.

Section I: Homelessness

Introduction

The Los Angeles Homeless Services Authority reports a 2018 updated homeless population of 52,765 throughout Los Angeles County, with 31,285 within the city of Los Angeles. These numbers mark the first reduction in homelessness in the last five years, decreasing 4% across the county and 6% within the city from 2017. Despite a positive trend, currently 39,396 (75%) of the county's homeless remain unsheltered, directly related to Los Angeles' current deficiency in affordable housing (LAHSA, 2018a).

The effects of homelessness on health are widespread, including high rates of acute and chronic disease, significantly higher risk of substance abuse, and greater predisposition to obesity (Koh et al., 2012). In addition, the lack of access to regular medical care impedes the ability of homeless people to access largely referral-based aspects of healthcare such as dental care, vision care, and mental health care (Baggett et al., 2010). Moreover, the heavy disease burden carried by homeless individuals holds ramifications for others in society, evidenced by increased stress on emergency departments and higher risk of infectious disease (Schanzer et al., 2007).

Across interviews conducted by Nickasch and Marnocha (2009), the predominant theme emerging in healthcare interactions for homeless populations was an external locus of control. This theme was broken down into four major deficiencies: lack of attainment of physical needs (shelter, food, hygiene facilities), lack of affordability, (high co-pays and poor insurance options), lack of available resources (clinics, transportation, and telephone access), and lack of compassion of health care providers (stereotyping, presumptions). An understanding of the homeless experience with healthcare requires consideration of all four of these major factors, and will be tackled throughout this section of the report

The Los Angeles City Health Commission presents concrete options for improving the health of the city's homeless population through improving environmental conditions and allowing for more accessible healthcare, and by evaluating new and existing priorities considering recent city policy developments such as Proposition HHH and Measure H.

Housing for Health

Recommendations:

1) Continue to build off the success of the Housing for Health (HFH) program through financial means and engagement of additional community stakeholders.
2) Examine the HFH program through government-funded comparative research studies, evaluating overall efficacy and determining how results may vary by population.
3) Expand the Flexible Housing Subsidy Pool (FHSP) through county funds and engagement of donors, allowing the program to operate and grow.

Background:

The Los Angeles County Department of Health Services (DHS) began the Housing for Health (HFH) program in 2012, with the stated goal of providing permanent supportive housing (PSH) to homeless DHS patients with complex physical and behavioral health conditions (LACDHS, 2016). In doing so, HFH aims to reduce the systemic strain on clinics and first responders, while tackling the issue of homelessness as a means of public health advocacy.

The program uses federal rent subsidies, partnering with the Housing Authority of the City of Los Angeles (HACLA) and Housing Authority of the County of Los Angeles. Additional funding comes from the Flexible Housing Subsidy Pool (FHSP), a flexible alternative working with Brilliant Corners, providing housing for candidates who don't meet the criteria of federal subsidies (LACHI, 2018). A study by RAND Corporation presents an evaluation on HFH, reporting that: 1) participants exhibited 1.67 fewer ER visits; 2) inpatient hospital stays were reduced by over 4 days, and 3) the number of arrests decreased overall. Moreover, cost-analysis showed a decrease in public service utilization cost by participants from $38,146 to $15,358 in the year after receiving housing. Most importantly, offset by the cost of the program, RAND reports a net savings of 20% from implementation (Hunter et al., 2017). Currently, program retention is at 96%, extending to over 3,400 housing placements with an end goal of 10,000 (Hunter et al., 2017; LACDHS, 2016).

HFH follows the philosophy of Housing First, where housing options are provided without prior or ongoing mandated participation in mental health services or substance abuse treatment (Hunter et al., 2017). This approach is contrasted by the more traditional mindset of Continuum of Care, which viewed permanent housing as a privilege to be attained after proving responsibility in various supportive programs, as opposed to a basic human right. This priority on permanent housing increases participant autonomy and removes the stringent penalty of losing housing based on choices of substance use and participation in the supportive programs that are made freely

available (Tsemberis et al., 2004). Popularity for Housing First has increased dramatically across the U.S., with California recently declared by Gov. Jerry Brown to be a "Housing First State", using "housing as a tool, rather than a reward, for recovery" (Mitchell et al., 2016).

Keeping in mind the successes of HFH, Kertesz et al. (2009) and Hunter et al. (2017) indicate that Housing First programs may only be cost effective when targeted at individuals with complex medical issues for whom a stable environment eases the burden of disease and reduces public service utilization cost. As a result, care must be taken in extrapolating Housing First as an economical option for all homeless subpopulations, especially speaking towards severe addiction disorders. Expansion should be guided with continual progress measurements and cost-benefit analyses.

Action Plan:

The commission urges the adoption of the stated recommendations to evaluate and allow for continual expansion of Housing for Health.

Sobering Centers

Recommendations:

1) Strengthen partnerships with LAPD, LAFD, and community outreach resources to better integrate the Skid Row Sobering Center into existing structures of public service.
2) Examine the possibility of contributing funds from Measure H towards the creation of additional sobering centers in high-risk areas around LA to ease the healthcare burden of serial inebriates.

Background:

Los Angeles opened the Dr. David L. Murphy Sobering Center on January 2, 2017, located at 640 South Maple Street in Skid Row. The goal of the facility was to send serial inebriates to a designated facility for monitoring and temporary management instead of tying up police and emergency medical services resources preferably devoted to emergency response and other civil services (Exodus, 2017; Slayton, 2017). The facility has a capacity of 50 beds open 24 hours a day and opened with expectations of 8,000 visits a year from 2,000 people (Slayton, 2017).

After a year of operation, however, only 2,463 visits were registered. This markedly lower than expected number of visits was attributed to a lack of adequate integration with emergency services and community partners. Ongoing developments include the creation of the SOBER (Sobriety Emergency Response) Unit, which responds to calls from outreach workers, police, or firefighters. Given that the facility does not allow walk-ins, patient escort was previously required by LAPD and outreach workers. Moreover, LAFD was required to direct all severely intoxicated patients to an emergency department. The SOBER Unit has already seen an uptick in patient collection, expected to rise throughout 2018. The use of Measure H funds for developing similar facilities is being explored by County Supervisor Mark Ridley-Thomas (Slayton, 2018).

A landmark study evaluating sobering centers was performed by Warren et al. (2016), identifying and surveying a nationwide sample. Across all centers, similar motives were defined: relieving ED/EMS congestion, diverting patients from jails or police detention, and providing a connection to social services to address long-term care for issues of serial inebriation. Several successful programs model the opportunity to decrease health care resource use. Centers were found to vary widely as far as staffing and assessment criteria, but these differences were described as "necessarily unique" to address the needs and healthcare structures of different areas (Warren et al., 2016).

Action Plan:

The commission urges the adoption of the stated recommendations to expand the impact of the existing sobering center, and to pave the way for expansion in other critical-need areas.

Bathrooms

Recommendations:

1) Expedite adoption of the recommendations indicated by the City Administrative Officer (CAO File No. 0220-05151-0028), outlining the required restrooms for different populations and geographic areas around the city of Los Angeles.
2) Engage with community stakeholders, businesses, and nonprofits to identify optimal locations and establish permanent and accessible 24/7 restrooms with attendants.

Background:

The current essential environmental health standards issued by the World Health Organization (WHO) establishes major guidelines for all populated areas to maintain standards of a healthy environment and prevent spread of disease. In regard to bathroom availability, the WHO provides a standard at a ratio of at least one toilet per 20 users, paired with nearby handwashing facilities (Adams et al., 2008). The City of Los Angeles struggles to meet this ratio, making bathroom availability a major public health concern.

The matter of bathroom availability is especially pressing given the recent outbreak of Hepatitis A. This outbreak began in San Diego County in November 2016, spreading to significant extent in the counties of Santa Cruz, Los Angeles, and Monterey. A total of 704 cases, 461 hospitalizations, and 21 deaths were reported through April 2018, with 12 cases, 8 hospitalizations, and 0 deaths reported for Los Angeles County. (CDPH, 2018). The outbreak was chiefly among vulnerable populations such as homeless persons, drug users, and men who have sex with men.

The state has made significant improvements in addressing the Hepatitis A outbreak, largely attributed to vaccination efforts of such bodies as the California Department of Public Health (CDPH), distributing over 123,000 vaccines to local health departments (CDPH, 2018). However, despite these improvements in the Hepatitis A outbreak due to the declared state of emergency by Gov. Jerry Brown in Oct. 2017 and an overwhelming response in vaccines, this outbreak illustrates

the deeply concerning possibility for rapid disease transmission among vulnerable populations of Los Angeles. In the case of a more aggressive infectious disease such as tuberculosis or meningitis, the current reactive mindset may be ill-equipped to effectively manage the situation.

The conditions of Skid-Row in particular present a significant environmental risk. A scathing audit released on behalf of the Los Angeles Central Providers Collaborative in 2017 details that beyond unavailable bathrooms, "even those toilets that exist are frequently inoperable, poorly maintained and inaccessible" (Ares et al., 2017). Most public toilets lack doors or locks, are heavily contaminated with feces, and lack any sinks, paper towels, toilet paper, or baby-changing stations (Ares et al., 2017). More than a public health concern, as illustrated by the Hepatitis A outbreak, conditions are often degrading and prove entirely unfit for human occupation.

In July 2018, the Office of the City Administrative Officer released an updated report detailing preliminary results following the February 2018 adoption of a 6-month trial period for a PitStop restroom program based on a similar model in San Francisco – with bathrooms strategically placed around the city and manned by attendants. These locations also serve as needle collection sites and allow for dog waste disposal. It is currently funded from the Los Angeles Homeless Services Authority General Fund for $1,370,975. The Board of Public Works and Chief Administrative Officer recommend continuing this program for an additional year, with continued evaluation of the need to expand (LABPW, 2018).

Action Plan:

The commission urges the evaluation of the PitStop program's impact thus far, seeking to ensure that all areas of the City of Los Angeles meet the minimum requirement for toilet availability established by the WHO. Moreover, the commission recommends continuing the program and seeking permanent, cost-effective solutions to the issue of bathroom availability.

Food Insecurity and Assistance

Recommendations:

1. Evaluate SNAP enrollment in LA City and increase participation through collaboration with LA County, as well as partnerships with schools, nonprofits, and community organizations.
2. Monitor Federal budget discussions to evaluate the need for increasing General Relief (GR) as a means of compensating for possible decreases in SNAP.

Background:

Food Insecurity is a major problem in the City of Los Angeles, tied closely to issues of homelessness and poverty. The United States Department of Agriculture provides two major categories of food insecurity, defined as:

1. "Low food security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake" (LACDPH, 2017).

2. “Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake” (LACDPH, 2017).

The two categories are differentiated by the degree of impediment to food access. However, both are associated with decreased quality in diet as food choices come to place additional emphasis on caloric value, rather than nutritional value (Coleman-Jensen et al., 2014). Available recent data from LADPH indicates that 29.2% of LA County households (561,000) with income lower than 300% of the Federal Poverty Level are affected by food insecurity, with 11.3% of households (217,000) having very low food security (LACDPH, 2017). With these statistics, Los Angeles has the largest food insecure population in the United States (Corbin, 2017).

The Supplemental Nutrition Assistance Program (SNAP) or CalFresh in California, formerly known as the Food Stamps Program, plays an important role in alleviating major issues of food insecurity in Los Angeles. Benefits are issued via an EBT card, and General Relief recipients frequently overlap both programs. Slightly under 1.2 million Los Angeles County residents benefit from CalFresh, with meals estimated to cost $1.40 on average (CDSS, 2018; Rosenbaum et al., 2018).

Despite the well-demonstrated benefits of SNAP, California and Los Angeles County both suffer from poor enrollment in the program from eligible individuals. (TFT, 2018). A report released by The Food Trust illustrates that ~500,000 eligible LA County residents remain un-enrolled. Recent improvements in 2018 following efforts by the LA County Board of Supervisors, however, illustrate the possibility of improvement through increased education and accessibility (TFT, 2018).

Action Plan:

The commission urges the adoption of the stated recommendations to address food assistance.

Discharge Planning

Recommendations:

1. Monitor discharge policies and advocate for steps that reduce the possibility of patients being released prematurely, inappropriately, or without adequate means to further pursue care
2. Examine means of introducing accountability measures for hospitals such as those included in SB 1152 towards improving the homeless experience with healthcare systems
3. Look towards funding increased medical outreach such as the Skid Row UCLA School of Nursing Health Center with funds from Measure HHH as a means of increased community support

Background:

One of the largest issues in healthcare for homeless populations relates to discharge from care, as homeless patients rarely have support systems in place for assistance post-release. As such, the responsibility falls on healthcare providers or hospital staff to ensure plans are made, to avoid the practice of "patient dumping", wherein patients are released onto the street without adequate plans for follow-up care.

This issue is particularly relevant in Los Angeles, with renewed interest following the case of Gabino Olvera in 2007 against Hollywood Presbyterian Medical Center (Hubert & Lillis, 2018). In the decade since, numerous other cases have emerged as hospitals struggle with the question of how to provide care to uninsured homeless patients, and how to release patients who have nowhere to go. In attempting to prevent such practices, California's Health code states that:

> "(a) Each hospital shall have a written discharge planning policy and process. (b) The policy required by subdivision (a) shall require that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling" (CLI, Div. 2; 1262.5.).

However, such practices have not halted high profile cases which are still being filed against major LA hospitals through 2018 (Hubert and Lillis, 2018). To remedy this issue, in May 2018, California State Legislature passed Senate Bill 1152, introduced by Sen. Ed Hernandez, which introduces more stringent policies designed to maintain a continuity of care and curb instances of patient dumping.

Action Plan:

The commission urges the adoption of the stated recommendations to address discharge planning.

Affordable Housing

Recommendations:

1. Examine the possibility of repealing Proposition U to allow for additional density of housing.
2. Examine the current state of the Ellis Act following the October 2017 ordinance additions.
3. Implement an additional requirement that landlords must own a property for a set period (5 years recommended) before Ellis Act evictions are allowed.

Background:

As touched on in the previous section discussing DHS's program of Housing for Health (HFH), the connection between homelessness and housing affordability in Los Angeles is tangible and holds important ramifications towards the city's health landscape. On one side of the issue, Los Angeles is experiencing a housing shortage. The Southern California Association of Nonprofit Housing estimates a need to build 551,807 rental homes in Los Angeles County to tackle the current deficit (SCANPH, 2017). Resulting from this shortage, SCANPH reports that renters need four times minimum wage to meet the median rent in LA County of $2,499 (SCANPH, 2017). Related to this, a report from Harvard University identified that 600,000 LA residents are considered severely rent burdened, spending half their income on rent (Siegler, 2018). Towards resolution, the UCLA Lewis Center for Regional Policy Studies recommends a first step of repealing Proposition U, which cut the Floor Area Ratio (FAR) in half and severely limited the amount of space available for building residential housing in Los Angeles (Monkkonen & Traynor, 2017).

The Ellis Act is a California state law that allows for eviction and demolition of rent-controlled properties, under the idea that landlords may stop renting and cease business operations at any time (HCIDLA, 2018). However, this has been alleged to have been abused to eliminate rent-controlled and low-income housing by evicting tenants and instead building more profitable condominiums (Dreier, 2017). Indeed, most Ellis Act evictions are not performed by long-term landlords exiting the market, but by those who have been renting their properties for less than a year (McGahan, 2017). Such revelations lead some leading policy experts to suggest repealing the Ellis Act (Dreier, 2017; McGahan, 2017). In October 2017, Los Angeles City Council introduced an ordinance designed to lower incentives for such unscrupulous behavior, requiring a relocation allowance and a right of renters to return if units are placed back on the market within 10 years (McGahan, 2017). However, additional modifications should be considered, such as ensuring an extended period of ownership before Ellis Act evictions may be performed (McGahan, 2017).

Action Plan:

The commission urges the adoption of the stated recommendations to examine support for repealing Proposition U and further modifying the Ellis Act.

Veteran Homelessness

Recommendations:

1. Monitor the allocation of funds from Measure H and Proposition HHH towards social services, medical care, and supportive housing for homeless veterans.
2. Continue the partnership with Safe Parking L.A. and explore new locations for parking sites.

Background:

Homeless veterans are recognized for their position as a highly vulnerable demographic. Aside from the common stresses of homelessness discussed throughout this report, veterans may also exhibit physical injury, medical conditions, or mental health concerns. Alcoholism and substance abuse is also observed at higher rates in this population. These issues may be the result of, or exacerbated by, combat exposure. In comparison to non-homeless male veterans, homeless male veterans have been found less likely to utilize services such as community health centers, relying on shelter-based or outreach services (O'toole et al., 2003). Applewhite provides important insight into the unique subpopulation of homeless veterans through interviews revealing major categories of health/mental-health problems, resource-related problems, and public perception problems (1997). Throughout these categories, major themes emerge such as difficulty with reintegration into civilian life, lasting health problems such as PTSD or TBI, and a higher distrust of social services compared to other populations (Applewhite, 1997).

Los Angeles has the largest population of homeless veterans in the United States. This population stood at 4,800 in 2017, decreasing 18% to 3,910 in 2018. This decrease is the result of Measure H and Proposition HHH allocating funds towards outreach and supportive housing (Denkmann, 2018).

Aside from outreach efforts, the Department of Veterans' Affairs West Los Angeles Campus now hosts 10 parking spaces for homeless veterans, including access to a washing station and portable bathroom. This initiative is a partnership with the nonprofit Safe Parking L.A. and is looking towards expansion at other sites (Hillard, 2018).

Action Plan:

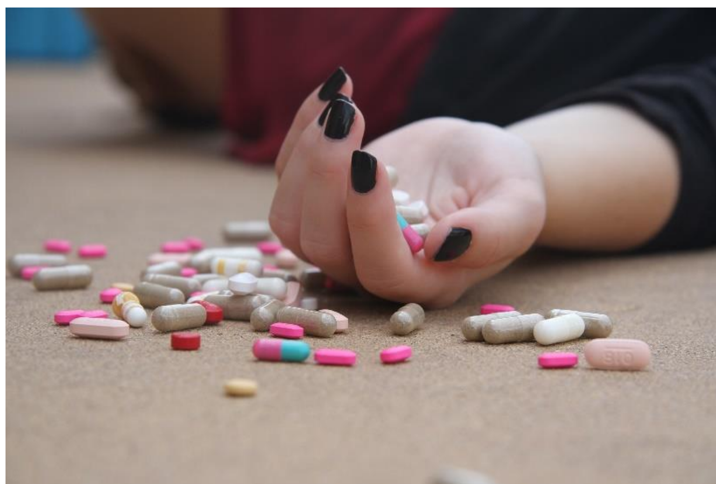
The commission urges the adoption of the stated recommendations to address veteran homelessness, seeking to continue the current positive trend and support emerging initiatives.

Heroin and Other Opioids

Recommendations:

1. Ensure that all police officers in the City of Los Angeles are trained in the use of naloxone and equipped with atomizers in case an overdose is encountered.
2. Continue to explore options for naloxone distribution to community centers and high-risk populations.

Background:



As reported in the 2015-2016 LACHC Annual Report, Los Angeles has 5,000 to 7,000 active heroin users in the homeless population (Casanova, 2016). Though drug overdose is a nationwide problem, California has seen less marked increases as compared to other areas of the country. This is due to the prevalence of black-tar heroin, more common west of the Mississippi and more difficult to mix with fentanyl than the white powder responsible for the east coast prevalence of drug overdosing. Despite this, Los Angeles has recently seen a spike in fentanyl deaths from 237 in 2016 to 746 in 2017. It's thought that this is the result of fentanyl being mixed with other illicit drugs such as cocaine and methamphetamine – though it is unlikely that this is intentional (Karlamangla, 2018).

Recognizing the nationwide trend and local developments, Los Angeles County Sheriff Jim McDonnell led efforts to distribute 6,200 doses of naloxone across deputy personnel in late 2017. Currently, nearly all officers hold the drug and are trained in its use (LASD, 2018). Though capable of reversing an overdose and preventing death from respiratory arrest, naloxone administration is highly time-sensitive. Given that police are often first on-scene to such cases, they are excellent candidates for carrying and administering naloxone.

Action Plan:

The commission urges the adoption of the stated recommendations to address the abuse of heroin and other opioids, and to increase access to naloxone throughout Los Angeles.

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Section II: Healthy Living

Introduction

The Los Angeles Health Commission's goal is to increase accessibility to and promote the need for healthy living to prevent major chronic diseases among residents of the City of Los Angeles. As illustrated by the 2018 County Health Status Profiles, such leading diseases and conditions include cardiovascular disease, cancer, obesity, diabetes (particularly type II) and transmittable infectious diseases, such as Hepatitis, Influenza and HIV/AIDS (CDPH, 2018). Diabetes, pre-diabetes and obesity are growing chronic disease epidemics in Los Angeles, primarily because of large socioeconomic disparity—social and economic factors are major influences in risk level for these diseases. Cancer remains a large concern to the Health Commission due to the role of environmental factors on incidence. Other causes for concern include drug/alcohol abuse and tobacco use. While general smoking prevalence in the City of Los Angeles has declined to about 13%, the percentage of tobacco users is much higher in traditionally underserved populations (LACHA, 2017). Food insecurity is also a significant problem, with about 565,000 households relying on cheap, fast-food options that are cost-effective yet high in cholesterol, sodium and saturated fats. As of 2015, obesity affects about 21.30% of adults in Los Angeles, contributing to higher at-risk populations for cardiovascular disease, diabetes and other conditions (LACDPH, 2017). It is the duty of healthcare professionals, policy makers and stakeholders to not only educate the Los Angeles community on the benefits of healthy lifestyles, but also to increase accessibility to resources that make it possible for all citizens.

The Los Angeles City Health Commission recommendations are driven by the overall goal of reducing chronic diseases by adopting and implementing preventive policies and programs, as well as improving access to resources that facilitate, encourage and support healthy living.

Sexually Transmitted Disease Prevention

Recommendations

1) Advocate for full implementation of the 2016 California Healthy Youth Act (California Education Code Sections 51930–51939) in schools throughout the City of Los Angeles
2) Ensure state and county governments increase funding to HIV/STD prevention in Los Angeles, re-prioritizing this public health concern and enabling widespread testing, treatment, and education
3) Promote condom use and availability as a necessary cornerstone of health advocacy to prevent the transmission of HIV/STDs
4) Focus on disproportionately impacted groups and building relationships with community organizations to educate on prevention techniques and treatment options

Background:

The Centers for Disease Control and Prevention (CDC) has reported a rise in STD incidence rates throughout California in recent years (CDC, 2018). This is a public health crisis that is heavily mirrored in the City of Los Angeles. Though data at the city level has not been made readily available to the Commission at this time, county-wide data indicates that Los Angeles has a high reported incidence of HIV/AIDS diagnosis incidents at a crude case rate of 590.1 per 100,000 population, at the second highest county-wide incidence rate in California (CDPH, 2018). Chlamydia has a similarly high reported incidence at a crude case rate of 558.5 per 100,000 population, as the fourth highest county in California (CDPH, 2018). Gonorrhea also remains a major issue, with Los Angeles County incidence among females reported at 220.7 per 100,000 and incidence among men reported at 513.4 per 100,000 (CDPH, 2018).

STD rates are particularly high among young people of color, disproportionately affecting African-American and Latino youth, as well as gay, bisexual, and other men who have sex with men (collectively referred to by the CDC as MSM) (CDC, 2017).

Although testing services for STDs are available for free or at low cost, many STDs do not present any immediate or obvious symptoms. Furthermore, the emergence of antibiotic and multi-drug resistant STDs is causing a global treatment crisis (Krupp & Madhivanan, 2015). Experts suggest that the failure of current antibiotic treatments is “largely inevitable” and that progress towards the development of a new class of antimicrobial agents has been slow (Krupp & Madhivanan, 2015). When left untreated, STDs can have a devastating impact via long-term health complications. Consequences of untreated STDs include infertility, pregnancy complications, cervical cancer, pelvic inflammatory disease, birth defects, increased risk of HIV transmission, and other severe illnesses.

Factors that contribute to the increased rate of STDs in the City of Los Angeles include homelessness, poverty, and unsafe substance use (needle sharing). More concretely, less affluent, LGBT+, minority communities in Los Angeles lack the resources and access to sex education, health insurance, and quality sexual health services needed to properly prevent STDs. It is also

speculated that increased availability of birth control has led to a decreased use in condoms, which could potentially contribute to rising rates of STDs (Mulligan, 2015).

Current efforts to prevent and combat the spread of STDs are largely led by the Los Angeles-based AIDS Healthcare Foundation (AHF). AHF services include free STD testing, free HIV testing, HIV care, etc.

Moreover, on World AIDS Day in December of 2017, Los Angeles County launched "Once and For All," an initiative that works to curb the rising rates of HIV/AIDS in Los Angeles. In 2010, the City of Los Angeles AIDS Coordinator's Office reported approximately 27,000 individuals living with HIV or AIDS. Men account for nearly 90% of new HIV/AIDS cases every year, leaving the remaining 10% of cases to women and transgender individuals (ACO, 2014). The main goal behind the campaign is to reduce annual infections to 500 people per year by the year 2022 so that those carrying the infection can seek proper treatment and prevent the spread of the illness (LACPHDHS, 2018).

Action Plan:

The commission urges the adoption of the stated recommendations to increase STD prevention and decrease the rate of STDs among its constituency.

Plan for A Healthy Los Angeles

Recommendation:

1) Evaluate the programs of Plan for a Healthy Los Angeles and require analysis of the benefits towards health and efficiency of services
2) Gauge the efficacy of various programs in terms of both health benefits and equitable impact on communities
3) Require increased oversight for implementation and evaluation of such programs and consider making funding conditional on measurable outcome results

Background:

The Plan for a Healthy Los Angeles initiative uses a public health and safety-centered approach to establish a roadmap for addressing community-wide quality-of-life issues. Elements of the plan range from access to basic health services to healthy and sustainably produced food to safe neighborhoods to plentiful clean, recreational spaces. The Plan elevates existing policies and creates new policies to reinforce the City's goal for healthy, safe communities. When published in 2015, the Plan included the following goals:

1. Neighborhoods that satisfied the needs of its citizens, with access to affordable grocery stores, health services, park space and childcare. Neighborhoods would also improve

access for individuals with disabilities and residents of all ages, income levels and cultural backgrounds.
2. Safe environments free of violence, with universal access to publicly available education
3. Clean neighborhoods, free of tobacco and smoke, ample green space, minimized toxins and greenhouse gas emissions, and waste.
4. Opportunities for economic, educational and social development.

In a city with citizens that range across many different income levels, cultural and educational backgrounds and family sizes, healthy lifestyles are not always possible. There is growing recognition that overall health and wellness are influenced by a variety of social, economic, lifestyle and environmental factors (LADCP, 2015; LADPH, 2015). Recently, the importance of physical neighborhoods has been recognized in predicting risk populations for chronic health conditions; traffic congestion, air quality, sedentary lifestyles exacerbated by long commutes and haphazard zoning have contributed to the current poor health outcomes.

Decreases in air pollution have been shown to improve life expectancy (Correia et. al, 2013). Community spaces to grow food, such as community gardens and urban farms, provide access to nutritious food, create safe places by supporting social cohesion and educational opportunities, reduce family food costs, and improve neighborhood property values, among other benefits (Sherer, 2006).

The links between community design and health are clear, and research indicates that health-driven policies and community design can increase opportunities for good health. Planning for health can serve as a strategy to address social and economic inequities that contribute to the greater concentration of poor health outcomes in low-income communities. In Los Angeles, the inequitable distribution of resources adversely impacts vulnerable populations such as children, seniors, immigrants, people with disabilities, linguistically-isolated households, and communities of color. The City of Los Angeles, through the initial publication of the Plan for a Healthy Los Angeles, hoped to promote the placement of resources in underserved communities, and convene its departments, and other government agencies and stakeholders to further implement its vision of health and equity.

Updates:

Since the publication of the Plan for a Healthy Los Angeles, various community-centric programs have been launched in an effort to execute these goals. These programs include:

1. Parks after Dark, an initiative where public parks located in neighborhoods with higher incidences of crime and violence, would be open after traditional closing hours. Parks after Dark also offered sports classes, family activities and movie screenings, along with increased security, incentivizing children and families to spend time exercising and bonding with the community. While Parks after Dark started in 2010, it has grown from 8 parks to 33 (2018), and now offers programs every Thursday, Friday and Saturday of the summer months.
2. RecyleLA, a waste elimination initiative utilizing a public-private partnership with waste management companies to bring the City of Los Angeles closer to a zero-waste environment. Despite increases in recycling, the program was met with great controversy due to high costs towards residents and decreased efficiency of waste collection (Los Angeles Times, 2018).
3. A tobacco tax has been implemented state-wide in an effort to reduce tobacco smoking, as well as diminish use of e-cigarettes and e-liquids. Proposition 56, passed in November of 2016, funds tobacco use prevention programs and research on tobacco-related illnesses (i.e. cancer and heart disease). The legal age for tobacco purchases increased from 18 to 21 in 2016 and is thought to have contributed to decrease in youth tobacco use (LACDPH, 2016). Additionally, following the passage of Proposition 64, Los Angeles County established the Office of Marijuana Management in order to educate the public about safe marijuana usage.
4. In May 2017, the County of Los Angeles Board of Supervisors issued a motion that instructed its Department of Public Social Services to reduce the prevalence of food insecurity and poverty by increasing CalFresh participation by 20% by 2019 from the current 66.3% (LACDPH, 2017; OHAE, 2017).

Action Plan:

By implementing the recommendations mentioned in the plan above, Los Angeles can become a cleaner, safer home for all its residents, regardless of income status, cultural background or education level.

Transportation Standards and Community Stakeholders

Recommendations

1) Expand public transportation and explore options to alleviate traffic congestion and reduce the public health consequences of motor vehicle accidents and pollution.

- Reevaluate road diets and the efficacy of Wilshire bus-only lanes
- Seek to increase bike accessibility within LA around major traffic arteries to offer an alternative means of commute, as well as prevent motor vehicle vs. bike collisions
- Consider policy solutions that will incentivize employers to offer a 4-day work week or allow for increased telecommuting.
- Examine the feasibility of a park over the U.S. Route 101 Freeway in Downtown Los Angeles towards encouraging more residential and family housing Downtown.

2) Work towards increased partnership with the LADOT to ensure that accident hot-spots are identified as well as locations that frequently experience near-misses. Specific suggestions include:

- Work with CA State Assembly and Senate members to create legislation enforcing that GPS-tagged location data be provided by insurance companies to the State Insurance Commissioner in motor vehicle accidents. Provide this data by municipality
- Invite increased feedback from neighborhood groups and councils to identify dangerous intersections and areas of increased injury incidence

3) Expand existing partnerships and reduce food waste through donation, partnering with community businesses, schools, and nonprofits to obtain and distribute leftover consumables.

Background:

Community Stakeholders can be defined collectively as residents, community groups, developers, neighborhood leaders and business owners. Thus, the issues that impact these specific populations include increased street safety for pedestrians and cyclists, increased access to widely available public transportation options, and increased food security for all income levels.

LA's Vision Zero plan was initiated in 2015, with the goal of greatly reducing traffic deaths and serious injuries from Los Angeles streets; the plan aimed to eliminate all traffic deaths by 2025. With over 200 traffic deaths occurring in the City of Los Angeles yearly, this was a serious cause for concern for the community, and Mayor Eric Garcetti has since invested significant resources in solving this issue (LADOT, 2015). Projects included in the proposal for Vision Zero were increased use of speed feedback signs, establishment of pedestrian refuge islands in larger intersections, pedestrian activated flashing beacons, and priority corridor improvements. In 2018, the investment of $20 million grew to $91 million in an effort to seriously improve Los Angeles street safety. As a result of widespread environmental concerns, cyclist and pedestrian populations have grown, but the death toll needle has barely shifted, driving the increase in safety funding seen from 2017 to 2018 (LADOT, 2018).

The City of Los Angeles has over 3.98 million inhabitants, many of which are on the road every day. As populations have increased, so has commute time, and bumper-to-bumper traffic. It is difficult to constantly expand existing infrastructure without seriously impacting large-scale traffic (roads, highways, bridges etc.). However, a large gap in Los Angeles transportation can be solved by expansion of the currently available public transportation system. Multiple measures have been passed in the last few voting cycles, including Propositions A and C and Measure R. Measure M recently passed, adding a sales tax to improve road maintenance services and expand rail/subway and bus systems, among other transportation-centered improvements. Increasing public transportation availability can reduce traffic accidents, and can also contribute to reducing greenhouse gas emissions, increasing environmental safety for Los Angeles residents while improving traffic flow and commute stress (Rissel et al., 2012). So far, Metro has extended the Gold Line to run from East LA to Azusa; opened the Silver Line from El Monte to Harbor Gateway Transit Center; opened the Expo Line Extension to Santa Monica; extended the Orange Line to Chatsworth; added ExpressLanes on both the 10 and 110 freeways; started construction on the Crenshaw/LAX, Regional Connector and Purple Line Extension rail projects and improved bike and pedestrian programs around LA County.

Shifting gears to an equally important community-centered issue, food security is a major problem in the City of Los Angeles. Of households that make < 300% of the federal poverty line (FPL), about 29% experience total food insecurity. That 29% constitutes 565,000 households across LA. Food security is defined as having constant access to food that is healthy, nutritious and abundant. Underserved populations are much more likely to experience food insecurity or having to adjust their diet based on availability of food, or relying on inexpensive, over-processed fast food. Some of the neighborhoods with residents that are reliant on food stamps or government subsidies are food deserts, meaning that residents don't have reliable access to grocery stores or relatively healthy meal options. Food insecurity increases as income level decreases, and there is a higher prevalence of food insecurity in African American adults, those without a high school level education, unemployed adults and those without US Citizenship (Karpyn and Treuhaft, 2010). These are all large population groups amongst Los Angeles residents. Additionally, with competing expenses like healthcare and housing, constant healthy food often falls by the wayside due to more important bills.

Naturally, this issue with food insecurity leads to a plethora of chronic disease problems in Angelenos. Pre-diabetes and diabetes are heavily linked with an unhealthy diet, as well as Cardiovascular Disease (Huckfeldt et. al, 2016). Higher rates of obesity have also been observed in conjunction with increased food insecurity across population groups. Policies that have been implemented to combat this problem include partnerships with LA Food Bank, increased farmer's markets, incorporation of the Summer Meal Program, an expansion of the free lunch program at public schools, and gleaning. "Gleaning" is the repurposing of excess fresh foods for donation, and in 2010, Los Angeles passed an ordinance requiring restaurants to donate excess produce to food banks. The Department of Public Health's Environmental Health program is currently continuing to implement California State Assembly Bill 1990, streamlining the gleaning process and providing best practice guidelines for the collection of the safest possible food.

Action Plan:

The commission urges the adoption of the stated recommendations to build stronger relationships with community stakeholders and leverage the use of government resources to address public health concerns by continuing to enhance the communications and coordination infrastructure for existing community investments.

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Section III: Medical Services

Introduction

The Los Angeles Fire Department (LAFD) responds to over 450,000 calls, of which 350,000 are for emergency medical service (EMS) every year while also transporting up to 220,000 patients to emergency rooms (LAFD, 2016). In 2013, there were 867,027 fire department responses, 705,786 of those responses were for EMS (LAFD, 2016). Since the LAFD was designated as the sole provider of public emergency ambulance for the City of Los Angeles in 1973, this vital service has grown to constitute more than 85% of the workload of the department at an estimated annual cost of $237 million based on the fiscal year 2014-2015 (LAFD, 2016) (Board of Fire Commission, 2014). The LAFD 2018-2019 budget is $674 million. The emergency care provided by the LAFD is the largest direct health care service provided by the City of Los Angeles. As such, it warrants the attention of the Los Angeles City Health Commission.

The Emergency Medical Service Agency of the Los Angeles County Department of Health Services provides regulatory oversight of the EMS system and is advised by the Los Angeles County Emergency Medical Services Commission. Coordinated emergency response is maintained through the Incident Command System (ICS), which is impetus in the multi-coordination of tactile operations and system implementations. This system functions in partnership with seven organizations including:

1. California Division of Forestry (CDF)
2. Governor's Office of Emergency Services (OES)
3. Los Angeles County Fire Department
4. Los Angeles Fire Department
5. Ventura County Fire Department
6. Santa Barbara County
7. U.S. Forest Service California Region

To fully understand the Emergency Medical functions of the LAFD, the Los Angeles City Health Commission met with the leadership of the EMS Bureau of the Fire Department and endorsed their recommendations to make services more efficient. Note that background sections are largely similar to the prior Health Commission report and utilize the latest data available to the Commission.

Emergency Medical Services (EMS) Calls

Recommendation:

1) Hire social workers to help navigate "EMS Super Users" to through the local healthcare system
2) Expand the number of field resources that can safely evaluated low acuity patients to avoid unnecessary ambulance transport to local emergency departments
3) Expand the number of field resources that can safely medical clear patients with mental health emergencies and transport them to mental health urgent care centers.
4) Expand the number of field resources that can safely medical clear public inebriates and transport them to dedicated sobering centers and assist in connecting with services through the continuum of provider care.
5) Implement the Alternative Destination Response Unit (ADRU) pilot program.
6) Expand the SMART Crisis Response Team within the Los Angeles Police Department.

Background:

Assistance with EMS "super users" calls can be supported with the guidance of the Los Angeles City Health Commission. Although the Los Angeles City Health Commission has no operational responsibility for LAFD EMS, the volume of health services provided by the agency warrants attention from a commission charged with reviewing and addressing health needs in the City, especially those that are carried out in relation with the Los Angeles County Health Agency. In 2011, approximately $2.4 million was spent on "super user" incidents. Of this amount, only $231,000 was actually paid for/reimbursed.

Each missed call for emergency service represents a failure to provide an optimally healthy environment. Each homeless serial inebriate found lying in the street is a prime example of failed prevention and inadequate shelter. Individuals with chronic illness who repeatedly call 911 for relief illustrate failures in our basic health care system. Every preventable injury or accident, every gunshot wound, and every serious behavioral assaultive incident reflects near term failure of prevention efforts. The thousands of EMS calls for cardiorespiratory and stroke incidents in many cases are the result of failed prevention efforts and limitations of the health care system.

Action Plan:

The committee urges the adoption of the stated recommendations to improve response to EMS calls.

Increase Use of Fast Response Vehicles (FRV)

Recommendations

1) Provide more Fast Response Vehicles.
2) Improve and/or reduce "wall time" response referrals to minimize gaps in lapse time in which paramedics and EMTs cannot leave an emergency situation until a patient is transferred. Potential solutions for incentivizing expedient service or reducing "wall time" include:
- Penalizing hospitals for keeping patients too long.
- Leaving one paramedic alone with several patients.

Background:

An FRV is a pickup truck sized vehicle equipped with limited fire-fighting capability. Providing a full range of EMS equipment staffed by two firefighters/paramedics on patrol, while located in busy EMS demand areas, will allow for quicker response to calls and initiate faster care, pending the arrival of an ambulance. This can eliminate the need to dispatch a fire engine, cutting response time, and can summon the appropriate ambulance, if necessary. This program is, with County EMS approval, undergoing evaluation (Eckstein, 2016).

Action Plan:

The committee urges the adoption of the stated recommendations to implement FRVs and address wall time.

Expansion of Response Unit Programs

Recommendations

1) Expand the number of Advanced Provider Response Units (APRUs).
2) Continue the development, implementation, and expansion of the Sobriety Emergency Response Unit (SOBER).
3) Implement Alternative Destination Response Units (ADRUs).

Background:

The APRU was a 12-month pilot project approved by the County in which a paramedic and a nurse practitioner respond to calls in an ambulance, particularly from "super-users," to try to treat and release the patient and arrange a more appropriate source of medical care (Eckstein, 2016).

Since then, the LAFD has received funding from healthcare organizations to establish Public-Private Partnerships to expand the number of APRUs. This process should be continued to increase the number of APRUs throughout the City. The APRUs have three primary missions:

1. Treat and release low acuity patients to avoid unnecessary and costly ambulance transport to EDs.

2. Medically clear patients with mental health emergencies or public inebriation and transport them to Mental Health Urgent Care facilities or Sobering Centers instead of an ED.
3. Help EMS Super Users navigate the healthcare system to reduce their dependence on the 911 system to address chronic medical problems.

The LAFD is working on implementing a telemedicine program, known as the Dispatch Assisted Retriage via Telemedicine (DART) program. This program will enable EMS Advanced Providers or EMS physicians the ability to navigate low acuity patients who do not require ambulance transport to allow safe treat and release or transport by taxi.

The LAFD SOBER Unit is an ambulance staffed with a FF/PM, a nurse practitioner, and a case worker. They medically clear publicly inebriated patients and transport them to the DHS Sobering Center on Skid Row. This avoids unnecessary ambulance transport to an ED and offers these patients an opportunity to enter detox and transitional housing. Since its inception last year, the SOBER Unit has safely transported over 700 patients to the Sobering Center.

Action Plan:

The committee urges the adoption of the stated recommendations to continue the development, implementation, and expansion of these novel programs.

Affordable Care Act (ACA) Implementation

Recommendations

1) Referrals to non-profit organizations equipped with resources to provide medical services (including mental, alcohol and drug, and physical health).

Background:

Los Angeles City Health Commission is to convene key city departments that support Affordable Care Act (ACA) implementation in Los Angeles by promoting Covered CA, Healthy Way LA and MediCal expansion (HCIDLA, LAPL, LAFD, Mayor’s Office and community health insurance advocates). The mission should be to identify ways to strengthen use of insurance, navigation of medical care and specific advocacy requests on behalf of city residents. Two issues with ACA dissemination that still need to be addressed include:

- Enrolling patients in health plans with an affordable monthly premium.
- Gaining access to doctors who are local to their patients.

Action Plan:

The committee urges the adoption of the stated recommendations to improve dissemination of ACA implementation.

Communicable Disease Response

Recommendations

1) Enhance outreach at airports for communicable diseases. Increase communication for travel restrictions pertaining infectious diseases by:

- Increasing frequency of messages on kiosk screens.
- Increasing awareness of safe sex practices.
- Alerting people of prevalence and CDC recommendations.
- Including health messages/alerts of disease(s) on itinerary or ticket (with incentives for airlines to implement this method) and in baggage claim areas.
- Including text message alerts as part of emergency alert systems.

Background:

Various communicable disease outbreaks challenge the healthcare system. These include SARS, Zika, and Ebola, and of course, seasonal influenza. Turnaround in response time is needed to effectively increase communication, action, and delivery of information among residents. Education of travelers is imperative to stop the spread of infectious disease transmission.

Action Plan:

The committee urges the adoption of the stated recommendations to improve Public Health Education for communicable diseases.

Meningitis Outreach and Education

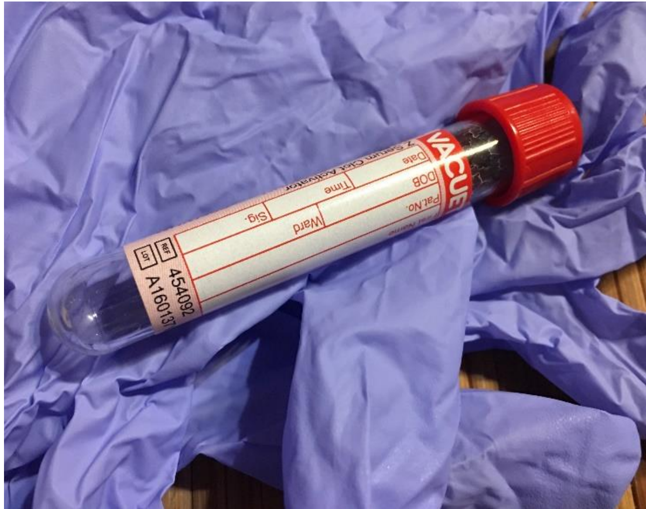
Recommendations

1) Increase outreach and health education regarding Meningitis Outbreaks by:

- Increasing awareness among vulnerable subpopulations (i.e., gay and bisexual men) utilizing LA Pride parades and similar festivals for LGBT+ communities.
- Increasing awareness of safe sex practices.
- A community plan for providing immediate access to vaccines during a meningitis outbreak.
- Utilizing electronic social networks such as Twitter, Tinder, Grindr, and other technology/social media platforms to provide outreach, education, and connect to sexual partners potentially exposed to the virus.
- Initiating collaboration between the City and County to roll out health education plans earlier, especially with regards to outbreak alerts and emergency response.
    - Include public-private partnership in order to disseminate information.

Background:

Meningococcal disease (meningitis) is caused by a type of bacteria known as Neisseria meningitidis. The disease, which is fatal in about 1 in 10 patients, is spread through saliva, by close contact with an infected person. It can be easily transmitted by kissing, by unprotected anal or oral sex, and even by close proximity to an infected person who is sneezing and coughing. It is a serious infection that can cause brain infection and/or bacteremia (blood infection), and can lead to death (Los Angeles County Public Health, n.d.). Since 2013, there have been two outbreaks of meningitis in Southern California. The first in 2013-14 led to the death of two Los Angeles men in the gay community. During the recent outbreak in 2016, 27 cases were reported resulting in two deaths as of August, 2016. In each case, the number of gay (and bisexual) men were disproportionately represented among those infected. Quick response times from the County of Los Angeles in providing health alerts to the community, and access to vaccines, are a critical component in preventing the spread of the disease. Bridging the gap in health education outreach should be a priority of utmost concern to meet the needs of the people. Outbreaks of meningitis in Los Angeles have been of particular concern to the members of the LGBT+ community and require greater City efforts at prevention education.



Action Plan:

The committee urges the adoption of the stated recommendations to improve Public Health Education for Meningitis

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Current Objectives

In seeking to continue its mission of evaluating and providing meaningful policy recommendations to City Council, the Los Angeles City Health Commission has set forth several discussion objectives for the 2019 calendar year. As follows are topics laid out by the Commission for discussion this year. This list will continue to evolve and grow as the year moves forward and is meant to serve as an indication of the areas of concern that the Commission hopes to address.

- Plan for a Healthy LA follow-up with City Planning
- Creation of listing or resource list for medical homes
- Any considerations to be made for healthcare facilities near hospitals/homeless to avoid transportation issues
- Evaluation of hospital bed count in the City of LA
- Emergency Department wait times
- Emergency mental health beds
- Examining root causes of homelessness crisis and best practices for long-term solutions
- Creation of a network of homeless services vs. the current operation in silos
- Safe Parking/Bridge Housing overview
- Discuss with administrators for Prop H and Prop HHH and County DHS to talk about funding to allow for homeless to have a medical home regardless of permanent address
- Looking towards alternative housing as a matter of public health in the city
- Examining affordable housing rent control and inviting expert opinions on the topic
- Evaluating food insecurity as a function of housing prices within LA
- STI evaluation and looking towards testing rates vs. burden of disease

As an additional note, the City Health Commission has struggled deeply to maintain an adequate staffing of Commissioners despite the legal obligations of City Council. The President of the Health Commission has repeatedly reached out to City Council through Chiefs of Staff with recommended candidates, as well as sent direct emails to Councilmembers. These communications have continued over the course of several months, but several seats remain vacant on the Commission. The Commission jointly requests that all Councilmembers ensure they have an appointed representative, such that the diversity of the City of LA can be adequately represented in discussions of Public Health and such that the City Health Commission may have basic staffing for normal operation and maintenance of quorum.

Conclusion

In this report, the Los Angeles City Health Commission examined three major areas worthy of evaluation and policy recommendations: 1) homelessness; 2) healthy lifestyles; and 3) medical services. The commission has brought in experts and stakeholders for presentations throughout the year towards addressing these topics, as well as consulted experts such as Dr. Marc Eckstein directly for updated policy recommendations. The Commission believes that the recommendations contained within this report will serve to increase the health and wellbeing of the City of Los Angeles.