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LOS ANGELES CITY



HEALTH COMMISSION REPORT

2019



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Introduction to Annual Report 2019

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The Los Angeles City Health Commission was authorized on July 2014 by Ordinance No. 183093 to improve the health and wellness of citizens residing in Los Angeles City. Similar to the 2018 and 2015-2016 Annual Reports, the 2019 Annual Report is designed to advise and inform city council and the public on health disparities and needs of the people of Los Angeles. The 2019 and previous health commission reports follow the Blum’s Model of Health (1983) by dividing information into 3 sections identified as key determinants of health: environment, lifestyle, and medical care. Within each section, this document summarizes updated recommendations, backgrounds, and action plans of health programs and efforts conducted in the city. The Los Angeles City Health Commission fulfills its responsibility by providing public health information and recommendations that can be used to achieve the highest standard of health for the people of Los Angeles.

Section I: Homelessness

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Introduction

Homelessness is a chronic and growing problem for the city of Los Angeles. In January 2019, the Los Angeles Housing Services Authority (LAHSA) conducted the 2019 homeless count in over 200 communities across Los Angeles (LAHSA, 2019a). The count concluded with a total population of 58,936 people experiencing homelessness including the 36,300 individuals living within the city of Los Angeles. Despite the 6% decrease in homelessness in 2018, homelessness increased to 12% in 2019 with a 16% increase for Los Angeles City (LAHSA, 2019b). Moreover, the number of homeless individuals living unsheltered on the streets has remained stagnant at 75% of the homeless population or 44,214 individuals. An interview with Gary Painter from the Homelessness Policy Research Institute revealed about 50% of people experiencing homelessness lost their homes due to unemployment or financial reasons; 56% of homeowners spend over 30% of their income on rent, and workers must commute greater distances to find affordable housing (Painter, 2019). From the 2019 count, the leading economic factors fueling the increase in homelessness were low wages in comparison to rental costs, rent-burdened households, and the lack of affordable housing units (LAHSA, 2019b).

Homeless populations are particularly vulnerable to a wide-range of health disparities. People experiencing homelessness have a higher risk of substance abuse and physical and mental health conditions, but lack access to affordable, timely, regular healthcare. As a result, homeless individuals often neglect treating their medical needs. Unregulated medical conditions among homeless communities have led to increased risks of epidemics and exhaustion of expensive emergency medical services (Ashwood et al., 2019).

As mentioned in the 2018 health report, Nickasch and Marnocha (2009) identified four deficiencies that have led to heightened health disparities in homeless populations: “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)” (LACHC, 2016). Tackling the problem of homelessness requires a multi-faceted, comprehensive approach that will be addressed in the report.

Housing for Health

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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:

In 2012, the Los Angeles County Department of Health Services(DHS) launched Housing for Health, a C3 program (County + City + Community) assisting DHS homeless patients with physical and behavioral disabilities with securing permanent housing(LACDHS, 2016a; Hunter, 2018).

Housing for Health follows the Housing First model that prioritizes the provision of housing to homeless people without prerequisites such as sobriety or psychiatric treatment. In 2016, California was established as a “Housing First State” by Governor Jerry Brown based on evidence of the Housing First model’s high housing retention rates, low homeless relapse rates, and swift responses to time-sensitive cases of unaccompanied youth and people fleeing violence(Mitchell et al., 2016).

Housing of Health participants demonstrate a significant reduction in the usage of health and legal services: 1) participation decreased the number of ER visits by 68% ; 2) use of mental health crisis stabilization services decreased by 60% ; 3) inpatient hospital stays decreased by 77% and was reduced by over 4 days 4) number of arrests decreased (Hunter, 2018; et al., 2017). Furthermore, individual participants reported an average decrease in public service costs from \$38,146 to \$15,358 and a high retention of rate of 96% in the following year after receiving housing. Overall, RAND corporation calculated a net saving of 20% in housing costs (Hunter et al., 2017). Funding for Housing for Health stems from the Flexible Housing Subsidy Pool (FHSP), a housing subsidy program managed by Brilliant Corners. As a liaison partner for LA County, Brilliant Corners forms contracts with property owners to reduce housing barriers for homeless individuals (“Brilliant Corners, Housing for Health,” n.d.). The evidence-based successes of HFH should be evaluated, adopted, and expanded by a broader range of public services.



Action Plan:

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

Sobering Centers

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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:

Due to the problem of public intoxication on Skid Row, a region in Los Angeles containing one of the largest populations of homeless people in America, a cost-effective solution is needed to guide serial inebriates back to sobriety and relieve police and emergency medical services (Slayton, 2019). Under the administration of Exodus Recovery Inc., the Dr. David L. Murphy Sobering Center opened in January 2017 as an alternative location to treat alcoholism. The facility has a capacity of 50 beds, 15 female and 35 male, accessible 24 hours a day. Services are provided by 2-3 nurses and 4-5 sobering coaches working each shift. The Center reports that only 1% of patients require secondary emergency medical treatment (Slayton, 2019).

In 2018, 9,133 visits to the Sobering Center were registered and are expected to rise in the upcoming year. After the first two months of 2019, 2,240 visitors were recorded with a recidivism rate of 55%. Working with LAPD and Los Angeles Fire Department's SOBER Unit, which is comprised of a firefighter paramedic, a nurse practitioner, and a case worker from the Sobering Center, has greatly increased the number of patients seeking sobering treatment. The SOBER Unit is estimated to have transported about 800 intoxicated patients to the Sobering Center and to have reduced more than 30,000 patient hours in the emergency department. Due to the Sobering Center's success, interest has been expressed by county leaders to expand sobering services in the LA County (Slayton, 2019).

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) Provide additional funding to the Mobile Pitstop Program to extend the hours of operations and increase the number locations of public toilets.

Background:

Access to sanitary public toilets is a basic necessity. However, with the growing population of residents, particularly in homeless communities, the city of Los Angeles struggles to meet the World Health Organization's recommended ratio of 1:20 for the number of toilets to number of people (Adams et al., 2008). The provision and management of sanitary public toilets remains a critical concern as increased public defecation serves as a stimulus for rodent and pest infestation and rapid disease transmission.

The shortage of public restrooms was attributed as one of the leading causes of the unprecedented 2017 Hepatitis A outbreak (CDPHa, n.d.). Cases of Hepatitis proliferated in the county of San Diego and spread to major cities including Santa Cruz, Monterey, and Los Angeles. By April 2018, 704 cases, 461 hospitalizations, and 21 deaths were recorded, with 12 cases, 8 hospitalizations, and 0 deaths reported in Los Angeles County (CDPHb, 2018). The heavy consequences of the outbreak emphasized the pressing need for more toilets.

However, increasing the number of restrooms does not equate to the usage of toilets. Available restrooms in Skid Row were previously described as "frequently inoperable, poorly maintained and inaccessible" and often found defiled with feces and without doors, locks, toilet paper, sinks, or baby-changing stations (Ares et al., 2017). Major renovations were necessary.

In 2018, Los Angeles City responded to the public health crisis by authorizing the Mobile Toilet Pit Stop Program which serves as a public restroom service in densely populated and vulnerable locations within Los Angeles County. Currently, seven automatic and nine temporary public mobile toilets are in operation with 1-2 attendants per site. Only one public toilet in Venice Beach operates overnight from 10:00PM to 6:00AM. The estimated cost of one toilet site is half a million dollars per year (Yu, 2019). In January 2019, the Mobile Pit Stop Program was granted \$6.5 million from the State of California's Homeless Emergency Aid Program (HEAP) to continue beyond its expected termination date of July 31, 2019 and to expand the program by developing five new locations and a new mobile shower program (Yu, 2019).

Action Plan:

The commission urges the adoption of the stated recommendations to expand the Mobile Pit Stop Program.

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 key issue when evaluating the health of a city. The US Department of Agriculture reported 11.8% of American households struggle with food insecurity (Coleman-Jensen et al., 2018). Many people living in Los Angeles live in food deserts that are defined as areas that lack healthy, affordable food options according to the United States Department of Agriculture (Centers for Disease Control and Prevention [CDC], 2019) (Ploeg, 2010). Food deserts have a low number of grocery stores which inhibits people from accessing nutritious food products and can lead to increased health risks such as obesity (Ploeg, 2010).



As a safety net for people with low-income, CalFresh or federally known as the Supplemental Nutrition Assistance Program (SNAP) was established as a food stamp program to help people afford food products through monthly allotments on electronic benefit transfer (EBT) cards. Approximately, 1.1 million residents in Los Angeles County are enrolled in CalFresh and are provided meals that costs \$1.86 on average (CDSS, 2019; Waxman et al., 2018).

Previously, CalFresh benefits were not available for elderly, blind, or disabled populations who already received cash benefits from Supplemental Security Income (SSI). Due to the severe SSI/SSP cuts in 2009, the “cash-out” policy which bans SSI recipients from receiving CalFresh benefits was reevaluated and recently revoked. As of June 1, 2019, CalFresh extends enrollment to SSI recipients (CA4SSI, n.d.)

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:

“Patient dumping” has become a surging topic in healthcare management as media highlights numerous stories of unsafe patient displacements after receiving hospital care. Alleged offenses of “patient dumping” primarily involve patients who are homeless and are discharged post-treatment in dangerous conditions such as cold weather or dressed in inadequate, minimal clothing. Since homeless patients lack a place to go after treatment, hospitals struggle with the responsibility to relocate homeless individuals to proper locations and to provide follow-up care.

In order to ensure all patients are safely released and receive the highest quality post-treatment care regardless of income, insurance, or household status, Senator Ed Hernandez passed SB 115, which require comprehensive hospital discharge planning and processing for homeless patients:

“This bill would require each hospital to include a written homeless patient discharge planning policy and process within the hospital discharge policy, as specified. The bill would require a hospital to document specified information before discharging a homeless patient. The bill would, commencing on July 1, 2019, require a hospital to develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social service agencies in the region, health care providers, and nonprofit social service providers, as available, to assist with ensuring appropriate homeless patient discharge. The bill would also, commencing on July 1, 2019, require a hospital to maintain a log of homeless patients discharged and the destinations to which they were released after discharge, as specified, if any” (S. 1152, 2018).

The California Hospital Association has created a Discharge Planning for Homeless Patient Guide to help hospitals comply with SB 1152’s new policies (California Hospital Association, 2018).

Action Plan:

The commission urges the evaluation of services offered by SB 1152.

Affordable Housing

Recommendations:

1. Establish tenant protections under the Ellis Act following Councilmember Ryu and Bonin’s recommendations to increase tenant relocation assistance.
2. Implement an additional requirement that landlords must own a property for a set period (5 years recommended) before Ellis Act evictions are allowed.

Background:

The Los Angeles Homeless Services Authority (LAHSA) estimates 516,946 housing units are needed in Los Angeles County to address the current deficit. In regards to the housing shortage, the 2019 LAHSA homeless count reports that renters “earning the minimum wage (\$13.25) would need to work 79 hours per week to afford rent on a 1-bedroom apartment”(LAHSA, 2019). Furthermore, 721,000 households are “severely rent-burdened” meaning that household owners spend over 50% of their income on rent(LAHSA, 2019).

One ordinance that is accused of contributing to homelessness is the Ellis Act, a California law adopted with the goal of helping small scale landowners remove their property from the rent-controlled housing market. Landowners have been accused of exploiting the law by selling their properties for more profitable ones(McGahan, 2017). Under the Ellis Act, about 25,000 Rent Stabilization Ordinance (RSO)units have withdrawn from the market and contribute to the swift eviction of tenants since 2001(Coalition for Economic Survival, n.d.). In response, councilmembers Ryu and Bonin have recently co-proposed a motion to increase tenant relocation assistance when facing evictions under the Ellis Act and to invest in replacement RSO units(Pampanin, 2019).



Among people without secure homes, 31% are categorized as chronically homeless. The LA County Department of Public Health defines someone who is chronically homeless as “a homeless individual with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. Occasions separated by stays in institution for fewer than 90 days do not constitute a break” (LACDPH, 2017). Approximately, 49 % of the chronically homeless struggle with substance abuse, 40% are physically disabled, 63% have mental health conditions, and 36% are homeless women who have experienced intimate partner violence(LACDPH, 2017).

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High rates of mental illness among the chronically homeless remains a priority issue for the state as seen in the 2018 midterm elections. In 2018, Proposition 2 passed allowing the state to use \$2 billion in bonds for the No Place Like Home program which aims to help homeless people with mental conditions secure permanent housing (SB 1206, 2018). Funds were collected from Proposition 63, a 1% tax on people with income over \$1 million. In addition, AIDS Healthcare foundation contributes to helping the housing crisis by providing housing at low cost for low-income people and prioritizes people with chronic medical conditions such as HIV/AIDS(Healthy Housing Foundation, n.d.).

The Los Angeles County Board of Supervisors expressed additional interest in discovering alternative measures to address housing crisis. Supervisor Solis spearheaded a housing solution by partnering with Supervisor Kathryn Barger to transform the LAC+USC Medical Center, a 1.5 million square feet, 19-story building, into a Restorative Care Village. Since the Northridge earthquake, the LAC+USC Medical Center was largely unused since a newer general hospital was built to supersede the original general hospital. Supervisor Solis is conducting studies on readapting the old general hospital into a “mental health and wellbeing campus” and is expected to begin construction in Fall of 2019 and finish in the Winter of 2020. The center will provide 96 recuperative beds, 54 crisis residential beds, and supportive services to vulnerable populations(LACFDS Solis, 2017; Berg, 2019).

Action Plan:

The commission urges the adoption of the stated recommendations to modify the Ellis Act and to support the progression of Supervisor’s Solis Restorative Care Village project.

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:

In addition to the obstacles homeless people face, homeless veterans may be burdened with additional physical and psychological stress and disabilities attributed to their experiences in combat. The U.S Department of Veteran Affairs reported that 11-20% of veterans from Iraq and an estimated 30% of veterans from the Vietnam War reported symptoms of PTSD(USDVA, n.d.a). Over 20% of PTSD veterans struggle with substance abuse and are more likely to excessively drink and smoke(USDVA, n.d.b).

Many veterans lack support to integrate back into society and struggle with obtaining housing. In Los Angeles, the homeless veteran population stood at 3,886 in 2018, decreasing slightly to 3,874 in 2019. Due to collaborative efforts of homeless prevention programs, HUD-

VASH program, and Veteran Peer Access Network, 2,824 veterans were housed in 2018(LAHSAs, 2019b).

The City of LA embarked on another path to provide temporary housing to homeless vehicle owners. Over 15,700 car owners, many of whom are Veterans, were reported to live in a total of 9,100 vehicles(update). However, City Council has continually passed regulations that bar people from sleeping in vehicles near parks, schools or daycare facilities (update citation). As a temporary solution, Safe Parking LA was initiated in March 2018 to combat homelessness by issuing permits to homeless people that allows them to sleep in their vehicles at 6 designated parking lots. Each site holds up to approximately 80 vehicles and one site specifically serves the Veteran demographic at the Department of Veterans’ Affairs Campus. The program plans to expand its services to additional parking lots and continues to accept new applicants (Safe Parking LA, n.d.).

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 in case an overdose is encountered.
2. Continue to explore options for naloxone distribution to community centers and high-risk populations.

Background:

In Los Angeles, the number of emergency department visits related to heroin use rose by 168% from 2006 to 2017(SAPC, 2019). On average, 464 accidental opioid-related deaths were reported per year from 2011-2017 (Los Angeles County Department of Medical Examiner-Coroner).



In response to the growing problem of substance abuse, the Los Angeles Police Department issued the Naloxone pilot program in May 2018 to educate, train, and equip LAPD officers to respond to drug overdose encounters with Naloxone. As of May 31, 2019, 6,115 Naloxone kits have been distributed to officers and 12 cases have been recorded to have used Naloxone technology of which 10 saved the recipients life (Robles, 2019).

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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Introduction:

Disease control and prevention remains a top priority for the Los Angeles Health Commission in order to protect the health and wellbeing of all residents in the City of Los Angeles. The 2019 County Health Status Report maintains a record of the major diseases and conditions including cardiovascular disease, cancer, Alzheimer’s disease, diabetes (particularly type II) and transmittable infectious diseases, such as Influenza and HIV/AIDS. The 2019 Profile shows statewide reductions in all cancers, influenza/pneumonia, coronary heart disease, chronic liver disease, and tuberculosis related deaths in the prior three years. However, mortalities related to injury, drugs, diabetes, Alzheimer’s disease, cerebrovascular disease, and HIV/AIDS increased in California, especially for sexually transmittable diseases(Greene et al., 2019).

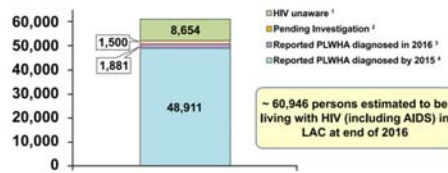
The rise in diabetes is increasing slowly from 10.5% in 1999-2006 to 14.4% 2007-2014 in Los Angeles County, 29.9% of whom were unaware of their diabetic condition. In 2007-2014, the rate of prediabetes in adults in Los Angeles County stood at 40.2% and were particularly prevalent in non-Hispanic black adults, Hispanic adults, and Mexican-American adult (Hales, Carroll, Kuo, & Simon, 2019). Environmental factors such as tobacco and alcohol usage lead to increased health risks and disease, especially for youth who may be involved in underaged drinking or the use of electronic cigarettes whose health effects are unknown(CDPH & California Tobacco Control Program, 2018). Moreover, the problems of obesity and malnutrition need to address with better access to healthy food options. Factors that lead to a rise in chronic medical conditions require a public health response to help, educate, and guide the people of Los Angeles into practicing healthy lifestyle habits.

Recommendations

1. Support the implementation and evaluation of the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond
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 (California PrEP Assistance Program)
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:

Los Angeles County recently published the Los Angeles County HIV/AIDS Strategy for 2020 and beyond (LACHAS) with the stated goals to reduce annual HIV infection to 500 by 2022, increase the proportion of persons living with HIV who are diagnosed to at least 90% by 2022, and increase the proportion of diagnosed people living with HIV/AIDS (PLWH) who are virally suppressed by 2022(LACDPH, 2018). STD awareness is a pressing concern for LACHAS due to recent data estimating that of 61,000 people living with HIV in 2016, 8,654 were unaware of their condition(LACDPH, 2018).



Source: LACDPH, 2018

In order to reduce HIV infections, LACHAS plans to 1) increase access to biomedical prevention by expanding Pre-Exposure Prophylaxis (PrEP) and non-Occupational Post-Exposure Prophylaxis (nPEP) services 2) target HIV response in evidence-based, high risk regions of Los Angeles 3) promote resilience and protective factors 4) confront workforce problems with inclusivity and positivity 5) promote the importance of cultural humility 5) decrease Syphilis and Gonorrhea in high risk HIV populations(LACDPH, 2018).

Incidents of HIV/AIDS are especially high in African-American and Latino MSM, young MSM between ages 17-29, and transgender woman of color. Social factors are found to play a major role in deterring PLWH from seeking HIV/AIDS treatment due to the stigmas of HIV, transphobia, and homophobia. Therefore, inclusive and positive campaigns are needed to create a supportive environment for all PLWH to receive care regardless of race, identity, and socioeconomic status(LACDPH, 2018).

To increase HIV testing, LACHAS plans to normalize HIV testing and combat social determinants that could inhibit groups of people from utilizing STD resources. An estimated 1,975,00 HIV tests are needed to identify all HIV infections in the next 5 years. To prevent financial barriers, HIV testing is conducted gratis at more than 30 DHSP-funded clinics. Among diagnosed PLWHs, suppressing viral HIV RNA is a key concern that LACHAS plans to target through seamless pathways to comprehensive care and treatment. A majority of HIV testing is

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available through public health clinics, private hospitals, County’s substance Abuse Prevention and Control program, LAC Sheriff’s Department, DHS, and Ryan White program with funds from the CDC and community partners(LACDPH, 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. RecycleLA, 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

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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).
5. To improve the standard of health for children, Community Health Councils' initiated the Healthy Kid Zone program to focus on improving 5 aspects of zones densely populated with children: physical activity, nutrition, improving the environment, public and perceived safety, and health and social services. Community Health Council is currently leading the pilot program at Fremont High School (CHC, 2018)

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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.

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Background:

Community Stakeholders are people residing in defined boundaries of a community who have connections and engagements with the community such as residents, neighborhood leaders, or businessowners. Stakeholders in Los Angeles play a crucial role in the safety and quality of public transportation.

Cyclists and pedestrians are subject to the dangers of unsafe transportation. A 2013-2017 report from LA City Public Works stated that the death rate of people involved in traffic collisions at unregulated roadways was 1 person every 5 days. 85 % of traffic collisions resulting in fatal or severe injury were caused by 6 major factors: “unsafe speed, improper turning, driving or bicycling under the influence of alcohol or drugs, driver failing to yield to another driver, pedestrian violation, and failure to yield to traffic controls” (LAC, 2019). In response, Mayor Garcetti initiated LA’s Vision Zero Plan in 2015 to end traffic deaths by 2025. The February 2019 Action Plan included traffic safety enhancements such as high visibility crosswalks, road reconstruction, curb extensions, refuge islands at busy intersections, pedestrian warning signals, protected bike lanes, and better street lighting (LAC, 2019). Despite efforts to increase transportation safety, limited improvements have been achieved in decreasing the number of traffic accidents. To obtain better results, the mayor is asking for a greater financial investment of ____ (Nelson, 2019).

The city of Los Angeles has also expressed a longstanding concern to expand transportation. Metro uses revenue from sales taxes under Measure M, Measure R, Proposition A, and Proposition C to improve and expand transportation standards and systems. Such investments aim to alleviate traffic congestion, repair streets and sidewalks, expand rail/subway/ bus lines connections to populated areas, and create jobs (Metro, 2019). Currently, “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 expanded bike and pedestrian programs throughout the county”(Metro, 2019). Furthermore, Councilmember Huizar started the Main and Spring Forward Project under Prop. C to address dangerous pedestrian, bicyclist, and bus interactions in high-injury network areas. On April 29, 2019, the first bi-directional bike lane was created to decrease congestion and traffic incidents on Spring Street(Huizar, n.d.)

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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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

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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 (ADRU).

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.

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2. Medically clear patients with mental health emergencies or public intoxication 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 Re triage 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:

Los Angeles County Department of Public Health oversees the Communicable Disease Control and Prevention Division with the stated mission to “reduce the risk factors and disease burdens of preventable communicable diseases for all persons and animals in Los Angeles County, in partnership with others, through providing the health promotion, surveillance, investigation, laboratory, and disease prevention and control that meet quality standards”(LACDPH, n.d.). Services and efforts aim to provide wide disease surveillance, quick turnaround time, and education outreach to control infectious 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.

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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 (LACDPH, 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.

Since the 2016 outbreak, there has been a decreasing trend in Meningitis outbreaks. 10 cases were reported in 2017 and 8 cases were reported in 2018 resulting in 4 fatalities (LADPH, 2018).

Action Plan:

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

Measles Outreach and Education

Recommendations

- 1) Promote MMR vaccination against measles, mumps, and rubella for all children at 12-15 months of age and for any unvaccinated adult

Background:

Measles (Rubeola) is a RNA virus more often affects children under the age of five, adults over the age of 20, pregnant woman, and people with immune deficiencies. For unvaccinated communities, measles is highly contagious and transmitted by airborne means such as breathing, sneezing, and coughing. Areas are considered contagious for up to two hours even after a person with measles has vacated the area. If you are not vaccinated and are in the same room as someone who has contracted Measles, you have a 90% chance of becoming infected. Measles symptoms include rashes, high fever, cough, runny nose, red eyes, and Koplik spots which are white spots located usually on the roof of the mouth(CDC, 2019). In 2000, Measles was declared “eliminated” in the United States, which implies that no epidemics had been seen in the past 12 months. However, measles cases have spiked in the past years. As of August 1, 2019, 1,172 cases of measles have been recorded in the United States in the year 2019, which is the highest number of cases since 1994(CDC, 2019). 11 cases were confirmed in public locations in Los Angeles County including Los Angeles Airport, University of California Los Angeles, and California State University Los Angeles (LACDPH, 2019a; LACDPH, 2019b). The Los Angeles Department of Health strongly urges everyone to receive measles immunizations and to notify the department of any new cases.

Action Plan:

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

Typhus Outreach and Education

Recommendations

- 1) Implement stricter stray animal controls and promote community rodent control programs to eliminate food sources, harborage conditions, and pest infestation
- 2) Continue DPH Veterinary Public Health Program’s collaboration with Downtown Dog Rescue and Inner City Law Center to provide flea prevention education and services to homeless living with pets in Skid Row

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Background:

Typhus is an infectious disease caused by rickettsia or orientiacteria. This disease is transmitted by fleas, mites, lice or their feces and causes various degrees of symptoms including fevers, chills, headaches, coughing, muscles aches, and rashes. Fleas often take refuge on animals such as stray cats, dogs, and pets that can lead to human exposure and transmission of Typhus (CDC, 2019).

In October 2018, a Typhus outbreak led to 19 cases in downtown Los Angeles and 7 cases in Willowbrook. From 2018 to February of 2019, 107 cases of flea-borne Typhus have been reported (LACDPH, 2019). Open food sources, unsanitary streets, and poor animal and rodent control often leave people who are suffering from homelessness, crowded housing, poor hygiene, and poor toiletry habits vulnerable to typhus(LAHSa, 2018). Thus, environmental controls should be implemented to reduce harborage conditions for fleas.

Action Plan:

The committee urges the adoption of the stated recommendations to improve public health control over Typhus transmission.

Hepatitis Outreach and Education

Recommendations

- 1) Improve accessibility and quality of public restrooms by increasing funding towards the Pitstop Mobile Toilet Program

Background:

Hepatitis A, B, and C are viruses that cause inflammation in the liver. Symptoms include fatigue, fever, loss of appetite, nausea, vomiting, jaundice, abdominal pain, dark urine, and joint pain, but can lead to cirrhosis or liver cancer(CDC, 2019b).

Hepatitis A(HAV) is highly contagious and usually contracted through food and feces contamination or sexual contact. HAV is usually not serious and can be overcome in a couple of weeks, but some cases last several months. Vaccines are available to prevent HAV(CDC, 2019b).

In September 2017, counties of Los Angeles, San Diego, and Santa Cruz announced an outbreak of HAV that primarily affected homeless, drug users, and MSM populations. To reduce exposure, DPH recommended immediate reporting of any homeless person, IDU, or MSM with symptoms of HAV instead of waiting for anti-HAV IgM test results and encouraged post-exposure prophylaxis(PEP) and vaccinations to people at risk for HAV or in close contact with those who were infected(Gounder et al., 2018).

Hepatitis B(HBV) is spread through the exposure to blood and contaminated bodily fluids. People who are at risk of contracting HBV include mothers who can transfer fluids to their babies

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and people who engage in unprotected sex and IV needle sharing. HBV cases often last a few months, but some cases become persistent and are labeled chronic HBV. Vaccines are available for Hepatitis B(Mayo Clinic, n.d.-a)

Hepatitis C (HCV) is the leading, global cause of chronic liver disease and cirrhosis and the primary cause of liver transplants in the United States(de Oliveria Andrade et al., 2009). Similar to HBV, Hepatitis C is spread through the transfer of blood or bodily fluids and place people participating in unprotected sex, IV drugs, or pregnancy at a higher risk. Unlike Hepatitis A and B, there are no vaccinations for Hepatitis C; however, chronic HCV can be treated with oral medications(Mayo Clinic, n.d.-b).

On February 29, 2019, LACDPH investigated and reported 6 HCV cases from patients who received care from Westside Multispecialty Medical Group. About 500 patients who received injections, infusions, or procedures from this clinic were notified to obtain HCV testing(LACDPH, 2019a). All cases of Hepatitis should be reported in order to help LACDPH respond swiftly and effectively.

Action Plan:

The committee urges the adoption of the stated recommendations to improve public health control over Hepatitis transmission.

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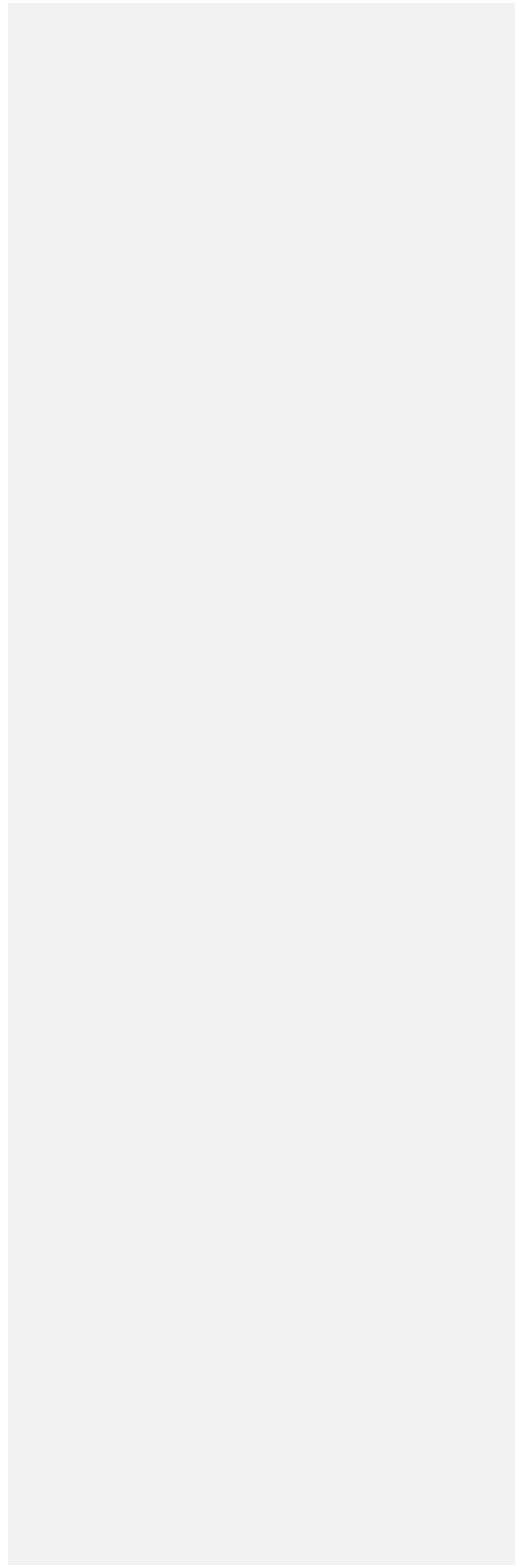
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Current Objectives

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Conclusion

The Los Angeles City Health Commission suggests the implementation of stated policy recommendations in this report to address three major areas affecting the health of the people residing in Los Angeles County: 1) homelessness; 2) healthy lifestyles; and 3) medical services. The recommendations were based on recent data, interviews, and presentations from experts and stakeholders throughout the year towards addressing these topics. The Commission encourages the public health community to adopt the recommendations contained within this report to improve the health of the citizens of Los Angeles.