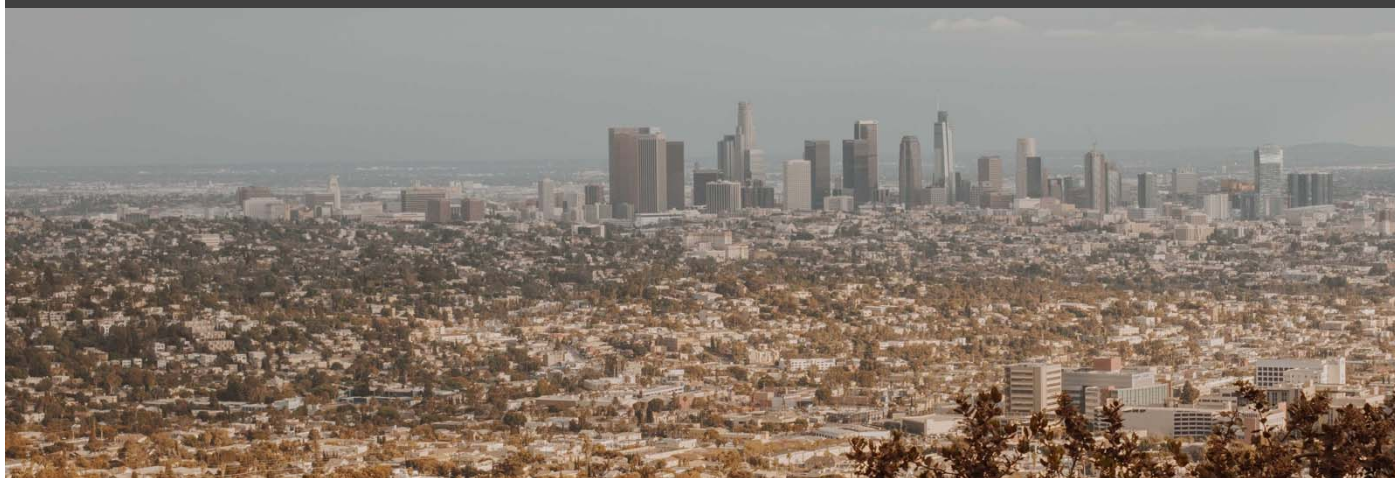


LOS ANGELES CITY



HEALTH COMMISSION

2020



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## **Introduction to Annual Report 2020**

The Los Angeles City Health Commission was authorized on July 2014 by Ordinance No. 183093 to “determine the health needs of the people of the City of Los Angeles, determine whether those needs are being met, and to help determine the best and most cost effective ways of meeting those needs” (Office of the City Clerk, 2020). Similar to the 2018 and 2015-2016 Annual Reports, the 2020 Annual Report is designed to advise and inform the City Council and the public on health disparities and needs of the people of Los Angeles. The 2020 and previous Health Commission reports follow the Blum’s Model of Health (1983) by dividing information into three 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 to provide 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**

### **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 six percent decrease in homelessness in 2018, homelessness increased to 12 percent in 2019 with a 16 percent increase for Los Angeles City (LAHSA, 2019b). Moreover, the number of homeless individuals living unsheltered on the streets has remained stagnant at 75 percent of the homeless population or 44,214 individuals. An interview with Gary Painter from the Homelessness Policy Research Institute revealed that about 50 percent of people experiencing homelessness lost their homes due to unemployment or financial reasons; 56 percent of renters spend over 30 percent of their income on rent, and workers must commute greater distances to find affordable housing (Painter, 2019). The McKinsey Global Institute reported “one million households, or 70 percent of all households in the City of Los Angeles, would have to stretch financially to obtain a standard-size unit in their current neighborhood” (Woetzel et al., 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 Annual 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 this report.

## **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 Los Angeles 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 in 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 in SB 1380, 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 for Health participation demonstrates a significant reduction in the usage of health and legal services: 1) 68 percent decrease in the number of ER visits; 2) use of mental health crisis stabilization services decreased by 60 percent; 3) inpatient hospital stays decreased by 77 percent and was reduced by over four days; and 4) the 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 housing retention rate of 96 percent in the following year after receiving housing. Overall, RAND corporation calculated a net saving of 20 percent in housing costs (Hunter et al., 2017). Funding for Housing for Health stems in part from the Flexible Housing Subsidy Pool (FHSP), a housing subsidy program managed by Brilliant Corners. As a liaison partner for Los Angeles County, Brilliant Corners establishes 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 continuously evaluated and expanded to combat the housing crisis in Los Angeles.



### **Action Plan:**

The Health 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 the Los Angeles Police Department (LAPD), Los Angeles Fire Department (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 towards the creation of additional sobering centers in high-risk areas around Los Angeles 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 two to three nurses and four to five sobering coaches working each shift. The Center reports that only one percent 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 each year. After the first two months of 2019, 2,240 visitors were recorded with a recidivism rate of 55 percent. Working with the LAPD and LAFD'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 approximately 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 Los Angeles County (Slayton, 2019).

### **Action Plan:**

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

## **Bathrooms**

### **Recommendations:**

- 1) Expedite adoption of the recommendations indicated by the City Administrative Officer (CAO) outlining the required restrooms for different populations and geographic areas around the City of Los Angeles (Council File No. 17-1092).
- 2) Provide additional funding to the Mobile Pit Stop Program to extend the hours of operations and increase the number and 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 the number of people (Adams et al., 2008). The provision and management of sanitary public toilets remains a critical concern as increased public defecation is 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 and 21 deaths were recorded in the State of California (Wiesman, et al., 2019). 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 the City. Seven automatic and nine temporary public mobile toilets are in operation with one to two attendants per site. Only one public toilet in Venice Beach operates overnight from 10:00 PM to 6:00 AM. 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 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 Health Commission urges the adoption of the stated recommendations to expand the Mobile Pit Stop Program.



## **Food Insecurity and Assistance**

### **Recommendations:**

- 1) Evaluate Supplemental Nutrition Assistance Program (SNAP) enrollment in Los Angeles City and increase participation through collaboration with Los Angeles 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 percent 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 (Ploeg et al., 2011). 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 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 and Supportive Services Program 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.). However, CalFresh participation for able-bodied adults without dependents or disabilities will be limited “to 3 months in a 36-month period unless the individual is working or participating in a work program for at least 80 hours per month or volunteering” (USDA, 2019). Such regulatory efforts became effective on April 1, 2020, and are aimed to promote employment but may place additional barriers to accessing healthy foods.

### **Action Plan:**

The Health Commission urges the adoption of the stated recommendations to address food insecurity.

## **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 (Hernandez) 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 introduced and the State Senate passed SB 1152, which requires 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 Health Commission urges the adoption of the stated recommendations and 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) Examine the current state of the Ellis Act following the 2017 additions (Ordinance No. 185224).
- 3) Implement an additional requirement that landlords must own a property for a set period (five years recommended) before Ellis Act evictions are allowed.
- 4) Monitor the progress and allocation of funds for the No Place Like Home program.
- 5) Urge the timely progression of Supervisor Solis's Restorative Care Village project.

### **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 percent 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 are reforming the Ellis Act to expand tenant rights and increase "relocation payments made to tenants displaced by the Ellis Act" (Pampanin, 2019).

Among people without secure homes, 31 percent are categorized as chronically homeless. The Los Angeles 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 percent of the chronically homeless struggle with substance abuse, 40 percent are physically disabled, 63 percent have mental health conditions, and 36 percent are homeless women who have experienced intimate partner violence (LACDPH, 2017).

High rates of mental illness among the chronically homeless remains a priority issue for the state as seen in the 2018 midterm elections. Proposition 2 passed in 2018 allowing the State to

use \$2 billion in bonds for the No Place Like Home program (NPLH), of which Los Angeles received \$207 million. NPLH is a statewide program which aims to help provide “permanent supportive housing for individuals living with a severe mental illness who are homeless or at risk of chronic homelessness” (SB 1206, 2018).

Additional DMH programs include the DMH Homeless Outreach Team (HOME) which sends outreach teams to assess and link eligible, homeless individuals or families to DMH services and the specialized Full-Service Partnership (FSP) programs. FSP provides mental health and housing services to vulnerable, homeless individuals with a serious mental condition. In addition, the AIDS Healthcare Foundation contributes to helping stem 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 the housing crisis. Supervisor Solis spearheaded a housing solution to transform the LAC+USC Medical Center, a 1.5 million square feet, 19-story building, into a Restorative Care Village. After the 1994 Northridge earthquake, the LAC+USC Medical Center has been largely unused since the new 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” with 96 recuperative beds, 64 crisis residential beds, and supportive services to vulnerable populations (LACFDS Solis, 2018; Berg, 2019).

**Action Plan:**

The Health Commission urges the adoption of the stated recommendations to increase affordable housing units.

## **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.
- 3) Examine the use of West Los Angeles veterans building on Wilshire Boulevard to use as veteran housing and examine the use of land at the Veteran Hospital for veteran housing.

### **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 percent of veterans from Iraq and an estimated 30 percent of veterans from the Vietnam War reported symptoms of Post-Traumatic Stress Disorder (PTSD) (USDVA, n.d.a). Furthermore, over 20 percent of veterans with PTSD struggle with substance abuse and are more likely to excessively drink and smoke (USDVA, n.d.b). Post-traumatic stress could lead to long-lasting health problems such as PTSD, Traumatic Brain Injury, and difficulty with reintegration into civilian life (Applewhite, 1997).

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-Veterans Affairs Supportive Housing program, and Veteran Peer Access Network, 2,824 veterans were housed in 2018 (LAHSA, 2019b).

The City of Los Angeles 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 (Safe Parking LA, n.d.). 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 six 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 Health 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 percent 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 established 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 Health 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**

Promoting healthy living remains a top priority for the Los Angeles City Health Commission in order to prevent disease outbreaks among the residents of the City. 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).

In Los Angeles County, the rise in diabetes is increasing slowly from 10.5 percent in 1999-2006 to 14.4 percent in 2007-2014. Of those with the disease, 29.9 percent were unaware of their condition. In 2007-2014, the rate of pre-diabetes in adults in Los Angeles County stood at 40.2 percent with particular prevalence 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 under-age 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 be addressed 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.

## **Sexually Transmitted Disease Prevention**

### **Recommendations:**

- 1) Support the implementation and evaluation of the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond.
- 2) Encourage State and County governments to 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:**

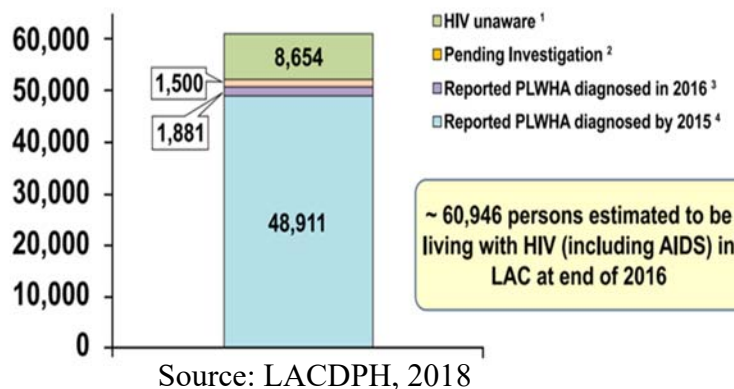
Los Angeles County recently published the Los Angeles County HIV/AIDS Strategy for 2020 and beyond (LACHAS) with the stated goals to reduce annual HIV infection to 500 by 2022, increase the proportion of persons living with HIV who are diagnosed to at least 90 percent by 2022, and increase the proportion 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 out of 61,000 people living with HIV in 2016, 8,654 were unaware of their condition (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; and, 5) decrease Syphilis and Gonorrhea in high risk HIV populations (LACDPH, 2018).

Incidents of HIV/AIDS are especially high in African American and Latino men who have sex with men (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 1,975,000 HIV tests are needed to identify all HIV infections in the next five 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 available through public health clinics, private hospitals, the County's Substance Abuse Prevention and Control program, the Los Angeles County Sheriff's Department, DHS, and the Ryan White program with funds from the CDC and community partners (LACDPH, 2018).

**Action Plan:**

The Health 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**

### **Recommendations:**

- 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 and healthy, sustainably produced food to safe neighborhoods and 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 satisfy the needs of its citizens, with access to affordable grocery stores, health services, park space and childcare. Neighborhoods with improved 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 available public education.
3. Clean neighborhoods with ample green space and free of tobacco, smoke, toxins, 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.

The potential health and environmental effects of oil and gas operations on nearby residents also remain a serious concern for the City of Los Angeles. Residents have expressed concerns about the noise, smell, and toxins emitted from oil and gas operations, especially around sensitive land areas, which are defined by the US EPA to include, but not limited to, "hospitals, schools, daycare facilities, elderly housing, and convalescent facilities"(US EPA, n.d.). Community spaces, such as community gardens and urban farms, need to be protected to 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 are open after traditional closing hours. Parks after Dark also offers sports classes, family activities, and movie screenings, 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 eight parks to 33 (2018), and now offers programs every Thursday, Friday and Saturday of the summer months.
2. Recycle, a waste elimination initiative is 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 for residents and decreased efficiency of waste collection (Los Angeles Times, 2018).
3. A tobacco tax has been implemented statewide 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 a 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 percent, by 2019, from the current 66.3 percent (LACDPH, 2017; OHAE, 2017).

**Action Plan:**

The Health Commission urges the implementation of recommendations mentioned in the plan above to transform Los Angeles into a cleaner, safer home for all residents, regardless of income status, cultural background, or education level.



## **Transportation Standards and Community Stakeholders**

### **Recommendations:**

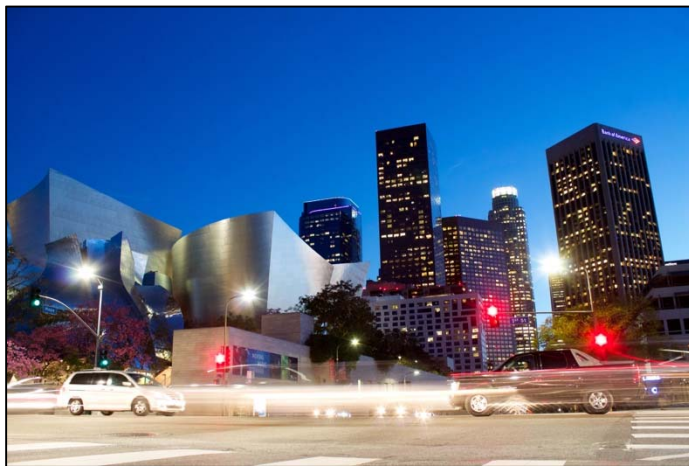
- 1) Expand public transportation and explore options to alleviate traffic congestion and reduce the public health consequences of motor vehicle accidents and pollution.
  - Reevaluate road diets and the efficacy of Wilshire bus-only lanes.
  - Seek to increase bike accessibility within Los Angeles around 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 four-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 to increase access to healthy environments.
- 2) Direct 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 Councils and community groups to identify dangerous intersections and areas of increased injury incidence.

### **Background:**

Community Stakeholders are people residing or working within defined boundaries of a community, who have connections and engagements with the community such as residents, neighborhood leaders, or business owners. 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 the City's Department of Public Works stated that the death rate of people involved in traffic collisions at unregulated roadways was one person every five days. 85 percent of traffic collisions resulting in fatal or severe injury were caused by six 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 success has been achieved in decreasing the number of traffic accidents.





The City of Los Angeles has also expressed a longstanding desire 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 line connections to populated areas, and create jobs (Metro, 2019). Currently, “Metro has extended the Gold Line to run from East Los Angeles 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 Express Lanes on both the I-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 Health 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 more than 1,112 emergency calls and transports over 571 people to area hospitals every day (LAFD, 2019). In 2013, the LAFD received 455,458 individual calls, of which 384,618 calls, approximately 85 percent, were used for emergency medical services (LAFD, 2019). As the primary provider of emergency care for the City of Los Angeles, the LAFD warrants the attention of the Los Angeles City Healthy Commission.

The Emergency Medical Service Agency of the Los Angeles County Department of Health Services provides regulatory oversight of the Emergency Medical Service (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 the impetus in the multi-coordination of tactical 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 Fire Department
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 and endorsed their recommendations to make services more efficient. Note that background sections are largely similar to prior Health Commission reports and utilize the latest data available to the Health Commission.

## **Emergency Medical Services (EMS) Calls**

### **Recommendations:**

- 1) Pursue and obtain funds to examine the necessary replacement of 911 response technology and communication systems.
- 2) Hire social workers to help navigate “EMS Super Users” through the local healthcare system.
- 3) Expand the number of field resources that can safely evaluate low acuity patients to avoid unnecessary ambulance transport to local emergency departments.
- 4) 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.
- 5) 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.
- 6) Increase the number of Advanced Provider Response Units (APRU), Sobriety Emergency Response Units (SOBER), and Alternative Destination Response Units (ADRU).
- 7) Modernize City Ordinance No. 183807 to allow additional billing or updated billing for medical and health care services provided by EMS teams, to increase revenue to improve system efficiencies.
- 8) Lobby the State to allow EMS teams to determine when a 5150 call would be appropriate.

### **Background:**

When responding to the high demand for emergency care, the emergency departments of Los Angeles face an economic and medical crisis. The EMS 911 response technology and communication systems are in need of replacement, which currently delays response time to emergency care and poses a risk to patients, emergency responders, and the City of Los Angeles. In addition, at Los Angeles County and University of Southern California (LAC+USC) medical center, there is a lack of hospital beds and long wait times up to 12-18 hours (Eckstein, 2019).



An increasing load of calls stem from low acuity and homeless patients; the transportation rate for the homeless population alone is 19 times higher than that of the housed population (Eckstein, 2019). Although just 0.8 percent of the City’s population, homeless individuals make up 13 percent of all EMS runs (Eckstein, 2019). Furthermore, superusers, patients who frequently visit the ER, pose a major problem for the emergency department due to their excessive use and depletion of time and resources. Approximately \$2.4 million was spent on "super user" incidents in 2011; of this amount, only \$231,000 was actually paid for/reimbursed. The Medical Director of the Los Angeles Fire Department (LAFD) and Commander of the EMS Bureau, Marc Eckstein M.D., M.P.H., FACEP, FAEMS, stated that among the large quantity of emergency calls, many “are appropriate, while others are not”. Thus, the LAFD is working towards an intervention system that treats and releases patients at alternative locations in order to decrease the the number of cases at emergency departments. Currently, LAFD is only allowed to bill for transport and is barred from

billing all other services. Modernizing City Ordinance No. 183807 through the allowance of additional billing or updating the billing for medical and health care services provided when EMS teams evaluate and treat patients in the field, or in a center, would increase revenues that could further improve efficiencies to the system.

LAFD shifted its approach to emergency care from increasing ambulances to providing the “right service to the right patient at the right time” (Eckstein, 2019). Many inefficiencies exist in the EMS system such as the high number of calls (over 50 percent), that do not require an ambulance (Eckstein, 2019). To optimize resources and services, LAFD’s system of care focuses on accurate dispatches to appropriate, alternative destinations, such as Mental Health Urgent Care Centers and Sobering Centers. Currently, there is only one Sobering Center in Los Angeles, which has been successful and warrants consideration for the creation of similar facilities. With more specific and accurate transportation to definitive care centers, the demand for care at the emergency departments decreases and prevents over-triage and the over-utilization of unneeded medical care. In addition, the LAFD encourages the implementation of trained social workers and case managers to follow-up emergency care cases and help navigate patients, especially EMS superusers, to post-care treatment. Appropriate dispatch and navigation of care for calls relating to mental health is also a serious concern of the Health Commission. A significant number of EMS calls are mental health related, especially among the homeless population. Empowering EMS to determine when a 5150 hold would be appropriate would make the system more humane as well as more efficient.

**Action Plan:**

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

## **Increase Use of Fast Response Vehicles (FRV)**

### **Recommendations:**

- 1) Modernize City Ordinance No. 183807 to allow billing for medical services other than transportation.
- 2) Provide more Fast Response Vehicles.
- 3) 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.
  - Finding funding for lower cost health care service providers that can be based at Emergency Departments.
  - 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 and 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 Health Commission urges the adoption of the stated recommendations to implement FRVs and address wall time.

## **Expansion of Response 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) Expand the number of Alternative Destination Response Units (ADRU).
- 4) Increase the number of psychiatric beds in public hospitals.
- 5) Encourage the use of Los Angeles Network for Enhanced Services (LANES) to allow healthcare providers safe access to patient information.

### **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 treat, consult, create an action plan, and release patients to more appropriate sources of medical care (Eckstein, 2016). Since then, the LAFD has received funding from healthcare organizations to establish Public-Private Partnerships to build and use five APRU units (Eckstein, 2019). 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 EDs.
3. Help EMS super users navigate the healthcare system to reduce their dependence on the 911 system to address chronic medical problems.

The LAFD SOBER Unit is an ambulance staffed with a fire fighter/paramedic, 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 alternative destination 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 1100 patients to the Sobering Center during the first 18 months of the pilot program (Eckstein, 2019).

Furthermore, behavioral health emergency department visits are increasing at a faster rate than total acute care emergency department visits. Currently, Los Angeles County has 96 hospitals, 35 of which are Lanterman Petris-Short designated hospitals (Garcia, 2020). The lack of hospitals with psychiatric beds contributes to the overall shortage in beds for mentally ill patients. The national average number of psychiatric beds is one bed for every 4,383 people; however, California hospitals face a shortage in psychiatric beds with one bed for every 5,834 people (Garcia, 2020; Torrey et al., 2008). “Experts estimate need for a (minimum) one public psychiatric bed for every 2000 people with serious psychiatric disorders” (Garcia, 2020). Thus, the expansion of psychiatric beds remains a priority concern for the Health Commission.

When patients arrive at treatment centers, the EMS system confronts care coordination problems due to the lack of effective health information exchange. The Los Angeles Network for

Enhanced Services (LANES) is an electronic health record that hospitals and providers update, access, and use to share medical records of Medi-Cal and uninsured patients, which may serve as an effective tool for the EMS department to navigate patient health records safely.

**Action Plan:**

The Health Commission urges the adoption of the stated recommendations to continue the development, implementation, and expansion of response programs.



## **Expansion of County Hospitals and Funding**

### **Recommendations:**

- 1) Urge Los Angeles County to purchase Saint Vincent Medical Center to integrate into the Los Angeles County health system.
- 2) Lobby for an increase of Medi-Cal reimbursements to all providers including hospitals and medical centers.

### **Background:**

On August 31, 2018, Verity Health hospitals filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code (OCAG, 2019). Saint Vincent Medical Center, a general acute care hospital founded in 1856, with 366 licensed beds, over 480 attending physicians, and 22,991 annual ER visits, is one of the hospitals included under Verity's bankruptcy petition (Verity Health, 2020).

Verity Health closed St. Vincent Medical Center. The Health Commission believes the Center provides valuable medical services to the people of Los Angeles and should be acquired by Los Angeles County. A similar case was seen in 2019 when two hospitals and one health center under Verity Health, O'Connor Hospital in San José, St. Louise Regional Hospital in Gilroy, and De Paul Health Center in Morgan Hill, filed bankruptcy petitions. The Santa Clara County purchased and subsumed the medical centers into the County's Health System for \$235,000,000 (County of Santa Clara, 2019). The Health Commission urges a similar acquisition of the St. Vincent Medical Center by the Los Angeles County Department of Health or, alternatively, that the facility be transformed into a mental health hospital as well as health center in order to assure the provision of health services to Los Angeles residents.

From 2009-2018, five general acute care hospitals within the City of Los Angeles have closed (OSHPD, 2020):

- Los Angeles Metropolitan Medical Center
- Pacific Alliance Medical Center
- Promise Hospital of East Los Angeles-East L.A Center
- Shriners Hospital for Children
- Temple Community Hospital

To prevent the closure of additional hospitals, the Commission believes Medi-Cal reimbursements must be increased to prevent hospital bankruptcy. According to a study conducted by the University of North Carolina, 121 rural hospitals closed since 2010 (Cecil G. Sheps Center for Health Services Research, 2020). This increasing trend of closures can be counteracted through additional payments to hospitals covering Medicaid patients. With a surplus of funds stated in the proposed 2020-21 State Budget, the Health Commission urges the allocation of funds for Medi-Cal reimbursements (Newsom, 2020).

### **Action Plan:**

The Health Commission urges the adoption of the stated recommendations to acquire St. Vincent's Medical Center and increase hospital reimbursement rates.

## **Affordable Care Act (ACA) Implementation**

### **Recommendations:**

- 1) Improve referrals to non-profit organizations equipped with resources to provide medical services (including mental, alcohol and drug, and physical health).
- 2) Request the Los Angeles County Department of Health Services and the State Department of Health Services to report city specific data.
- 3) Expand the mission of the Health Commission to identify ways to strengthen the use of insurance, and navigation of medical care, by City residents, and advocate on their behalf.

### **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 expanded to identify ways to strengthen the 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.

Furthermore, over 10 million people reside in Los Angeles County, of which 3,787,881 are eligible to receive Medi-Cal (DHCS, 2019; U.S. Census Bureau, 2018b). The City of Los Angeles alone represents approximately four million people, but few resources provide city specific data (U.S. Census Bureau, 2018a). Los Angeles County and California State administrators should collect and report data specific to our City on a quarterly and annual basis. The Los Angeles City Council should formally request that both the County Department of Health Services and the State Department of Health Services report all data by Service Planning Areas (county areas) as well as by city.

### **Action Plan:**

The Health Commission urges the adoption of the stated recommendations to improve dissemination of ACA implementation and city specific information.

## **Communicable Disease Response**

### **Recommendations:**

Enhance outreach at airports on communicable diseases. Increase communication on travel restrictions pertaining to 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:**

The 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.

### **Action Plan:**

The Health Commission urges the adoption of the stated recommendations to help promote the mission of the Los Angeles County Department of Public Health.

## **Meningitis Outreach and Education**

### **Recommendations:**

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.
- Developing and implementing 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 one 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.

### **Action Plan:**

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

## **Measles Outreach and Education**

### **Recommendation:**

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 that 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. A person who is not vaccinated and is in the same room as someone who has contracted Measles has a 90 percent 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 were recorded in the United States for the year 2019, which is the highest number of cases since 1994 (CDC, 2019). Eleven 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 County Department of Health urges everyone to receive MMR vaccinations and to notify the department of new cases.

### **Action Plan:**

The Health Commission 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 the collaboration of the DPH Veterinary Public Health Program with Downtown Dog Rescue and Inner-City Law Center to provide flea prevention education and services to homeless people living with pets in Skid Row.

### **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 seven 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 Health Commission urges the adoption of the stated recommendations to improve public health control over Typhus transmission.

## **Hepatitis Outreach and Education**

### **Recommendation:**

Improve accessibility and quality of public restrooms by increasing funding towards the Pit Stop 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, the counties of Los Angeles, San Diego, and Santa Cruz announced an outbreak of HAV that primarily affected homeless people, drug users, and MSM populations. To reduce exposure, the Los Angeles County Department of Public Health (LACDPH) recommended immediate reporting of any homeless person, IDU, or MSM with symptoms of HAV instead of waiting for anti-HAV Immunoglobulin M (IgM) test results, and encouraged post-exposure prophylaxis (PEP) and vaccinations for 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 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 places people participating in unprotected sex, using IV drugs, or who are pregnant 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 six 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 Health Commission urges the adoption of the stated recommendations to improve public health control over Hepatitis transmission.



## **Coronavirus Outbreak and Education**

### **Recommendations:**

- 1) Remain updated on the COVID-19 crisis and continue to monitor current and potential cases of COVID-19 through California Health Alert Network (CAHAN), Los Angeles County Department of Public Health (LACDPH), and Johns Hopkins University (<https://coronavirus.jhu.edu>).
- 2) Urge citizens to temporarily avoid unnecessary traveling.
- 3) Maintain collaborative efforts between City of Los Angeles and LACDPH to assure the education and awareness of COVID-19 and its transmission to the community.
- 4) Request the Los Angeles County Department of Health Services to collect data of not just COVID-19, but all diseases within the City of Los Angeles.
- 5) Request the State of California's Office of Statewide Health Planning and Development (OSHPD) to collect and report data specific to the City of Los Angeles.
- 6) Provide City Hall staff education on COVID-19 and infection control guidelines for people who have travelled or have come in contact with travelers to countries where COVID-19 cases have been confirmed.
- 7) Install additional bathrooms and hand-washing facilities in Skid Row.
- 8) Collaborate with LACDPH to develop rapid screening centers for COVID-19 at off-site, specialized facilities.
- 9) Restrict visits to nursing, elderly homes, assisted living centers, jails, and prisons.
- 10) Provide funding assistance to UCLA School of Public Health and USC Keck School of Medicine for research to track and prevent community transmission of COVID-19.
- 11) Document and learn from the mistakes made during this crisis to ensure less morbidity and mortality from future epidemics and/or bioterrorism.
- 12) Lobby the State and Federal governments for increased investment in our health system at a state and national level.

### **Background:**

In December 2019, Chinese health officials reported a cluster of cases of acute respiratory illness in persons associated with the Hunan seafood and animal market in the City of Wuhan, Hubei Province (World Health Organization, 2020). Huang et al. reported in the Lancet that by January 2, 2020, 41 admitted hospital patients were identified as laboratory-confirmed 2019-nCoV infection in Wuhan (Huang et al., 2020).

On January 7, 2020, Chinese health officials confirmed that a novel coronavirus (COVID-19) was associated with this initial cluster. "As of February 4, 2020, a total of 20,471 confirmed cases, including 2,788 (13.6%) with severe illness and 425 deaths (2.1%) had been reported by the National Health Commission of China" (CDC MMWR, 2020). COVID-19 is a type of respiratory illness that stems from a various range of viruses. Mild cases of coronavirus can lead to influenza, but severe cases like SARs or MERS can develop into serious respiratory illnesses like pneumonia (LACDPH, 2020b).



Symptoms of the novel Coronavirus include fever, cough, and difficulty breathing. Approximately 81 percent and perhaps as high as 90 percent of patients have a mild disease. Of the remaining cases, many have a moderate disease and five percent have required hospitalization, with two percent needing intensive care like intubation and respirator support. The transmission of coronavirus occurs through droplets from coughing, sneezing, and coming into contact with infected surfaces. Ongoing research recently stated that travel distance is farther than expected: possibly up to 15 feet. Dr. Anne Rimoin, field epidemiologist and UCLA professor of Epidemiology at the UCLA Fielding School of Public Health, stated that COVID-19 can “linger in the air for at least 30 minutes [and] last for days on surfaces where respiratory droplets land” (Gee & Rimoin, 2020). If someone is infected, the person should be quarantined for at least 14 days to prevent further spread of the disease.

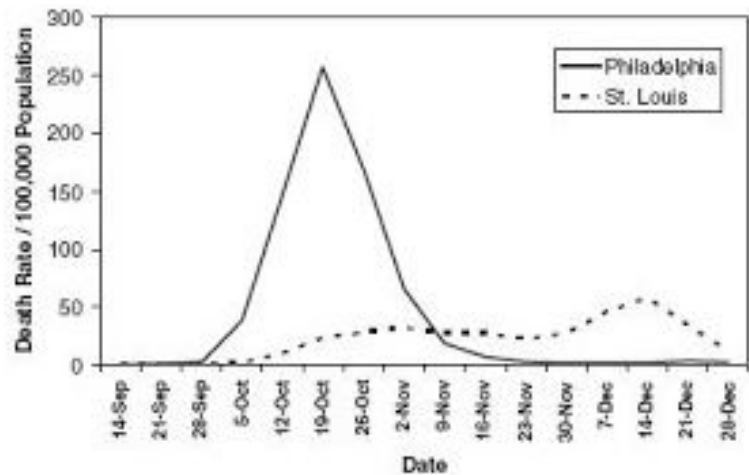


Fig. 1. Excess P&I mortality over 1913–1917 baseline in Philadelphia and St. Louis, September 8–December 28, 1918. Data are derived from ref. 10.

Source: Hatchett, 2007

During pandemics, health systems and workers are likely to be overwhelmed. This phenomenon results in worse morbidity and increased mortality. During the 1918 Flu epidemic, the contrast in the responses to public health officials by civic leaders in Philadelphia, which allowed a massive “War bonds” parade to take place, and those in St. Louis, who ordered the parade cancelled, dramatically proves how halting events with large gatherings reduces mortality rates during an epidemic. Sound public policy requires “flattening the infection curve” in order to minimize the mortality that is unfortunately associated with infectious pneumonias (Gee & Rimoin, 2020). The presentation by Dr. Gee and Dr. Rimoin in March 2020, at the Health Commission, can be found using the following link:

[https://www.youtube.com/watch?v=Hrr7\\_uaG4Dw](https://www.youtube.com/watch?v=Hrr7_uaG4Dw)

People who are sick are advised by these experts, as well as by the CDC, to stay home and rest. As a result, many people are missing work; hence, employers are encouraged to implement lenient sick-leave policies for their employees. Although the CDC recommends sick individuals to remain at home, Rimoin explains that staying at home when sick is a “luxury” for people (Gee & Rimoin, 2020). Some people do not have the financial means to skip work and stay home, so alternative solutions are needed to help disadvantaged populations.

The COVID-19 pandemic has aroused acts of violence and aggression towards international residents in Los Angeles and people from particular races – not only Chinese people. UCLA professor in Community Health Sciences Dr. Gilbert Gee explains that such discrimination in-person and online places additional stress on victims that may weaken their immune systems and make them more susceptible to disease. Any form of racism or discrimination should never be tolerated.

Additionally, the serious effects of COVID-19 on elderly people living at nursing or group homes are a concern for the Health Commission. The elderly population has a higher risk of becoming seriously ill from COVID-19, so temporary limitations on visits to nursing/elderly homes may help reduce exposure to disease and protect their health. The County and City of Los Angeles continue to monitor cases and update information regarding COVID-19, in order to inform and protect the residents of Los Angeles.

On a global level, the mortality rate of COVID-19 in South Korea is significantly lower than in Italy. Unlike South Korea, Italy's response was instituted too late and hence, their health system was strained due to underinvestment. Despite having an older population than America, there are 12.5 critical care beds per 100,000 people in Italy, while there are 34.7 per 100,000 people in America (Society of Critical Care Medicine, 2020). During this pandemic, the health system of Los Angeles may require additional critical care beds; therefore, the closed Saint Vincent Medical Center could be a valuable resource if restored or transformed into a homeless housing and supportive care unit.

Although, the County of Los Angeles has the primary responsibility to protect the public health of the people in our county, leaders in the City of Los Angeles have an independent moral, ethical, and fiduciary responsibility to ensure that the citizens and residents in our City have a health system that can provide for their needs. The Balanced Budget Act of 1997 (Pub.L. 105-33, 111 Stat. 251) enacted by the United States Congress in 1997, was an omnibus legislative package that used a budget reconciliation process to balance the federal budget by 2002. The Patient Protection and Affordable Care Act (Pub.L 111-148) was signed into law on March 23, 2010, having never gone to a conference committee. These laws dramatically impacted the City of Los Angeles. Medicare payments were lowered and increases limited below inflation; funding to the Department of State Hospitals was cut dramatically. This resulted in diminished numbers of hospital beds, physicians, nurses, respiratory technicians, laboratory technicians and other health care providers that are needed to combat COVID-19, as well as any other future pandemics. As the second most populated city in the country, the commission urges the City of Los Angeles to advocate for increased investment in our nation's health system at a Federal and State level.

#### **Action Plan:**

The Health Commission urges the adoption of the stated recommendation to improve public health education and awareness of COVID-19 and its transmission.

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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 are based on research, interviews, and presentations recently collected from experts and stakeholders in the Los Angeles community on these topics. The Health Commission also encourages the public health community to adopt the recommendations contained within this report to improve the health of the citizens of Los Angeles. The Health Commission's work lies almost entirely on the dedicated work of volunteers. In order to produce high quality research and effective recommendations for major public health concerns, the Health Commission requires financial support. An annual allocation of \$2 million would provide adequate funding for full-time staff and directed research, which the Health Commission believes is necessary to accomplish its goals and objectives.

## **2020 Los Angeles City Health Commissioners**



### **HOWARD C. MANDEL M.D., FACOG**

President (Council District Five)

Howard C. Mandel MD, FACOG is a practicing Obstetrician Gynecologist who has dedicated his life to the practice of high-quality health care and assuring access to such care. To this end, Dr. Mandel's extensive leadership in political advocacy and his education of the public has spanned over 35 years. He has held positions and chaired Board of Directors of several not-for-profit and educational institutions, served on advisory panels and councils, and has received recognition for his leadership locally, statewide and nationally. Born in Brooklyn, New York, Dr. Mandel received his degrees from The Johns Hopkins University and New York University School of Medicine.

His exposure early on to the medical care of the indigent at both Johns Hopkins Hospital and Bellevue Hospital bonded him to the defense of those who could not help themselves. As a volunteer at the Saban (Los Angeles) Free Clinic for three decades, Dr. Mandel has advocated for equal access to health care for women, children, the homeless and the working poor.

Dr. Mandel currently advises Senator Michael Bennet on health care policy. He has served on the National Physician's Council for Health Care Policy and has previously served on "Obama for America Health Policy Advisory Committee", was an advisor to Vice President Biden on health care issues during his 2007/2008 presidential campaign and continues to advise Senator Mark Warner. Likewise, he has served on several local and statewide governmental advisory panels, assisting Assembly members Burt Margolin, Barbara Friedman, Susan Davis, Wally Knox and Paul Koretz. He was an early supporter of Governor Howard Dean's 2004 presidential campaign, a member of the "Dean's List" and a founder of "Doctors for Dean". He later was one of three founders of "Doctors for Kerry" and served on the then California Attorney General, Kamala D. Harris' "Smart on Crime" Health Committee.

In addition to teaching and lecturing on topics such as Ob/Gyn Emergencies, Umbilical Cord Blood Banking, Menopause, Women's Health and Health Care Economics, he has appeared as an expert on numerous television news and informational programs on NBC, ABC, CNN, KTLA, KCOP, E! Entertainment and UPN, and has made appearances on The Dennis Miller Show, The Mo Show, Strange Universe, Borderline and Medically Incorrect. Dr. Mandel has been recognized for his leadership and public service by the State of California, County and City of Los Angeles, The Johns Hopkins University (Distinguished Alumnus Award 2015), Jhpiego (The Elyse Bila Ouedraogo Award 2015), The Oakwood School (Charles Haas Award 2011), Temple Israel of Hollywood (2007), the Saban (Los Angeles Free) Community Clinic (Lenny Somberg Award-1996 and Leo D. Fields Volunteer Award-1996), Los Angeles Committee on Philanthropy (1995), and the American College of Obstetrics and Gynecology (President's Community Service Award 1994), American Association of Gynecologic Laparoscopists (1985), Cedars-Sinai Medical Center (Leo G. Rigler Award 1985), New York University School of Medicine (Frederick C. Holden Prize 1981 and the James Constantine Award 1981). Most recently he was selected as one of the Top Three Gynecologists in Los Angeles by Threebest related.com.

Currently Dr. Mandel is a member on the Board of Directors of the Friends of the Saban (Los Angeles Free) Community Clinic, Big Sunday, the UCLA School of Nursing Dean's Advisory Board and he Chairs the International Advisory Board of Jhpiego. He also serves on as the Johns Hopkins University Krieger School of Arts and Sciences Advisory Board and her School of Education's National Advisory Council. He also serves as the President of the City of Los Angeles Health Commission. He has previously served on the Boards of Trustees of the Johns Hopkins University, of Temple Israel of Hollywood, Oakwood School and the Boards of Directors of Century City Hospital and the Los Angeles Free Clinic and its Hollywood Endowment Corporation as well as the Los Angeles Advisory Board of Children Now. He has served on the Performance Improvement Committees of Cedars-Sinai Medical Center, Century City Hospital and Century City Doctor's Hospital. He was the Chairman of Surgery as well as Chief of Gynecology at Century City Doctor's Hospital and served twice in that role at Century City Hospital. He represented Century City Doctor's Hospital to the American Medical Association, California Medical Association and the Los Angeles County Medical Association and previously did the same for Century City Hospital.

Dr. Mandel lives in Los Angeles with his wife Dr. Susan Mandel and his two children, Spencer, age 32 and Mallory 30.



## **2020 Los Angeles City Health Commissioners**



### **MATTHEW GRIMMIG**

1<sup>st</sup> Vice President (Council District Four)

Matt Grimmig currently serves as a National Field Ambassador for Myriad Genetics and is an integral part of helping doctors discover their patient's invisible genetic risk that places them squarely in the crosshairs of cancer. Over the past 15 years, Matt has been a representative of multiple medical corporations that operate in the Women's Healthcare space in the greater Los Angeles area. During that time, he has been an essential part of bringing access to family planning medication and life-saving genetic testing to impoverished and lower-income patients who would otherwise be without the care every woman should be afforded.

Born and raised in a military family, Matt learned the importance of service and, after graduating from Florida State University, has accepted leadership roles on several boards related to healthcare. He currently serves as the Vice President on the board of directors of the Angeles Community Health Center in downtown Los Angeles. This Federally Qualified Healthcare Center (FQHC) has been a fundamental part of expanding necessary healthcare to low-income patients across the City.

As 1st Vice President of the Los Angeles City Health Commission, Matt strives to lend his expertise to expand essential medical care to those who need it most and tackle the most difficult health issues that affect our City.

## **2020 Los Angeles City Health Commissioners**



### **SHAMIKA OSSEY R.N., B.S.N.**

2<sup>nd</sup> Vice President (Council District 15)

Shamika Ossey graduated with a Bachelor of Science Degree in Nursing from Mount Saint Mary's University, in 2005, and began her Public Health Nursing career in 2007 with the County of Los Angeles. She has been an emerging leader in the community earning several awards, and recognition from local elected officials, the Federal Emergency Management Agency and the White House. Ms. Ossey enjoys community engagement, promoting emergency preparedness, and has been a volunteer with the American Red Cross Los Angeles Region since 2014 as a Community Ambassador. As an Instructor and Co-Program Manager of the Watts Community Emergency Response Team (CERT) Program Ms. Ossey volunteers her time engaging the community in emergency and disaster preparedness education and training. Ms. Ossey currently serves as a SEIU 721 Union Steward, Co-Chair of SEIU 721's Bargaining Unit 311 (LA County Registered Nurses), SEIU Nurse Alliance of California Steering Committee Member, Co-Chair of LA County Department of Public Health's RN Joint Labor Management Committee, and Commissioner on the City of Los Angeles Health Commission.

## **2020 Los Angeles City Health Commissioners**



### **LORRAINE ESTRADAS R.N., B.S.N., M.P.H.**

Commissioner (Council District One)

Ms. Estradas a native Angeleno developed a keen interest in health care, particularly health services for the medically underserved vulnerable populations at a very early age. She volunteered as a Candy Stripper at Los Angeles County USC Medical Center where she later worked as a nurse's aide. Her commitment to health care propelled her to earn a Bachelor of Science degree in Nursing as well as a Master's degree in Public Health, both from UCLA.

While pursuing an education, Ms. Estradas continued advocacy for access to quality health care for the poor and medically underserved in Los Angeles. Her experience included hospital and community public health nursing at UCLA, the Regional Center for the Developmentally Disabled, the State Department of Health Services, Farm Worker Health, and the Federally Qualified Community Health Center. She learned how health policy, legislation and advocacy impacts health care delivery and has served on various health care Association Boards and Committees.

Ms. Estradas currently serves as the Chief Executive Officer of Arroyo Vista Family Health Center. Under Ms. Estradas's leadership, Arroyo Vista has experienced significant growth from a small storefront clinic to a healthcare delivery network of four health centers and a mobile medical clinic serving the healthcare needs of medically underserved families of Northeast Los Angeles. Services span the five-stage life cycle and include medical, dental, optometry, imaging, including the Ruby Cedillo Breast Care and Imaging Center, specialty services, health promotion and disease prevention. All are welcomed and cared for at Arroyo Vista Family Health Center regardless of ability to pay. Arroyo Vista is accredited by The Joint Commission and certified as a Primary Care Medical Home and is affiliated with local universities as a clinic preceptor for medical residents, graduate nurse practitioners and medical students.

She continues to participate in leadership roles in the area of health policy and advocacy to improve health care outcomes, expand health care access and decrease community health disparities. She believes that healthy children and healthy families, lead to healthy and empowered communities.

## **2020 Los Angeles City Health Commissioners**



### **JOHN HISSERICH M.P.H., DrPH.**

Commissioner (Council District Two)

John Hisserich spent 34 years at the University of Southern California retiring in 2005 as Associate Vice President of Health Affairs. He then joined the staff of Assembly member then Council member Paul Krekorian addressing principally health and public safety issues. He holds Master's and Doctoral degrees in Public Health from UCLA and a BA in Government from California State University Los Angeles. He served three years on active duty with the U.S. Army and has served as a Reserve Los Angeles County Deputy Sheriff for 41 years.

## **2020 Los Angeles City Health Commissioners**



### **MICHAEL SIROTA**

Commissioner (Council District Three)

A resident of Los Angeles since 1965. A proud homeowner for over 50 years and a successful business leader for more than 40 years. Michael Sirota was President of Woodland Printing, located in Canoga Park for thirty years. Well known in the San Fernando Valley for generosity and commitment to the betterment of the community. Mr. Sirota is presently the President of the Canoga Park Improvement Association. Which is the administrator of the Canoga Park Business Improvement District, (BID). He is also CEO of Sobriety Connection. Sobriety Connection is a nonprofit organization with a mission to solve the homeless crisis.

Michael Sirota has an impressive resume of community activism and an equally strong list of charitable accomplishments. He served as a Commissioner for the City of Los Angeles Quality and Productivity Commission for eight years. He served as President of the Winnetka Chamber of Commerce, for three years and a Board Member and Vice-President of the Canoga Park-West Hills Chamber of Commerce. Michael Sirota has donated his time and resources for more than ten years, as President of the LAPD West Valley Jeopardy Foundation, which is a successful gang diversion program, operated in conjunction with the LAPD. Michael Sirota served as Club President and Valley Regional Chair of the Lions Club, part of the 1.45 million Lions giving service to those in need.

His civic participation earned him an elected position to the Canoga Park Neighborhood Council Board, serving from its formation, for ten years. As a member of the Board of Directors of Main Street Canoga Park, he has played an important role in bringing about the economic revitalization in Canoga Park. Which was one factor, leading up to his community receiving the nationally prestigious All-American City Award-June 2005.

Past community and professional involvement include serving on the boards or committees of the Guadalupe Center, the Los Angeles Free Clinic, the Canoga Park Memorial Day Parade Committee, the West Valley. Evening Optimist Club (past President), the California Association of Commercial Printers, and the Canoga Park-West Hills Job Fairs (Chair), which attracted 15,000-20,000 job seekers at each of its annual events. Mr. Sirota has been general manager of a large manufacturing company in downtown Los Angeles (400 employees), a teacher and a college instructor teaching marketing classes, and founder and administrator of the Los Angeles Free University, which offered college training to 800 students at no charge. His daily application of sound business policy and practice, together with his dedication to improving the quality of life and sense of community in the City of Los Angeles, makes him well suited to serve as a Health Commissioner.

## **2020 Los Angeles City Health Commissioners**



### **NOMSA KHALFANI M.A., Ph.D.**

Commissioner (Council District Eight)

Nomsa Khalfani, Ph.D. is the Executive Vice President at Essential Access Health, where she leads key initiatives in support of Essential Access' strategic priorities, to further the growth and position of the organization. In this role, Ms. Khalfani directs the planning, implementation, and monitoring of all community health programs (Title X Family Planning Program, STD Prevention Center), training, state and national partnerships, and other strategic initiatives. Under her leadership, Essential Access Health's Learning Exchange has increased the overall number of training participants, training revenue, and training participants beyond California. She also launched Essential Access Health

Solutions, which offers a broad range of consulting and product solutions. Before joining Essential Access Health, Ms. Khalfani held several leadership positions with St. John's Well Child and Family Center (SJWCFC), a network of federally qualified health centers. During her tenure, she was responsible for strategic planning, program development and oversight, and health care reform readiness and implementation. Ms. Khalfani currently serves as Board Chair at Community Asset Development Re-defining Education (CADRE) and Board Member for California Pan-Ethnic Health Network. She is also Co-Chair of the LA County Community Prevention and Population Health Task Force and the African American Infant and member of the Maternal Mortality Steering Committee. Ms. Khalfani holds a B.A. from the University of California, Santa Cruz, an M.A. from Phillips Graduate University, and a Ph.D. from Capella University, School of Public Service Leadership. She is a graduate of the Southern California Coro Women in Leadership (WIL) Program, the Blue Shield of California Foundation Clinic Leadership Institute (CLI) Emerging Leaders Program, and the California Women's Foundation Women's Policy Institute (WPI).



## **2020 Los Angeles City Health Commissioners**



### **IRMA AVILA CNA**

Commissioner (Council District Nine)

Irma Avila serves as the Los Angeles City Health Commissioner for City District 9. She has lived in Los Angeles for 25 years and become a highly experienced leader in public health. Throughout her career, Irma has shown great passion and dedication to protecting the health of the people of Los Angeles as she served as a Certified Nurse Assistant (CNA) for 12 years from 1994-2004 at Wilshire Retirement Center in Los Angeles, California. In 2010, Irma set a bold course of action as a community health educator for the Coalition for Occupational Safety and Health (SoCalCOSH) planning and disseminating health and safety curriculums. In 2011, she expanded her efforts in public health with Best Start Metro Los Angeles (BSMLA) by conducting outreach, leading health education initiatives, and serving as a liaison between parents and community stakeholders. Using her skills as a bilingual Spanish and English speaker, Irma played a key role with Choose Health LA Kids (CHLA Kids) and Champions for Change to spearhead community nutrition workshops, food demonstrations, and advocacy in healthy nutrition campaigns for children and families. Irma continues to aid community outreach events and health education projects by working in collaboration with First 5 LA to hold consulates, health fairs, and conferences in Los Angeles.

Irma Avila proudly serves various roles as member of the UCLA-LOSH Promotoras Committee (UCLA-Labor Occupational Safety & Health), a member of the Community Health Institute (CHI), member of the National Association of Community Health Centers (NACHC), secretary of EISNER Health Center, President of CD Tech – S.O.D.L.A. Group (Sociedad Organizada de Latinas Activas), President of All Peoples Community Center-Grupo M.E.J.O.R. (Mujeres En Justa Organización Reciproca), and commissioner of the Los Angeles City Health Commission.

Irma now lives with her husband Enrique Avila Martinez and her three children: Henry, Vincent, and Erick, and her granddaughters: Melanie and Melissa.

## **2020 Los Angeles City Health Commissioners**



### **RON KATO M.B.A.**

Commissioner (Council District 11)

Ron C. Kato is the Executive Director of the MOA Wellness Center, a non-profit integrative medical clinic in Del Rey Los Angeles promoting lifestyle changes introducing people to alternative methods other than just taking medications to deal with their health issues. Headquartered in Japan, MOA has clinics worldwide and Ron has worked for them in Japan, Brazil and England. Other than his native language English, he speaks Japanese, Portuguese and Spanish fluently.

Ron worked actively with the late Councilmember Bill Rosendahl of Council District 11 and his staff since 2013 as the Los Angeles City Planning Department was preparing the draft for ‘Plan for a Healthy Los Angeles’ promoting wellness fairs at the local farmers market. As a native Angeleno it continues to be Ron’s passion to see the ‘Plan for a Healthy LA’ implemented promoting health and wellness in body, mind and spirit for all Angelenos.

Ron has been serving on the Health Commission since July 2016 appointed by Councilmember Mike Bonin. He is active in the Westside community as co-chair of the Del Rey Neighborhood Council’s Health and Wellness Committee as well as a member serving on LAPD’s Pacific Division’s Community Police Advisory Board and Boosters.



## **2020 Los Angeles City Health Commissioners**



### **SUSIE SHANNON**

Commissioner (Council District 14)

Susie Shannon has represented the 14th Council District on the Los Angeles City Health Commission since 2014, where she also served as president for two years.

Shannon has worked with homeless and low-income communities since 2005 and currently serves as the Executive Director of the non-profit Poverty Matters, working for systems change and public policy to support solutions to homelessness and poverty. In 2015, Shannon spearheaded legislation to place California on a Housing First model, helping our chronic homeless community with underlying medical conditions achieve better health outcomes through housing. The legislation

passed the California legislature and was signed by the Governor in September 2016. Shannon has also served as an expert witness to Congress on matters of homelessness and housing. Shannon serves on the boards of Safe Parking Los Angeles, the Democratic National Committee, the California Democratic Party and the Los Angeles County Democratic Party.