LOS ANGELES CITY

HEALTH COMMISSION

2023

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Introduction to Annual Report 2023

The Los Angeles City Health Commission (Health Commission) is a government body established in 2014 by the Los Angeles City Council (Ordinance No. 183093), with the mission to improve the health and wellness of citizens residing in Los Angeles City. The Health Commission is composed of volunteer commissioners and staff that focuses on understanding the health needs of people in Los Angeles City, conducting public health research, and providing information and recommendations that help Angelenos lead healthy lives.

The Health Commission is requesting funding and resolution authority for three positions consisting of one Executive Director, one Legislative Analyst, and one Commission Executive Assistant to allow the Commission to fulfill its mission. The Executive Director position would require a Master's Degree in Public Health and some management experience. This position will be responsible for oversight of the Commission and serve as the liaison with the Los Angeles County Departments of Public Health, Mental Health, and Health Services, as well as with the various City Departments that provide health and safety services. This role is crucial to developing partnerships and assisting in the coordination of the provision of services to the City of Los Angeles, by identifying areas of need and recommended actions. This necessitates a high level of research, which would be the main role of the Legislative Analyst, a position that would require, at least, a Bachelor's degree in Public Health. This research is the basis for the development of this Annual Report, which articulates the areas of need and provides recommendations to address those needs.

The Office of the City Clerk has provided the needed assistance in the conduct of Health Commission meetings. However, a dedicated Commission Executive Assistant would also provide support to the Executive Director and the Legislative Analyst, as well as to the Commissioners. The Health Commission is also requesting funds to support research programs to benefit the City's communities. We are requesting funding to conduct research studies focusing on the following: 1) Hospital bed shortages and access issues especially for BIPOC communities; 2) Nursing shortages statewide; 3) Shortages of California licensed physicians due to technical maintenance of certifications; 4) Pharmaceutical and drug shortages; 5) Expanding access to healthcare for the homeless population; 6) Increases in infectious diseases, including respiratory illness and COVID-19, in Los Angeles schools; 7) Effectiveness of mobile healthcare units in meeting the needs of the homeless population and community outreach; and 8) Effectiveness of advance practice nurses working with the Los Angeles Police Department and Paramedics to address mental health issues with the homeless population.

The table below provides the requested positions and salary costs, based on the level of knowledge, experience, and expertise needed and consistent with City position classifications, and estimated office expenses and equipment costs.

Salaries	
Executive Director (9225)	$146,244
Legislative Analyst II (0192)	$115,237
Commission Executive Assistant I (9734-1)	$87,320
Total Salaries	$348,801
Expense	
Printing and Binding (Annual Report)	$1,000
Office and Administrative	$3,000
IT Services and Support	$65,000
Total Expense	$69,000
Equipment	
Furniture, Office, and Technical Equipment	$60,000
Total Equipment	$60,000
Research	
4 Studies @ $300,000 each	$1,200,000
Total Research	$1,200,000
Total Los Angeles City Health Commission Budget	$1,677,801

Section I: Homelessness

Introduction:

The 2022 Los Angeles Housing Services Authority (LAHSA) homeless count identified 46, 260 total individuals experiencing homelessness within the City of Los Angeles (LAHSA, 2023). This number is a 10.2% increase from the results published by LAHSA in 2022. The rise in L.A. City's unhoused population coincides with the steady growing trend of people experiencing homelessness and increases in people experiencing homelessness in major cities across the United States (LAHSA, 2023).

Structural factors (systemic racism, an inadequate supply of low-cost housing, rising housing costs, a lack of available jobs, etc.) can interact with individual factors (mental health and substance abuse problems, limited social support, poverty, etc.) that lead to homelessness. Individuals experiencing homelessness often suffer from severe health consequences. They often have higher risks of mortality with an average age of death of 51 for men and 48 for women in Los Angeles County (Kuhn et al., 2020). In 2019, Los Angeles County saw a death count of 1,267 unhoused people, and this number increased to 1,737 deaths in 2020 and 2,201 in 2021 (LADPH, 2023). They also may have higher risks of contracting an infectious disease, chronic illness, subjection to violence, mental illness, and substance abuse (Kuhn et al., 2020). These risks are a public health issue not just for the homeless but also for other housed individuals in those communities: individuals experiencing homelessness use emergency departments at higher rates which creates a strain on the health care system via overcrowding. They also have the potential for widespread disease transmission due to their higher susceptibility to symptomatic infection (Kushel et al., 2002; Culhane et al., 2020).

In order to understand the public health issue of homelessness, Nickasch and Marnocha (2009) highlight the four major causes of health disparities in the homeless population: lack of attainment of physical needs, lack of healthcare affordability, lack of health care provider compassion, and lack of available resources. To remedy the health disparities that come with being homeless and to rehouse individuals experiencing homelessness, these four deficiencies must be addressed through city and county policy interventions, as suggested in our 2023 report.

Our analysis of homelessness in the City of Los Angeles drew upon expert interviews, research, data analysis, and presentations given to the Los Angeles City Health Commission. In this report, the commission presents policy solutions that the Los Angeles City Council can

implement or support to help reduce homelessness and improve the health of the City's homeless population.

Given the lack of implementation of our recommendations from the 2022 LACHC Annual Report, many of our recommendations remain the same.

Housing First Programs and Permanent Supportive Housing

Recommendations:

1) Continue funding Los Angeles City permanent supportive housing and housing first programs, and establish a city council-controlled and funded organization to create more permanent supportive housing units.
2) Examine the current permanent supportive housing and housing first programs through government-funded comparative research studies, in order to determine overall efficacy and need for improvement.
3) Determine the impacts of Proposition HHH on the number of PSH units built and methods to improve Proposition HHH rollout speed and cost.
4) Utilize any vacant units in the City, prefabricated modular housing, and adaptive reuse for use in permanent supportive housing and Housing First programs.

Background:

Under Senate Bill 1380, all state housing programs in California are required to adopt the Housing First approach. This approach offers access to independent housing without requiring people experiencing homelessness to address their behavioral health problems or meet any other prior prerequisites (Gulcur et al., 2003). The methodology is based on research that demonstrates better outcomes when giving individuals the choice of participation in supportive services (Einbinder et al. 2007).

One successful model that follows this approach is permanent supportive housing (PSH), a housing program for individuals and families with mental health issues, substance use disorders, chronic illnesses, or disabilities who have experienced repeated or long-term homelessness. PSH provides long-term rental assistance and supportive services, and it has shown to have a long-term housing retention rate of up to 98% (Montogomery et al., 2013). A majority of the clients who participated in PSH programs reported an increased perception of autonomy, choice, and control, as well as higher usage of the optional supportive services. The clients who opt-in to these supportive services tend to be more likely to have greater housing stability, school attendance, discontinued substance use, less time spent in the hospitals, and increased participation in job training programs (Gulcur et al., 2003; Tsemberis et al., 2004). Another benefit of PSH is cost efficiency; housed individuals are less likely to use hospital and jail emergency services in comparison to unhoused individuals. Compared to housed individuals, the average cost of hospitalizations for unhoused invidious is an additional $2,500, leading to poorer health outcomes and increased medical costs (Perlman, 2016).

Los Angeles has already implemented a number of programs that follow the Housing First approach and permanent support housing model. Housing for Health is one such program. In 2012, Housing First was established as a C3 program (County + City + Community) within the Los Angeles County Department of Health Services (LACDHS) to provide supportive housing to DHS patients experiencing homelessness alongside behavioral health and complex medical issues. Housing for Health has expanded its services since then to other vulnerable populations within the County (LACDHS, 2016). The use of the Housing for Health program led to a significant reduction in the usage of legal and health services: 1) participants exhibited 52% fewer ER visits; 2) inpatient hospital stays were reduced by 44%; 3) mental health crisis service usage decreased by 47%; and 4) the average number of days spent in jail was reduced by 52%. (Palimaru et al., 2020). Since 2012, 14,000 individuals experiencing homelessness have been housed, and there has been a 92% housing retention rate after 12 months. Intensive case management services with ongoing monitoring and follow-up have also been provided to 2,000 clients who were already provided shelter in other housing programs with insufficient services (LACDHS, 2021).

In 2016, Proposition HHH overwhelmingly passed, providing a locally generated, dedicated source of funding for streamlined development of PSH (LAHD, 2023). The project was spearheaded by the Los Angeles Housing Department (LAHD) with a goal of creating 10,000 PSH units by 2026. They have surpassed this goal as of December 2023: they have 6,507 PSH units that are completed, 4,287 PSH units under construction, and 3,029 PSH units currently being designed (LAHD, 2023). Throughout this project, the city has seen an increase in the annual production of supportive housing units by 600%, an increase from about 300 units per year to over 2,000 (LAHD, 2022). Since the time of the 2022 Los Angeles Health Commission Report, 3087 more units have been built. Although these PSH unit numbers as a result of Proposition HHH represent a dramatic increase from previous years, the rollout of Proposition HHH has been criticized for being slow and expensive. The office of the Los Angeles City Controller noted that these HHH project timelines do not meet the scale of the crisis, with many of the projects taking three to six years to complete. These projects also see soaring costs, because of the high cost of construction in Los Angeles, prevailing wage requirements, funding complexity, regulatory issues, and land use challenges. The average per-unit cost for PSH units under construction increased from $531,000 in 2020 to $596,846 in 2021 (LA Controller, 2021).

According to a report from the Los Angeles Department of Water and Power (LADWP), the City of Los Angeles has 70,000 units in a state of non-market vacancy, which is equivalent to more than one for every unhoused person in the city (HCID, 2020; Ferrer et al., 2020). Los Angeles can also implement the adaptive reuse of older commercial buildings in downtown Los Angeles in order to obtain more housing units. Adaptive reuse of these buildings in terms of sustainability outweigh the advantages of demolition and new development (Bullen et al., 2009). The use of prefabricated modular housing is also a cost efficient method in getting the units necessary for these programs. Prefabricated homes are houses that are partially built in an external site, shipped to the development site, and then placed on a foundation where the roof and exterior are to be finished (Lopez et al., 2016). These modular homes arrive on site and are typically about 95% complete. Upon their arrival, they only need to be fastened together by a crane, and this process takes workers a mere few days to do so (Lopez et al., 2016). Ultimately, this method of unit-building offers advantages such as a substantial reduction of construction time, higher quality control, and potential cost savings (Lopez et al., 2016).

Action Plan:

The Health Commission urges the adoption of the stated recommendations to advance homelessness programs in Los Angeles.

Interim Housing (Emergency Shelters and Transitional Housing)

Recommendations:

1) Apply Housing First principles to emergency shelters and transitional housing.
2) Help transition individuals using COVID-19 emergency shelters into permanent supportive housing programs.
3) Transition congregate transitional housing and emergency shelters into non-congregate shelters.
4) Examine the LAC+USC Restorative Care Village through government-funded comparative research studies, in order to evaluate overall efficacy and need for improvement.
5) Implement the 5 LAC+USC Restorative Care Village strategies for helping homeless individuals use the appropriate services at other City and County medical sites.
6) Perform a cost-benefit analysis of Project Roomkey.
7) Seek reimbursement through federal grants for Project Roomkey expenditures, whenever possible.

Background:

The prolonged process of rehousing chronically homeless individuals and the increase in the number of homeless individuals requires the need for interim housing, such as emergency shelters and transitional housing programs. People experiencing homelessness who need PSH may experience delays in housing attainment (Kuhn et. al, 2020). The Substance Abuse and Mental Health Services Administration (SAMHSA) (2021) defines emergency shelters as a service people first turn to when experiencing economic shock, domestic violence, trauma, divorce, or any other life-destabilizing events. Transitional housing is a service that provides transitional residence of up to two years, with services that help people stabilize their lives (SAMHSA, 2021). Shelters and transitional housing programs are both designed to act as a safe short-term place to stay with access to services and resources for the homeless in the midst of attaining permanent housing. These facilities generally have showers, meals, case management, and beds. Access to facilities is usually dependent on the availability of beds at the site (LAHSA, 2019).

The necessity of transitional housing and emergency shelters is demonstrated by the data collected during the analysis of the efficiency of Measure H: during the 2019-2020 fiscal year, Measure H-funded interim housing helped 14,804 people move off the streets. This number is a 24.8% decrease from the previous fiscal year, most likely due to the reduction in occupancies necessitated by COVID-19 social distancing protocols. Of those 14,804 people, 74% exited the program and retained permanent housing. However, this percentage demonstrates a decrease from last fiscal year's proportion of 93% retaining permanent housing. Within 6 months of

permanent placement, only 6.6% of participants returned to homelessness (LA County CEO, 2021).

The Los Angeles County Departments of Health Services (DHS), Mental Health Services (DMH), and Public Health – Substance Abuse Prevention and Control (DPH-SAPC), as well as the Los Angeles Homeless Services Authority (LAHSA), administer a variety of interim housing beds, a subset of which receive Measure H funding, including the below:

- Recuperative Care: for individuals discharged from an inpatient hospital setting; includes on-site medical and supportive services. Stabilization Housing: for individuals with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelters.
- Mental Health Interim Housing: temporary shelter for homeless adults with mental illness who are willing to receive treatment, as well as for their minor children.
- Enriched Residential Care: (also known as Board and Care) for clients with mental illness who require 24/7 care.
- Enhanced Emergency Shelter Program for Transition Age Youth: a supportive housing environment for up to 36 nights before transitioning to permanent housing.
- Recovery Bridge Housing: abstinence-focused, peer-supported housing that supports the recovery of individuals undergoing substance use disorder treatment.
- Crisis Housing: emergency shelter intended to help people quickly exit to permanent housing; includes beds for various sub-populations including individuals, families, and youth transitioning out of foster care; includes non-congregate interim housing such as Tiny Homes.
- Bridge Housing: emergency shelter with enhanced services to help people quickly exit to permanent housing; includes beds for various sub-populations including individuals, families, women, youth transitioning out of foster care, older adults, and people exiting institutions; includes non-congregate interim housing such as Tiny Homes.
- Transitional Housing for Victims of Domestic Violence/Intimate Partner Violence: Temporary housing for up to 24 months for individuals or families (with or without children).
- Winter Shelter: annual site-based, 14- to 24-hour program between November 1 – March 31, while the Extended Winter Shelter Program stretches beyond that time frame when needed.
- Safe Parking: provides vehicle dwellers with a safe and legal place to park and sleep at night, along with referrals and linkages to community resources.

There are currently 494 sites countywide with 16,434 beds available (LA County Homelessness, 2023).

The LAC+USC Restorative Care Village is a new transitional housing program implemented by Los Angeles County to offer clinical care and other supportive services to individuals experiencing homelessness who are discharged from inpatient hospitals, County hospital emergency services, inpatient units, jails, and urgent care centers (LACHI, 2022). The village has two components, a Recuperative Care Center and a Residential Treatment Program. The Recuperative Care Center has 96 beds that serve as immediate placement options for individuals who are discharged from an inpatient hospital and lack a supportive place to live (LACHI, 2022). The Recuperative Care Center also provides clinically enriched interim housing, on-site administrative support, health oversight, case management, and resources that lead to permanent supportive housing programs for those experiencing housing instability upon discharge (LACHI, 2022). The Residential Treatment Program has 64 total beds and provides a short-term alternative to hospitalization in order to address mental health needs. Phase 1 of the LAC+USC Restorative Care Village is complete as of July 2022, and the costs were estimated to be roughly $68 million. So far, the center is 55% complete and has exceeded the required 30% local and 10% targeted worker hire goals (LACHI, 2022). However, the LAC+USC Restorative Care Village as a whole, and, specifically, the 1200 State Street building, have been underutilized. The center must maximize its use of the property as each unit of new housing is quite costly. To ensure better health outcomes for unhoused patients, the center created proposed 5 strategies:

1. “No wrong door: A building with many doors and many reception areas allows patients to be welcomed no matter where they enter, with staff ready to direct them to the appropriate care team.

2. Removed from the ‘street’: The concept steps up from the street in levels. At the ground floor, individuals are welcomed and triaged. The rest of the services are located on the floors above; this incentivizes patients to recover by creating both physical and symbolic distance between themselves and the street.

3. Enabling choice: Research shows that health outcomes are better when patients make choices in their care. The facility is designed with this in mind, breaking up the building mass and offering a diverse array of spaces where patients can select their environment.

4. A life building: Gardens and landscape are an essential part of healing for the homeless population, and they are abundant throughout the building. Giving individuals the opportunity to begin caring for living things can support their ability to care for themselves.

5. Stealth outreach: Seeking treatment and staying in treatment is a huge obstacle. If this facility is to be successful, it can't be intimidating. Creating gentle, gradual entrances with slow transitions from outdoor to indoor make the building approachable, and integrate it with the surrounding community" (LACHI, 2022).

While there are no official updates on the Restorative Care Village, the LAC+USC Medical Center has been renamed the Los Angeles General Medical Center as of 2023.

However, there is some reluctance from the unhoused population to enter emergency shelters and transitional housing programs. Individuals experiencing homelessness have cited ill-mannered shelter staff, a lack of autonomy, assault by shelter workers, small living spaces, too many surveillance cameras, a lack of promised services and food, and personal item theft as reasons for avoiding shelters (DeWard et al., 2010; LACHC, 2020). Additionally, stricter housing rules were associated with higher levels of depression in youth experiencing homelessness (Beharie et al., 2017). Due to these reasons, many individuals experiencing homelessness prefer to remain on the streets rather than use transitional housing programs. Kuhn (2020) suggests that the retention and efficiency of emergency shelters and transitional housing programs can be improved by implementing housing first principles to them, such as making the shelter open 24/7, not requiring people line up for a bed each night or leave early in the morning, removing drug and alcohol testing, removing criminal background checks, removing income requirement, and allowing pets and other possessions.

Rise Together is a non-profit organization that has proposed a roadmap to solve homelessness. Their goal is to establish functional zero homelessness in the City of Los Angeles with this roadmap. Some of the roadmap's steps are to:

- Have a court-appointed and city-endorsed Homelessness Czar empowered to cut through red tape, with hiring and firing authority.
- Implement an expedited mapping program to determine: how many individuals are experiencing homelessness; real-time location mapping; and a classification of their needs
- Require non-profit organizations to participate in city-funded forensic accounting and public transparency requirements. For any project that has not yet broken ground, any PSH funds will be taken back and held on to by the City.
- Provide immediate housing with matched services. This means 20,000 shelter-based beds with semi-private rooms. The housing in residential locations should be populated at no more than 40 per site. This includes a shutdown of A Bridge Home sites.

- Create, between 6 weeks and 6 months, 13,000 emergency shelters for housing up to 1 year while awaiting intermediate housing options, 10,000 tiny/cabin homes with no more than 20 homes per site and one case worker per site, and 3,000 housing units in retrofit of 1200 State Street that will provide resourced-based assisted living with round-the-clock support services.
- Use, within 9 months, existing bids and offers currently in front of the city to house 12,000 individuals.
- Have, within 1 year, 90% of individuals experiencing homelessness in housing. For those who are considered low-need individuals, begin to transition them into long-term housing such as retrofitting city-owned homes and apartment buildings, supplemented master leases, roommate matching, family reunification, financial incentive program for anti-recidivism, and efforts to supplement that.
- Establish, within 18 months, a permanent, real-time database of housing options and individuals experiencing homelessness. This includes a capacity at every site using a digital booking system.

Action Plan:

The Health Commission urges the adoption of the stated recommendations regarding emergency shelters and transitional housing in Los Angeles.

Encampment Sweeps and Hygiene

Recommendations:

1) Adopt the CDC recommendations regarding encampment sweeps and sanitation.
2) Reduce the use of law enforcement during encampment sweeps.
3) Follow the five key LAHSA principles when moving people from an encampment into housing.
4) Continue to fund the Mobile Pit Stop and Mobile Shower Programs so that the City can provide better sanitation stations.

Background:

Encampment sweeps are used by the City to increase street sanitation and the hygiene of individuals experiencing homelessness by cleaning up their trash. They typically involve law enforcement, public works staff, or a city-contracted cleanup crew posting an eviction notice next to an encampment in response to complaints or 9-1-1 calls (Goodling, 2020). Although encampment sweeps are meant to increase street sanitation and hygiene, they also may produce the opposite effect. Sweeps cause people to lose their survival gear, identification, and medications (Goodling, 2020). They also generate citations and fines, creating additional financial barriers to housing (Goodling, 2020). According to outreach workers, the most frustrating and solvable source of delays regarding a transition to housing for individuals experiencing homelessness involve lost birth certificates, social security cards, and other identifying documentation, all of which may be lost and/or confiscated during sweeps (Kuhn et al., 2020).

Some members of the homeless community have cited these sweeps as "traumatizing" due to the use of brute force by law enforcement (LACHC Homelessness Hearing, 2020). LAHSA has five key principles for performing encampment sweeps in a more compassionate and equitable manner: 1) provide enough time to engage with the people living in the encampment during this transition; 2) ensure voluntary, client-centered, and trauma-informed care; 3) provide appropriate, adequate, and low-barrier resources; 4) identify an experienced service partner and let them lead; and 5) establish strong team coordination (LAHSA, 2021).

The CDC (2022) has recommended that if individual housing options are not available, people experiencing homelessness in encampments should be left as they are: clearing encampments can cause people to disperse through the community and break connections with service providers as well as increase the potential for infectious disease spread. Additionally, the CDC (2022) recommends that the city ensures nearby restroom facilities remain open to people experiencing homelessness 24 hours a day and have functional water taps, bath tissue, and hand

hygiene material. If toilets or handwashing facilities are not available nearby, portable latrines and handwashing facilities should be provided in their place (CDC, 2022).

The Los Angeles City Echo Park Lake encampment sweep that occurred during the COVID-19 pandemic is a prime case study of a poorly executed encampment sweep. A report by the UCLA Luskin Institute on Inequality and Democracy details this sweep: they note that due to comprehensive encampment sweeps in other districts, Echo Park Lake soon became a safe haven for unhoused residents compared to most places on the street, particularly for women fleeing domestic violence (Roy, 2022). In March 2021, approximately 200 unhoused residents of Echo Park Lake were evicted within 24 hours of notice. The Councilmember who enacted the sweep announced 209 people had been placed into transitional shelters. However, the report found this claim to be spurious, as only 17 of those 209 people have been placed into long-term housing. Many are still waiting in the system, have been forced back into homelessness, or have not been located. Seven former Echo Park Lake encampment residents had died by the time the UCLA report was published (Roy, 2022).

The City has conducted encampment sweeps without following CDC guidelines; however, the City has provided portable latrines and handwashing facilities to homeless encampments. Many of these facilities have been described as "frequently inoperable, poorly maintained and inaccessible" and found without doors, locks, toilet paper, and sinks (Ares et al., 2017). When the COVID-19 pandemic occurred, the City put out 363 handwashing stations and 182 portable toilets at encampments as a response. These toilets were said to be regularly broken, covered in graffiti, and used for drug deals and prostitution (LA Times, 2021). Handwashing stations were damaged, and soap and paper towels were stolen (LA Times, 2021). City officials said they replaced 175 toilets and 94 hand-washing stations (LA Times, 2021).

In January 2019, the Mobile Pit Stop Program was granted $6.5 million from the State of California's Homeless Emergency Aid Program to expand the program (Yu, 2019). This prompted the City to also create the Mobile Shower Program, which is funded by LAHSA throughout 2022 (LAHSA, 2020). These mobile shower facilities have individual shower rooms built into trailers that allow homeless individuals to take hot showers in private. Not only have they improved the public health and hygiene of those experiencing homelessness, but they have also provided opportunities for LAHSA outreach teams to engage and provide homeless individuals and communities with supportive services and housing (LAHSA, 2020). Currently, an evaluation of the Mobile Pit Stop and Mobile Shower programs has demonstrated that the program addresses the needs of the unhoused population and reduces the public health risks associated with various factors, such as public urination and defecation (Yu, 2021).

Action Plan:

The Health Commission urges the adoption of the stated recommendations regarding encampment sweeps in Los Angeles.

Substance Use Disorders (SUD), Sobering Centers, and Street Medicine

Recommendations:

1) Continue to implement and fund SUD treatment in PSH and interim housing programs.
2) Make the Sobering Centers more accessible by removing certain restrictions.
3) Examine the efficiency of these centers in preventing medical and police service usage and create more sobering centers based on the results of the study.
4) Invest $10 million into Healthcare in Action's street medicine model to provide mobile medical and social services to the unhoused.

Background:

The LAHSA 2023 homeless count reports that approximately 12,567 unhoused individuals (27%) in the City of Los Angeles have a substance use disorder (SUD). The availability of stable housing during treatment and recovery tends to produce better SUD outcomes among unhoused individuals, and many of LA's PSH and interim housing programs offer SUD treatment options (LADPH, 2022). For example, the Housing for Health program has nurses, social workers, and substance-use counselors to provide wrap-around services for individuals struggling with substance-use disorders. They are instructed to act as non-judgmental agents and supporters of change; trauma-informed care; harm reduction; and pragmatic solidarity to enhance the client's dignity and purpose (LADHS, 2022). Although the program has ended, Project Roomkey serves as an example of SUD treatment in interim housing: Project Roomkey participants with SUDs are connected to SUD treatment services through the County's Client Engagement and Navigation Services counselors (LADPH, 2022). Approximately 50% of all Project Roomkey participants had a case manager to help with their SUD.

For unhoused individuals not in PSH or interim housing, sobering centers are facilities that provide a safe, supportive environment for homeless or marginally housed, publicly intoxicated individuals to become sober (ACEP, 2013). The goal of these facilities is to send serial inebriates to a place where they can be monitored rather than use police and emergency medical services (Exodus, 2017). Los Angeles opened the Dr. David L. Murphy Sobering Center on January 2, 2017, which has a capacity of 50 beds open 24 hours a day, with an expected 8,000 visits from 2,000 people.

Although the center initially experienced a slow start with only 2,463 visits in the first year of opening, the center saw 9,133 visits in 2018 (LA Downtown News, 2019). LAPD and LAFD's SOBER Unit, which comprises a firefighter, paramedic, nurse practitioner, and caseworker from the Sobering Center, has helped increase the number of patients seeking sobering treatment since the center first opened. Access to the Sobering Center requires a referral from a law enforcement officer, emergency personnel, or a designated outreach worker in the Skid Row area (Exodus,

2021). Lifting these restrictions may potentially help to increase the usage of the Sobering Center.

Healthcare in Action Medical Group, a non-profit organization, has proposed a strategy to increase medical care and social services for patients experiencing homelessness using a street medicine model. Using mobile vans, the Healthcare in Action street team is able to offer full-scope primary care medical services, addiction treatment, psychiatric care, and case management for the unhoused population that might not have access to traditional medical facilities through programs and services, such as PSH, interim housing, or sobering centers. They also offer services to the unhoused population who are in shelters or in interim housing. To create 10 new, sustainable street-medicine teams which would each have one medical van, 2 full-time physician assistants, 1 full-time registered nurse, 1 full-time coordinator, 4 peer navigators with experiences regarding homelessness or substance abuse, and 0.4 FTE physician oversight, Healthcare in Action is requesting an investment of $10 million by the City of Los Angeles. The specific services provided by these mobile street medicine teams include:

- Full-scope primary medical care;
- Addiction counseling and medication-assisted treatment;
- Psychiatric care, including medication management;
- Laboratory testing;
- Point-of-care ultrasonography;
- Medication dispensary/delivery of medications from pharmacies;
- Referrals and transportation to medical specialist appointments;
- Enrollment in the Coordinated Entry System;
- Other social services, including support with food stamps, disability, and other social service program applications.
- Provision of mobile phones and GPS tracking devices to enhance communication between patients and the clinical team

Action Plan:

The Health Commission urges the adoption of the stated recommendations regarding sobering centers and the Healthcare in Action Medical Group in Los Angeles.

Food Insecurity and Assistance

Recommendations:

1) Evaluate methods to increase SNAP enrollment.
2) Increase SNAP funding.

Background:

There is a high rate of food insecurity among the homeless population (Morier, 2015). The United States Department of Agriculture describes two major categories of food insecurity, defined as:

1. "Low food security: reports of reduced quality, variety, or desirability of diet. Little or not indication of reduced food intake
2. Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake" (LACDPH, 2017).

For those on the street, meals are typically irregular, with limited or no nutritious choices. As a result, many unhoused individuals fall into the category of very low food security. Emergency shelters are often unavailable to the general homeless population not already interfacing with the city and county shelter systems. Thus, many are left to buy food from high-priced, unhealthy fast food establishments. To combat this issue, CalFresh, or Supplemental Nutrition Assistance Program (SNAP), was established as a food stamp program to help lower-income individuals afford food products through allotments on an electronic benefit transfer (EBT) card. Unhoused individuals have the same rights under the CalFresh program that all other people do, and the county welfare officer cannot make unhoused individuals give a mailing address if they do not have one. Shelter residents are also still eligible for CalFresh benefits even if they live in a shelter and get free meals there (CalFresh, 2022).

Using SNAP quality control data from 2016-2018, Caroline Danielson (2020) found that about 340,000 CalFresh beneficiaries (8.4%) were unhoused at some point during the year. Most unhoused CalFresh beneficiaries are eligible for the maximum CalFresh benefit, averaging about $175 per family member per month. Unfortunately, SNAP suffers from poor enrollment in the program from eligible individuals in California and Los Angeles County (TFT, 2020). The Food Trust released a report stating that 500,000 eligible individuals in LA County remain unenrolled (TFT, 2020). To aid in enrollment and SNAP use for the unhoused population, CalFresh should collaborate with LA County to utilize new technologies, such as a cell phone with the ability to store medical histories and personal photos, call doctors, clinics, City Services, 311, 911, and other social services, and use ApplePay or some similar service to pay for CalFresh. Through the

use of this new technology, the government can load funds into CalFresh accounts monthly, and it is also likely that SNAP enrollment will increase.

Action Plan:

The Health Commission urges the adoption of the stated recommendations regarding SNAP in Los Angeles.

References

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Section II: Healthy Living

Introduction

The Los Angeles City Health Commission works to understand, prevent, and respond to emergency incidents as well as disease outbreaks in Los Angeles County. The Plan for a Healthy Los Angeles, formally adopted in 2015, has established the groundwork for fostering healthier communities for all Angelenos by addressing the underlying causes of health disparities and inequities across the city. In 2013, A Health Atlas for the City was additionally implemented to quantify and communicate related metrics of community vulnerability which was amplified by the COVID-19 pandemic. This section of the report concentrates on the impacts of infectious disease on students and adults, environmental justice policies, the shift to a digital workplace, gun violence, and plans for the 2028 Olympics in the City of Los Angeles.

The promotion of healthy living remains a top priority for the Los Angeles City Health Commission in order to best enhance community health outcomes while focusing on major issues that were thoroughly discussed and evaluated in 2023. Specifically, it seeks to examine the sustained lifestyle changes brought about by the pandemic on both children and adults in Los Angeles. One such change discussed within the 2023 Annual Report involves the transition to remote working and the continued push towards the 4-day work week, as discussed by Andrew Barnes in his presentation to the Health Commission in 2022. These changes have also been supplemented by an increasing presence of artificial intelligence in medicine, shifting the role of the physician and calling ethical issues of privacy into question.

In evaluating a wide array of issues alongside notable researchers, faculty members, and field leaders, the Commission is able to effectively advise stakeholders to allocate the necessary resources toward improving the health outcomes of vulnerable groups.

Plan for a Healthy Los Angeles

Recommendations:

1) Encourage the Los Angeles Mayor's Office to allocate funds to the Department of City Planning for staffing and resources to fully implement the Plan (Khoshniyati, 2022).
2) Encourage consistent collaboration between City Departments and Agencies responsible for the implementation programs in the Plan and request regular updates (Khoshniyati, 2022).
3) Encourage periodic updates to the City's Health Atlas (Program 59) to track changes in key health and vulnerability metrics (Khoshniyati, 2022).
4) Urge the Los Angeles City Council to create a Healthy Communities Task Force (Program 58) as soon as possible (Khoshniyati, 2022).
5) Evaluate the effectiveness of place-based policing interventions in economically disadvantaged areas post-pandemic.
    a) Monitor crime rate in neighborhoods with high violence and promote community trust between law enforcement and local stakeholders to support public safety in all neighborhoods (Los Angeles City Planning, 2021)
    b) Provide access to educational safety resources, including the 2024 Community Health Improvement Plan (CHIP), to community members in high-crime neighborhoods to encourage violence prevention and improve local infrastructure, firearm safety measures, family support services, and crisis response.

Background:

First adopted in 2015, the Plan for a Healthy Los Angeles is the Health, Wellness, Equity and Environmental Justice Element of the General Plan. Technical Amendments to the Health Element were made in 2021 to highlight compliance with Senate Bill 1000, which requires local jurisdictions to address Environmental Justice in their general plans. This effort also included updates to the Health Atlas, a companion document to the Health Element that spatially quantifies several different metrics of community vulnerability, to provide more current data and information. Topics addressed within the Health Element as required by SB 1000 include: identifying disadvantaged communities and policies and programs focused on air and water quality, public facilities, food access, safe and sanitary homes, physical activity, health risks, civic engagement, and prioritizing disadvantaged communities.

The Plan for a Healthy Los Angeles continues to focus on its original seven goals: 1) Los Angeles, a Leader in Health and Equity. 2) A City Built for Health. 3) Bountiful Parks and Open Spaces. 4) Food that Nourishes the Body, Soul, and Environment. 5) An Environment Where Life Thrives. 6) Lifelong Opportunities for Learning and Prosperity. 7) Safe and Just Neighborhoods. The goals are founded on a vision of a healthy Los Angeles that includes:

Complete neighborhoods that meet residents' basic needs; Access to healthy and sustainable environments; and Opportunities for economic, educational and social development.

The first iteration of the Health Atlas, which was published in June 2013, provided a "rigorous analysis of health outcomes and underlying health inequities" in hopes of increasing public understanding of how disparities play a part in community health (Khoshniyati, 2022). The Health Atlas provided information detailing the "geographic variation in socio-economic conditions, demographic characteristics, and health factors and outcomes" that allowed for analysis of patterns of inequality, identification of priorities, and informed the creation of the Plan for a Health Los Angeles. As a result, the Plan for a Healthy Los Angeles provides a high-level policy vision, along with measurable objectives and implementation programs, to address geographic inequities and elevate health and well-being as City priorities.

In July 2023, the Department of City Planning Department completed an evaluation of the Health Element's implementation programs. The Health Element Programs Progress Report provides a summary of the progress of the 91 programs in the Element since its adoption in 2015. The report is described in more detail in the Environmental Justice Policy section of this document.

Dr. John MacDonald, Professor of Criminology and Sociology at the University of Pennsylvania, further expanded upon these topics of creating safe neighborhoods in his evaluation of the Safer Cities Initiative in his presentation in March 2023. His 2009 study with Dr. Richard Berk highlights the use of "place-based policing intervention" that was implemented for eight years in Los Angeles's "Skid Row." The intervention specifically focused on how crime and disorder that is associated with homeless encampments in these economically disadvantaged areas could be meaningfully reduced (Berk & MacDonald, 2010). It sought to do so through the use of "fines and citations" in areas that were most densely packed with homeless encampments (National Institute of Justice, 2011). The Los Angeles Police Department also targeted specific crimes including drug use, public intoxication, and prostitution. Following the intervention, Dr. MacDonald and his colleagues found that nuisance crimes had reduced by nearly 70 percent, property crime by 65 percent, and violent crime by 61 percent within the selected area, showing promising results for future interventions (Berk & MacDonald, 2010).

Action Plan:

The Health Commission urges the complete implementation of the goals, objectives, policies, and programs detailed within the Plan for a Healthy Los Angeles as a means of elevating health and environmental justice as a priority for future City development and growth.

Remote Working

Recommendations:

1) Strongly urge business owners and firms to not sacrifice pay or benefits with the implementation of a shorter work week (Khoshniyati, 2022).
2) Urge business owners to evaluate the needs and health of all their employees, including those which may prevent them from remote work.
3) Facilitate opportunities for employee engagement among those who work remotely
4) Incentivize companies that include at least 2 days of remote from home capability (Khoshniyati, 2022).
5) Emphasize increases in productivity and reduced employee burnout associated with four-day work weeks.

Background:

COVID-19 brought many behavioral changes to the lives of Americans, including an unfamiliar transition to virtual working and learning. Although workers temporarily adjusted to this new lifestyle during COVID-19, many of them did not know that this transition would soon be permanently enacted in their workplace. The 2021 and 2022 Annual LACHC discuss findings from a presentation by Andrew Howard Barnes, founder of the Perpetual Guardian, New Zealand's largest corporate trustee company. Barnes educated the Commission on a pilot program of a four-day work week that he had implemented prior to the pandemic as a way to "combat dwindling productivity in the workplace" (Khoshniyati, 2022). He also identified the promising results that he had already seen from the reduction of work days in terms of employee engagement, empowerment, and enthusiasm and an overall decrease in work-related (Barnes, 2020). While the four-day work week is currently not implemented nationwide, it is important to acknowledge the greater benefits workers would reap with hybrid work weeks and shorter work weeks as the number of remote workers continues to rise.

Remote working is work that often happens remotely within a home office accompanied by the utilization of IT tools and devices. In a recent study conducted by the International Labour Organization, it was found that new "innovative working time arrangements" such as that discussed by Andrew Howard Barnes, can bring additional benefits for economies, businesses, and their workers by boosting productivity and supporting improved work-life balance (International Labour Organization, 2023). During the onset of the pandemic, the ILO stated that the crisis response measures, such as the reduction of work hours and inclusion of telework options, that were used by both governments and businesses was a "win-win for both employers and employees." Employees experienced greater flexibility in how, where, and when they could complete their work while employers benefited from greater worker productivity and decreased staff turnover costs. However, as the number of COVID-19 cases gradually decreases in 2023, employers no longer place the same emphasis on work-life balance, respectively placing it as an

issue at the "forefront of social and labour market" in the post-pandemic world (International Labour Organization, 2023).

Additional studies focused on remote working were conducted during the pandemic and revealed countless benefits (Wontorczyk and Roznowski, 2022). It was found that remote work allows the employment of individuals who otherwise could not sustain employment in the workplace due to professional duties such as raising children with disabilities and living far from an area of employment. As a result of working from home, workers can also spend more time with relatives allowing for a healthier work-life balance, saving time and money that would be spent traveling to work, and greater environmental benefits (Liu et al., 2019). Remote working also provides great benefits to management, including greater employee engagement with work, greater efficiency and productivity, and higher employee loyalty to the employer (Canedo et al., 2017). It is important to note that the pandemic and forced remote work carry certain negative consequences for employees, such as difficulties in disconnecting from one's job and separating work and personal life, alongside certain psychosocial risks such as isolation (Chawla et al., 2020). Thus, it is important to leverage a remote working model that maximizes benefits while accounting for the negative effects that may arise.

Current research, as detailed in the 2022 Annual LACHC Report, also explores the beneficial physical health outcomes that arise with a reduction of working hours. A longitudinal study following the relationship between work-time reduction and general and physical symptoms revealed significantly decreased levels of stress in the experimental group subjected to reduced work hours (Voglino et al., 2022). Other studies found significant reductions in mental fatigue in groups with reduced working hours (Akerstedt, et al., 2001). Sleep quality was measured within the study and revealed significant improvements in sleep among the experimental group, revealing how long work hours can negatively influence sleep due to work demands and work-related stress (Akerstedt, et al., 2002).

The International Labour Organization has consequently provided recommendations as to how to improve current working conditions based on prior success: 1) Set a maximum daily hours of work and statutory rest periods, 2) Consider teleworking as a flexible employment option, 3) Evaluate experiences and effects of working-time reduction and adaptability from the COVID-19 crisis, and 4) Promote public policy responses that support a healthy work-life balance (International Labour Organization, 2022).

From observed changes during the pandemic, it is clear that there are distinct links between manageable work hours and productivity and health. The working population, along with policymakers and business owners, are facing a changing working landscape marked by new hybrid habits. Moving forward, the two main areas of consideration for firms and employers include the benefits of shorter work weeks, as by Andrew Howard Barnes, and the flexibility of remote working.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve the health, productivity, and engagement of employees and employers within the workplace.

Artificial Intelligence in the Workplace

Recommendations:

1) Weight the benefits and costs of regular AI use as an aid for physicians in Los Angeles County.
2) Address concerns about patient privacy in using AI as a device to record medical histories.
3) Brainstorm ways in which AIM can be used to reduce historically recurring health inequities within vulnerable communities.

Background:

Artificial intelligence (AI) is a term referring to the ability of a digital computer or a computer-controlled robot to "perform tasks commonly associated with intelligent beings" (Encyclopedia Britannica, 2023). Over the past few years, the use of AI in the workplace has rapidly increased due to its technology allowing it to mimic inherently human intellectual processes such as reasoning, generalizing, discovering meaning, or even learn from past experiences.

In June of 2023, the Los Angeles City Health Commission was educated by Darius Tahir, a KFF News Correspondent based in Washington D.C., on his recent evaluation of AI within healthcare settings. Tahir specifically touched on which sectors of medicine this emerging technology is frequently used. According to a study by the FDA on the top five types of artificial intelligence and machine learning-enabled medical devices approved by the FDA since 1997, he highlighted that radiology is where the most AI is used, followed by cardiovascular medicine, hematology, neurology and ophthalmic medicine (Tahir, 2021). One probable reason for the increased use of AI within radiology is to help with prostate scans, which are often costly and minimally accurate (FDA, 2021). While it is still in its early phases, AI has been able to successfully bring down these costs and has proven to increase the accuracy and precision of MRIs looking for cancer.

Despite these signs of progress, Tahir, in a separate article, expressed his concern about the newness of generative AI technologies within patient-care settings. Specifically, he wrote that companies want their AI to take notes for physicians and provide them second opinions with confidentiality (Tahir, 2023). Companies such as Nabla Copilot and Microsoft are testing similar technology that sits in on virtual patient visits of physicians and automatically summarizes them; it then organizes them into the standard note format (i.e. the complaint, the history of illness, and the treatment plan). While this would alleviate the administration burden of note-taking on physicians, there are many concerns on the privacy and hallucination of these systems. The FDA is working to address such problems in efforts to improve test-data quality, establish trust and

transparency for users, and examine the use of these devices with active physicians (Wu et al., 2021).

Research of AI in medicine has also been a focus of Cedars-Sinai hospital, having recently established a Division of Artificial Intelligence in Medicine (AIM) (Cedars-Sinai, 2022). Head of the division, Dr. Sumeet Chugh, an Associate Director at the Smidt Heart Institute and a prominent expert in sudden cardiac arrest, claims to have long relied on this technology to identify populations that may be more susceptible to the usually fatal heart rhythm disturbance. In studying conditions such as cardiac amyloidosis and hypertrophic cardiomyopathy that typically affect older Black men or cancer patients, AI in medicine (AIM) also serves as an important tool in improving healthcare equity. While primary targets have included "cardiac imaging, sudden cardiac arrest, COVID-19, and clinical genetics," Chugh emphasizes that AIM has a "multidisciplinary mandate" that can provide assistance to a variety of medical, surgical, and public health programs (Cedars-Sinai, 2022).

Action Plan:

The Health Commission supports the funding of research examining the use of artificial intelligence in medicine that can be used to reduce barriers to quality healthcare access in Los Angeles County.

COVID-19 Updates

Recommendations:

1) Provide inclusive and accessible COVID-19 data for all racial/ethnic groups (LACHC, 2022).
2) Follow current guidance for COVID-19 prevention and increase awareness of possible exposures amidst case fluctuations.
3) Be preemptively ready to test when ill by keeping accessible, at-home COVID-19 tests.
4) Encourage country leaders to take practical action at national and local levels to maintain access to safe, high-quality, essential health services (LACHC, 2022).
5) If infected or exposed to COVID-19, self-isolate and get Paxlovid, if eligible, to reduce symptoms and transmissibility.

Background:

In late 2023, there has been a gradual and consistent rise in COVID-19 transmission. However, despite these increases, hospitalizations remain at near historic lows with deaths also being at their lowest point since the beginning of the pandemic. In light of this progress since 2020, Dr. Paula Cannon, Distinguished Professor of Microbiology at the Keck School of Medicine of USC, shared in her presentation to the Commission that Los Angeles residents should continue to remain vigilant as increases in cases often take on a common pattern. These increases were driven by neglectful behavior, weather, air travel, and return to schools. In addition to these exposures, Dr. Cannon points out that there is a waning immunity towards the virus, as it has been more than six months after vaccination or infection for most of the population (Cannon, 2023).

The main concern about the virus, as identified in the LACHC 2022 report, remains to be the threat of new waves from emerging variants with high transmissibility and an ability to override our collective immunity. One way in which the City of Los Angeles has acted to combat these threats includes a classification system of viruses with associated action plans to avoid mass infection as seen in earlier years of the pandemic. Viruses are distinguished according to the following protocol: 1) variants under monitoring (with mutations suspected to change virus characteristics), 2) variants of interest (mutations predicted or known to have virus characteristics), and 3) variants of concern (an observed increase in transmissibility and virulence).

Dr. Cannon elaborates that although the COVID-19 is actually not very mutagenic, the virus has taken on many forms due to the large number of people that have been infected. Consequently, she claims the virus is still “optimizing its design to be more infectious and more resistant to antibodies” (Cannon, 2023). The virus has also had the opportunity to evolve over longer periods in people with weaker immune systems and even mutated into a recombinant

virus in the case of co-infection in one person. Not to mention, a large portion of variant lineage from COVID-19 has surfaced in wastewater, allowing experts to track "regional infection dynamics" claimed to be less biased than that of traditional clinical testing (Karthikeyan, 2022). This has therefore become a good predictor of new waves of infection and variants, such as the Pirola variant that was identified in July of 2023 in the United States. New vaccine boosters, such as that of the current Moderna vaccine, have proven to be effective in generating strong immune responses in humans against these new variants. New, non-mRNA vaccines were also recently approved in early October, expanding eligibility for booster protection. Specifically, one to two doses, respectively, have become available for individuals 12 years of age and older who were previously vaccinated with a COVID-19 vaccine (Pfizer and Moderna) or those who have not been vaccinated (FDA, 2023). This emphasizes the importance of preventative measurements in avoiding the spread of variants that could save many lives within Los Angeles County.

Action Plan:

The Health Commission urges the adoption of the state recommendations to mandate all residents to follow the guidelines set by the CDC, specifically in receiving mRNA (Pfizer and Moderna) or non-mRNA (Novax) vaccine doses.

Gun Violence and Preventative Measures in Los Angeles Schools

Recommendations:

1) Policies concerning weapons and safety should have a wide scope in addressing all types of weapons as well as behaviors such as threatening with a weapon, carrying a weapon, and even witnessing a student carrying a weapon.
2) Policies should pertain to all members of the school community, not only to students as perpetrators or victims.
3) Policies should incorporate a public health prevention approach that encourages annual statewide data collection on firearm possession and use by minors and analysis infrastructure to support policy development and ongoing monitoring of key outcomes.
4) Policies should aim to promote supportive educational climates in schools rather than confining and punitive environments; establish fair and consistent discretion in responding to weapon-related events.
5) Incorporate students' voice concerning essential information on their experiences, needs, suggestions, and feedback on policies.
6) Complement disciplinary actions with local monitoring of school responses that should consider student and family characteristics (poverty, special needs, minority status) and the circumstances of triggering events, to ensure social justice, fairness, and consistency.

Background:

Guns are now the leading cause of death for American kids, with 2281 children ages 0-17 being killed by guns in 2020 alone (Urban Peace Institute, 2023). This marks the highest level of child gun deaths since 1997 and reflects increasing violent crime within identified high violence areas in the City of Los Angeles. This violence has not only affected our neighborhoods, but is now infiltrating Los Angeles Unified School District. In a survey conducted by the district, it was noted that approximately 90 percent of students living in high crime areas reported being exposed to violence as either a victim or a witness. Of these children, 27% showed symptoms of post-traumatic stress disorder (PTSD) and an additional 16% testing as clinically depressed (Stein et al., 2003).

This has increased the urgency for the implementation of community-based safety systems to respond to street-level violence. In October, the Commission heard a presentation from the Urban Peace Institute regarding progress made by community violence intervention workers in achieving the lowest homicide rates since the 1960s and reducing retaliatory violence by nearly 41% citywide. Within their LA Peace Plan, a comprehensive lasting peace strategy developed in cooperation with the city's leading anti violence experts, detailed the need to work with entire families caught in the cycle of violence through direct support services (Urban Peace Institute, 2022). This requires investing in strengthening and broadening the community

intervention workforce and partnering with schools and hospitals to prevent and intervene in community violence.

Lara Drino, a criminal justice reform attorney for the City of Los Angeles, provided further support for these initiatives in her introduction of the REACH team, whose services assist children exposed to gun violence at an early age. REACH itself provides a unique message in its name, detailing how violence-related trauma should be properly confronted: Respond, Education, Advocate, Community, and Healing (Drino, 2023). Lara further elaborates that REACH recognizes that trauma therapy is not routinely offered to children who see, hear, or know of violence, rather only if they are the direct victim. For that reason, REACH provides comprehensive mental health care for many types of violent behaviors including but not limited to gun violence, homicide, gang violence, robbery, suicide, domestic and intimate partner violence, and assault (Moe, 2018). Their program is divided into short term support, offering up to 6 free counseling sessions with only consent required, and long term support in the case of very traumatic or complex events. Short-term care often extends beyonds counseling sessions in that it ensures families get basic needs (i.e. food, clothing, hotel accommodations, diapers) met until they are stable (Drino, 2023).

Providing treatment for trauma as quickly as possible after the occurrence is fundamentally important in avoiding the negative effects of violence on a child's developing brain. In a study conducted by Isabelle Mueller and Ed Tronick, distinguished members of the Developmental and Brain Sciences Program at the University of Massachusetts in Boston, they concluded that exposure to intimate partner violence during infancy "disrupts the infant's emotional and cognitive development," in inhibiting the maturation of these brain structures (Mueller & Tronick, 2019). This lack of "self-experienced security" for a child frequently leads to an increased risk for behavioral problems and decreased environmental exploration which compromises the development of cognitive skills associated with school readiness. Therefore, violence is inevitably connected to emotional and behavioral health issues that lead to learning disabilities, a reduction in truancy, criminal behavior, increased alcohol and drug consumption, and intergenerational violence.

However, in specifically addressing school-targeted violence, Dr. Ron Avi Astor, Professor in Social Welfare at the UCLA Luskin School of Public Affairs, suggests that our focus on the use of lethal guns may be too narrow. In his examination of the productivity of current policies directed at mass shootings in academic settings, Dr. Aster notes that these interventions often have unintended negative consequences (Astor & Benbenishty, 2019). For example, policies aimed at "hardening schools" have previously invested in employing police and arming staff on campus. Despite their intention, these zero tolerance policies have produced counterproductive effects in contributing to the school-to-prison pipeline. Additionally, threats to the safety of students have not been reduced. In any given year, it is estimated that a quarter of all secondary school students in California have seen, been threatened by, or brought a weapon to school. The

weapons involved in these threats, however, do not align with school safety policies that narrowly address gun violence.

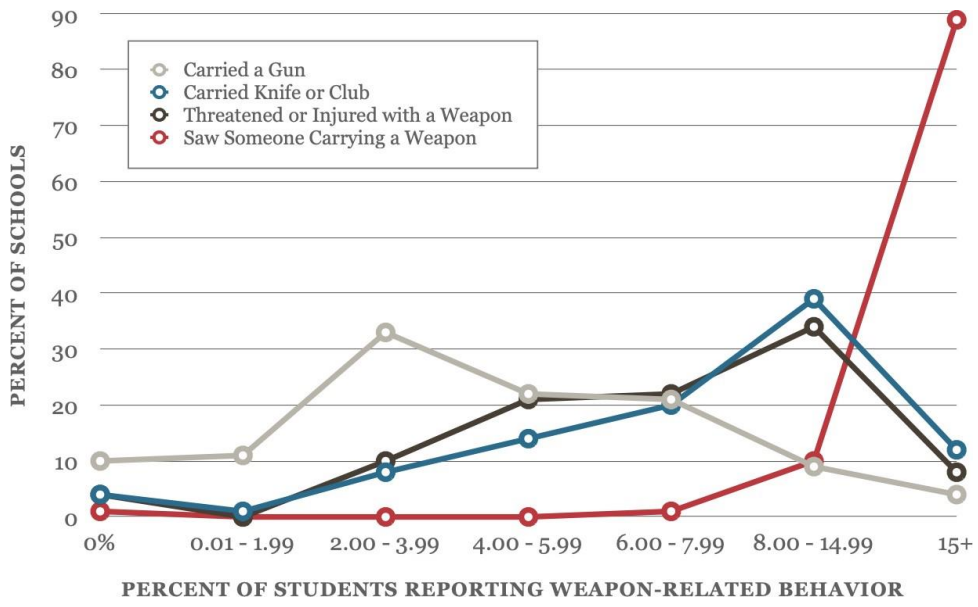

Figure 1: Distribution of the Percent of Students in California High Schools Involved in Weapon-Related Behavior (Astor & Benbenishty, 2019)

In almost 40% of California Schools, between 8% to 15% of students reported carrying a knife or club to school and, in almost 90% of schools, more than 15% of students reported seeing a weapon in school. This represents a critical need to broaden current policies addressing weapons and safety only in terms of guns and fatal shootings.

Action Plan:

The Health Commission supports the initiative of the LA Peace Plan in educating parents, schools, and law enforcement about children exposed to violence and trauma. Additionally, the Health Commission urges the funding of programs such as the REACH team, which aims to increase access to mental health services for all victims or witnesses to violence and promote truancy in Los Angeles County.

Environmental Justice Policy Program

Recommendations:

1) Look to build on previous efforts of the Los Angeles City Planning and target highly impacted communities.
2) Recommend that the Los Angeles City Council and Mayor's Office allocate funds to the Department of City Planning for continued meaningful and inclusive community engagement.
3) Recommend that the Chief Legislative Analyst and the City Administrative Officer work to identify how to provide opportunities to compensate community based and non-profit organizations that the Department of City Planning, and potentially other city departments, can contract with for meaningful community outreach and engagement.

Background:

The Department of City Planning presented to the Commission on a new Environmental Justice Policy Program launched in August 2023. This multi-year program includes a comprehensive review of the existing goals, policies, and programs in the General Plan to centralize and strengthen environmental justice priorities and to develop implementation programs that will help achieve the environmental justice vision of the General Plan. The work program includes a focused review of the Health Element, the Air Quality Element, and a related, targeted effort to bring forward amendments to the Open Space Element. As part of this program, the Planning Department will convene an inter-departmental working group of City departments that are responsible for implementing General Plan programs to create an implementation plan that outlines future programs, priorities, timeframes and potential funding sources.

The Plan for a Healthy Los Angeles (Health Element) contains goals that cover an array of topics including: leadership, health and equity; parks and open space; safe and just neighborhoods; healthy environments; and lifelong learning. Each goal identifies policies, including supporting objectives and implementation programs. In July 2023, the Environmental Justice team completed an evaluation of the Health Element's implementation programs. The Health Element Progress Report provides a summary of the progress of each of the 91 programs in the Element since its adoption in 2015 through 2022. These 91 implementation programs are detailed within Chapter 8 of the Plan for a Healthy Los Angeles (Los Angeles City Planning, 2021). The report found that approximately 78% of programs are being implemented, in whole or in part, by the responsible departments. The Department of City Planning is the primary city department responsible for maintaining General Plan Elements, including reporting on each program's implementation status. However, approximately 25 different City departments and three outside agencies are identified as responsible for carrying out the Health Element programs. While the Health Element is the primary location of health, equity, and environmental justice programs, it is not an exhaustive list of all the current activities related to these areas.

A key component of the Environmental Justice Policy Program is engaging populations and communities that are most impacted by environmental injustices. Community and

stakeholder input will inform and shape the development of new environmental justice policies and programs. The community engagement process includes various forms of engagement to collect ongoing feedback such as surveys, virtual and in-person office hours, tabling at community events and pop-ups in target communities. In addition, the Department convened an Environmental Justice Working Group of over 20 community-based organizations that work on equity and environmental justice issues and provide services to community members in impacted communities across the City.

The Health Element prioritizes the City's resilience to climate hazards in the City's most vulnerable communities and encourages working with Community Based Organizations (CBOs) to increase awareness, help build community resilience, and develop community tailored strategies to adapt and thrive as climate change increases. The Climate Vulnerability Assessment (CVA), led by the Department of City Planning, is one such program aimed to examine the physical and social vulnerabilities related to climate change impacts (i.e., extreme heat, wildfires, extreme precipitation and flooding, sea level rise and coastal flooding, drought, etc.). The CVA uses data sources from the City's Health Element, Equity Index, Local Hazard Mitigation Plan, CalEnviroScreen, among others, to create a baseline understanding of the current climate data. This baseline data is used to engage the most vulnerable communities impacted most by climate hazards in the city. The CVA has a Community Partners Program (CPP) where CBOs are paid to do meaningful engagement and capture the lived experience and community knowledge that is not reflected in the baseline data accurately or sufficiently. Together with the engagement led by the CPP and the documentation of the social vulnerability of this input, priorities and recommendations will comprise the City's Climate Vulnerability Assessment report at the end of a one-year process.

Action Plan:

The Health Commission urges the adoption of recommendations to build upon the environmental justice work and Climate Vulnerability Assessment (CVA) of Los Angeles City Planning to continue to build resilience throughout the City, prioritizing the most vulnerable and most climate hazard impacted communities within the city.

Plan for the Los Angeles 2028 Olympic Games

Recommendations:

1) Monitor the progress of the LA 2028 Olympic Legacy Street Improvements Plan, including systemic, connectivity, and venue improvements.
2) Promote the funding of PlayLA within Los Angeles County to ensure access to affordable sports programming for underserved communities.
3) Support the sustainable development of facilities for the LA28 Olympic and Paralympic Games that can be positively repurposed following the event.

Background:

In 2017, Los Angeles was awarded host of the quadrennial Olympic and Paralympic Games. With prior planning experiences from the LA84 games, public officials have sought out the looming 2028 olympics as an opportunity to reshape the city's physical infrastructure as a "legacy for the games" (Sharp, 2023).

Following the city's official commitment to the games, the LA 2028 Olympic Legacy Street Improvements Plan was initiated in 2020 when the grant funding was set aside to develop mobility and public realm improvements for the disadvantaged communities surrounding event venues, including Exposition Park, the University of Southern California, Los Angeles Live, and Grand Park (City of Los Angeles Public Works Committee, 2023). As a foundational part of this plan, a list of projects was developed to maximize potential benefits to visitors during the LA28 games and provide permanent benefits to Angelenos following the event. Prioritization of projects was consequently arranged according to ease of implementation and feasibility of projected improvements. These improvements were then grouped into three categories:

- Systemic improvements (including building of bus shelters, upgrades to freeway underpasses and quick-build bike lanes, shade structures, and pavement markings for bikeways)
- Connectivity (improvement upon five north-south corridors which run through the project area including Vermont Avenue, Figueroa Street, Flower Street, Grand Avenue, and Broadway)
- Venue Access (focus on improvements to physical access to venues within project areas such as Grand Park, Crypto.com Arena, the Galen Center, Banc of California Stadium, and the Los Angeles Memorial Coliseum)

In addition to the plans for physical improvement initiated within the city, former Mayor of Los Angeles, Eric Garcetti, launched PlayLA in 2021. This program seeks to provide affordable and accessible sports programming to young Angelenos of all abilities in light of the upcoming Olympic games (City of Los Angeles, 2021). For the inaugural season, PlayLA is exploring a variety of sports including sitting volleyball, adaptive swimming, goalball, para

equestrian, para surfing, wheelchair basketball, adaptive athletics, wheelchair tennis and paracanoe for its athletes. Through a combined funding by the LA28 Olympic Games and the International Olympic Committee, approximately $160 million has been invested within the program, "representing the single largest commitment to youth sport development in California" (City of Los Angeles, 2021). Increased accessibility to a variety of youth sports programs not only promotes the physical health and well-being of Angelinos, but encompasses "an unprecedented opportunity [...] to bring a historic community investment to Los Angeles," according to Mayor Garcetti. Therefore, the scope of PlayLA expands far beyond the youth community as it demonstrates that investments in neighborhood parks simultaneously act as an investment within families and larger community.

Affordable access to quality youth sports programs is especially transformative for low-income families, as participation comes at no cost or as little as $10 for children ages 5-17. Additionally, PlayLA is offering adaptive programming aimed at supporting children with physical disabilities, "a first in the City's youth sports programming" (City of Los Angeles, 2021). This has overwhelmingly positive impacts for the mental and physical health of low-income or individuals with physical impairments.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to ensure the sustainability and community benefits are accessible to all Angelenos prior to and following the Los Angeles 2028 Olympic and Paralympic Games.

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Section III: Medical Services

Introduction

The Los Angeles City Health Commission monitors the delivery and outcomes of health services to residents of Los Angeles. The Commission meets with experts to discuss new or prevalent issues to the City of Los Angeles to better understand and respond to emergency situations and/or disease outbreaks.

In 2016, the Los Angeles Fire Department (LAFD) established the Emergency Medical Services (EMS) Bureau as a response to the overwhelming number of medical emergencies. EMS makes up more than 85% of the LAFD's emergency calls. Because the LAFD responds to over 1,500 medical calls and transports over 600 patients daily, former Medical Director, Dr. Stephen Sanko M.D., recognizes the LAFD as a medical organization (Sanko, 2022). As a result, the Los Angeles City Health Commission deems it necessary to provide adequate attention, funding, and support to the LAFD and EMS Bureau in order to provide quality health services and improve health outcomes for Angelenos.

The EMS system is managed by the Los Angeles County Emergency Medical Services Agency. The EMS Agency is responsible for the management of EMS data, EMS personnel training programs, designating hospitals and care centers as EMS providers, finances of EMS systems, and the development of policies and procedures. The services provided by EMS and the challenges faced by providers will be addressed in this section.

To better address the health outcomes of Angelenos, this section will also discuss new developments regarding major communication diseases such as Typhus, Hepatitis, and sexually transmitted infections/diseases (STI/Ds). Current information can be accessed by the LA County Department of Public Health, however there is a need for city-specific data to understand and mitigate the spread of disease. The Los Angeles City Health Commission calls on the LA County Department of Public Health for an established partnership and frequent exchange of data to evaluate and address health risks.

Emergency Medical Services (EMS) Calls

Recommendations:

1) Hire social workers to help navigate frequent EMS users through the local healthcare system.
2) Expand the number of field resources that can safely evaluate low acuity patients to avoid unnecessary ambulance transports to local emergency departments.
3) Expand the number of field resources that can safely clear patients with mental health emergencies and transport them to mental health urgent care centers.
4) Increase the number of Advanced Provider Response Units (APRU), Sobriety Emergency Response Units (SOBER), and Alternative Destination Response Units (ADRU).
5) Continue the LA City's Innovation Fund to financially support LAFD projects that can improve the efficiency and effectiveness of their services.
6) Increase compensation for clinicians working at the LAFD to increase retention.
7) Establish and invest in community-based mental health urgent care facilities, sobering centers, and Federally Qualified Health Centers (FQHCs) in communities that lack such resources.
8) Re-design behavioral health educational curricula for EMS providers.
9) Develop an opt-in location tracking system that enables EMS users to share the location of high impact public health incidents (e.g. bystander CPR, gun violence, etc.).

Background:

The LAFD-EMS is the second biggest EMS agency in the United States, responsible for over 4 million residents. In 2022, the LAFD received almost 500,000 calls which was a 6.2% increase from the previous year. This averaged to 1,500 incidents and the transportation of 600 patients to local hospitals every day (LAFD Strategic Plan 2023-2026). With the increase in volume of calls, the LAFD-EMS continue to evaluate the efficacy of the new Los Angeles Tiered Dispatch System (LA-TDS) which replaced the Medical Priority Dispatch System in 2014 (Sanko et al., 2020).

The objective of the implementation of LA-TDS is to reduce call-processing times for time-sensitive emergencies via rapid, streamlined questions to identify the type of emergency for faster recognition, rapid dispatch of medical services, and aid callers to administer life-saving assistance prior to the arrival of first responders (Sanko et al., 2020). Despite the rise in EMS calls, there was an 18.8% decrease in call-processing time and a 4.1% decrease in total response time in almost every time-sensitive medical emergencies except for drownings requiring resuscitation. LA-TDS is effective in decreasing call-processing time and more effective in triaging time-critical medical emergencies and dissemination of resources.

Los Angeles continues to experience a rise in 911 calls due to low-acuity patients (e.g. non-urgent medical conditions such as a cold), mental health crises, and repeated calls from

frequent 911 users. To combat the rise in calls and better address the needs of the community, the LAFD launched a mobile integrated healthcare system called the Advanced Provider Response Units (APRUs) (Sanko et al., 2020). APRUs consist of an advanced practice provider, such as a physician assistant, a paramedic, and firefighter. These units could provide on-scene care and referrals to low-acuity patients, connect frequent 911 users to social workers, and transport patients experiencing a mental health crisis to psychiatric care centers. The implementation of these units allowed for long term care and solutions and the reduction of time in service by half (46 minutes to less than 20 minutes).

Action Plan:

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

Expansion of County Hospitals and Funding

Recommendations:

1) Urge the Los Angeles City Council to introduce a resolution calling on the State of California and California lawmakers to intervene and purchase Saint Vincent Medical Center.
2) Urge Los Angeles County to purchase and integrate Saint Vincent Medical Center into the Los Angeles County health system.
3) Lobby for an increase of Medi-Cal reimbursements to all providers in hospitals and medical centers.

Background:

In August of 2018, Verity Health filed for Chapter 11 bankruptcy (Fine, 2022). Over the next couple of years, all 6 hospitals under Verity Health were sold including Saint Vincent Medical Center. Saint Vincent Medical Center had 381 beds, about 500 physicians, and a staff of 1,300 prior to its foreclosure in January of 2020.

Shortly after, the Center was purchased and leased to the state allowing it to reopen in April of 2020 in order to handle the overflow of patients. However, it was reported to have low occupancy and closed once again by the end of May. Since then, there have been no reports or proposals regarding the Center's reopening. The Los Angeles City Health Commission believes the Center has the capacity to provide medical services and care to the people of Los Angeles, especially those who are unhoused and face mental health issues (Reyes, 2022). Therefore, the Commission urges the acquisition of Saint Vincent Medical Center by Los Angeles County.

In 2019, a similar acquisition was made by the County of Santa Clara who obtained 3 facilities under Verity Health: St. Louise Regional Hospital in Gilroy, O'Connor Hospital in San Jose, and De Paul Health Center in Morgan Hill (County of Santa Clara, 2019). This acquisition provided over 450 beds and enabled the operation of accessible high-quality care in underserved communities. The Commission urges a similar acquisition of the St. Vincent Medical Center by the Los Angeles County Department of Health or, alternatively, that the Center be transformed into a mental health hospital as well as a health center in order to assure the provision of health services to Los Angeles residents.

UCLA Health was able to achieve such a transition in 2021 when Olympia Medical Center was bought to undergo renovations with the goal of repurposing the medical center into a mental and behavioral health care facility by 2026 (UCLA Health, 2022).

With the City of Los Angeles experiencing a loss in bed availability due to the closure of additional hospitals, increasing Medi-Cal reimbursements will cover the rise in costs of labor and medical supplies in order to prevent hospital bankruptcy (Reyes, 2023). The Health Commission urges the allocation of government state funds for MediCal reimbursements.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to maximize the use of existing medical centers to increase bed availability and provide adequate funding toward critical health services to prevent bankruptcy and closure of hospitals.

Affordable Care Act (ACA) Implementation

Recommendations:

1) Lobby for an increase of Medi-Cal reimbursements to all providers in hospitals and medical centers.
2) Develop a comprehensive educational campaign and community-based programs that focuses on informing individuals about available resources, how to navigate insurance plans, the benefits of having consistent primary care, and dispelling misconceptions about cost/barriers.
3) Collaboration between Los Angeles County Department of Health Services and transportation services to provide easier access to healthcare facilities, especially in areas with poor public transportation. Other potential alternatives include the expansion of programs such as Call the Car and ModivCare or partnerships with Uber and Lyft to provide free non-emergent transportation.
4) Prioritize initiative aimed at improving access to primary care services such as establishing more community health centers, investing in telehealth, or expanding mobile clinics in areas with transportation challenges.
5) Continuous quantitative and qualitative evaluation of the ACA implementation and its impact.

Background:

In 2010, former President Barack Obama signed the Patient Protections Affordable Care Act (ACA) into law with the intention of (1) improving patient care, (2) improving the health of populations, and (3) reducing health care costs (LA County Department of Mental Health). To achieve these goals, the ACA expanded health care coverages through:

(1) Greater access to public health care coverage for low-income individuals via state Medicaid Programs
(2) Insurance exchanges which enable individuals to purchase health insurance using income-based subsidies

In addition, California's state Medicaid program (Medi-Cal) expanded its criteria for eligibility underwent expansion to include a broader range of adults such as parents as well as adults without children. Furthermore, the income threshold for qualification was raised to 138% of the federal poverty level which made millions of people eligible for coverage. By 2016, Los Angeles County led with the largest number of enrollment in Medi-Cal, with over 1.1 million residents or 11.3% of the county's population, as a result of the ACA expansion (California Department of Health Care Services, 2017).

Since the implementation of the ACA and expansion of Medi-Cal, there have been significant increases in health care coverage for low-income individuals, specifically Latinos and individuals who have limited English proficiency (Sommers et al., 2016). Public health care

coverage increased by 1.8 percentage points and the uninsured rates declined by 2.1 percentage points in the state of California.

Despite these accomplishments in coverage expansion, many Angelenos continue to face barriers to access primary care services. Even after the implementation of the ACA, individuals with Medi-Cal or employer-sponsored coverage continued to have difficulties accessing primary care (Saluja et al., 2019). Additionally, after the ACA, low-income patients with Medi-Cal were twice as likely to be refused for new patient primary care appointments. A quarter of Los Angeles County residents who were surveyed reported difficulties acquiring health care when they needed it. Of the residents who reported difficulties, more than 40% were from the poorest income group who made less than the federal poverty level. Some contributing factors include the lowest rates of Medicaid acceptance (~50%) and the high percentage of minority groups (e.g. racial and ethnic minority, non-English speakers, undocumented individuals) who face greater barriers to health care.

A qualitative evaluation revealed key barriers to accessing health care: understanding primary care, finding or switching primary care providers, the perceived cost or barriers, preference for emergency/urgent care instead of primary care, obtaining timely appointments, and overcoming geography and transportation barriers (Saluja et al., 2019). To mitigate some of these barriers, the Los Angeles General Medical partnered with Uber and Lyft to provide transportation services to patients who are commuting to and from appointments as well as picking up medications (Cisneros, 2021).

Action Plan:

The Health Commission urges the adoption of the stated recommendations to combat barriers affecting the implementation of the Affordable Care Act and improve the access to primary care for individuals who continue to face difficulties.

Communicable Disease Response

Recommendations:

1) Enhance outreach at airports on communicable diseases.
    a) Develop educational materials, such as videos or pamphlets, if travel destinations have prevalence of communicable disease.
2) Increase communication on travel restrictions pertaining to infectious diseases by:
    a) Increasing frequency of messages on kiosk screens.
    b) Alerting people of prevalence and CDC recommendations.
    c) Including health messages/alerts of disease(s) on itineraries or tickets (with incentives for airlines to implement this method) and in baggage claim areas.
    d) Including text message alerts as part of the Emergency Alert System.
    e) Mandate testing of communicable disease found in the area of arrival/departure before and after travel.
3) Invest in an engaging social media presence (X - formerly Twitter, Facebook, TikTok, and Instagram) to promote awareness and education.
    a) Hiring a diverse range of ages appropriate for each platform's target demographic.
    b) Producing simpler and more digestible content in languages spoken by large demographic groups in Los Angeles (e.g. Spanish, Chinese, Tagalog, etc.).
4) Invest in app development to provide accessible services to monitor and control the spread of communicable diseases.
5) Collaborate with other Los Angeles City and County agencies to conduct outreach to disconnected and underserved communities.
    a) Targeted outreach to youth via collaborations with youth concerned agencies such as the LA City Youth Development Department, LAUSD, Youth Councils, etc.
    b) Recruitment of community leaders to promote awareness and education to their respective communities regarding communicable disease that predominantly affect them.
6) Evaluate the 2016-2020 Strategic Plan to determine effective objectives, assess which goals were met or not met, and produce a new strategic plan post-COVID.

Background:

The Health Commission supports the Los Angeles County Department of Public Health Communicable Disease Control and Prevention (CDCP) Division's 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" (CDCP). Collaborative city-wide efforts are crucial to support infectious disease prevention, education, surveillance, containment, and treatment, especially as new diseases arise.

Best practices from past outbreaks should be used to improve current communicable disease programs and reduce risks and disease burden in Los Angeles.

The CDCP Division is responsible for the prevention and control of communicable disease which include tuberculosis, blood-borne, foodborne, vector-borne, communicable animal diseases, and diseases that are vaccine preventable. The Division developed a Strategic Plan for 2016-2020 which outlines the work necessary to achieve their mission into 7 strategies. These strategies are (1) strengthen disease surveillance and detection, (2) enhance communication, education, and outreach, (3) promote and support effective policy, legislation, and regulation, (4) research and advance innovation solutions, (5) strengthen preparedness and response, (6) advance workforce development and training, and (7) promote long-term planning and quality improvement of CDCP Programs. Currently, reports of the efficiency and effectiveness of these strategies and an updated strategic plan are not available.

Action Plan:

The Health Commission urges the adoption of the stated recommendations and agency collaboration to help promote the mission of the Los Angeles County Department of Public Health and reduce the transmission of communicable diseases.

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.
3) Increase outreach and health education regarding flea-borne typhus infection by promoting the following:
    a) Regular use of flea control products on pets.
    b) Outdoor precautions by tucking pants into socks/boots when outdoors and applying EPA-registered insect repellent containing DEET.
    c) Avoiding wild or stray animals.
    d) Proper trash disposal by using secure cans with lids.
    e) Steps to eliminate potential animal habitats.

Background:

Typhus is a group of diseases caused by rickettsia. The dominant diseases are louse-borne (epidemic), flea-borne (endemic), and scrub typhus which are transmitted by fleas, mites, lice, and/or their feces (LACDPH). Flea-borne typhus naturally occurs in LA County and spreads via the *Rickettsia typhi* bacteria found in infected fleas. Infection occurs when the infected fleas' feces come into contact with cuts, scrapes, or rubbed into the eyes. Symptoms can include fever, body aches, hills, headaches, rashes, and, in rare cases, swelling of the brain and heart valves. In less than 1% of cases, death can occur. There is no vaccine to prevent typhus infection, but antibiotics can treat infection.

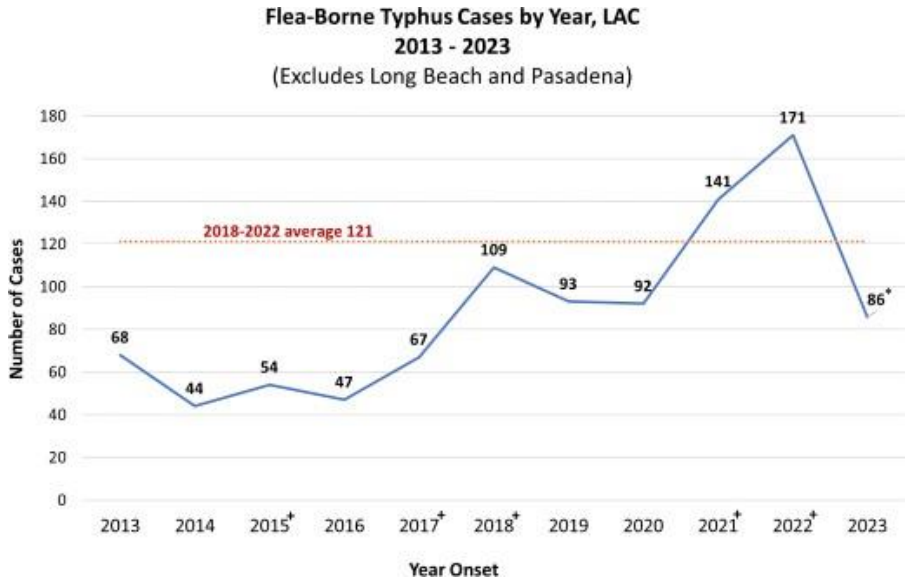

Figure 1. Number of Flea-Borne Typhus Cases Annually in Los Angeles Country, 2013-2023 (LACDPH)

Between 2013-2017, Los Angeles County (LAC) averaged 60 cases of typhus annually which was double the reported amount of the previous 5 years (LACDPH, 2019). LAC experienced its first significant outbreak of flea-borne typhus in 2018 when it saw an uptick of cases. In 2018, LAC surpassed 100 cases of typhus. The outbreak was identified in the downtown Los Angeles area with the majority of cases having a history of either living or working in the downtown area. 8 of the 19 cases occurred in individuals who are unhoused (LACDPH, 2018). Shortly after, another outbreak of 7 flea-borne typhus cases occurred in the Willowbrook area of Compton where 3 of the 4 cases required hospitalization (LACDPH, 2019). Since 2018, the annual average number of cases in LAC between 2018-2022 was 121 cases. LAC experienced a record-high number of 171 cases in 2022. Two outbreaks occurred in (1) Eagle Rock and Glassell Park communities and (2) Wholesale District and Boyle Heights communities (LACDPH, 2022). A total of 24 cases were reported with 19 being hospitalized, 4 experiencing homelessness, and 1 patient dying. LAC saw a drop in 2023 with only 86 cases.

The LACDPH identified trends in typhus cases which clustered in areas where environmental factors enabled the habitation of animal populations known to carry infected fleas. An increase in flea-borne typhus cases can be attributed to the increase in rodent reservoirs, homelessness, and free roaming animals, specifically cats (CDC, 2022). Although the number of cases have seen a decline, the LACDPH cautions adults with advanced age or a G6PD deficiency as they are at the greatest risk for severe health outcomes.

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:

1) Improve accessibility and quality of public restrooms (one toilet per 20 users as recommended by the WHO (Adams et al., 2008)) by increasing funding towards the Pit Stop Mobile Toilet Program.
2) Increase access to free [and anonymous] hepatitis C and hepatitis B testing and vaccinations in high-impact areas such as areas with a high density of homelessness or drug use and incarcerated settings.
3) Implement practices to support patient navigation to ensure notification of positive test results and adherence of treatment (Hernandez-Tamayo et al. 2023).
    a) Case managers can provide counseling, spotlight barriers to treatment, and tailor treatment to the patient's needs.
4) Integrate a mobile, community-based treatment program to increase accessibility to screenings, vaccinations, and [on-site] treatment (Hernandez-Tamayo et al. 2023).
5) Identify communities at the greatest risk of contracting hepatitis and recruit stakeholders to improve hepatitis education, screening, and medical services (LACDPH).
6) Improve accessibility of resources and vaccination programs found on the LA County Department of Public Health site.

Background:

Hepatitis is the inflammation of the liver which is caused by different strains of viral hepatitis: hepatitis A, B, C, D, and E. Hepatitis A, B, and C are the most common forms of viral hepatitis. Symptoms include abdominal tenderness or pain, fatigue, jaundice, dark colored urine, lightly colored stool, nausea, and vomiting (Johns Hopkins Medicine). Depending on the progression of hepatitis, cases can range from acute to chronic. Acute causes will present with sudden inflammation which goes away. However, chronic cases are long-term causing subtle symptoms and leading to liver damage. Some infections can lead to cirrhosis or liver cancer (LACDPH, 2020).

Hepatitis A virus (HAV) is spread through fecal consumption or sexual contact. Infection can occur when consuming food contaminated by hepatitis A, having sexual contact with an infected partner, or forgetting to wash after using the bathroom (LACDPH, 2017). Those infected with HAV can be contagious for 2 weeks before symptoms begin to present and 1 week after infection has taken place. Typically, patients fully recover, but people with weak immune systems may take months to recover. There are currently no treatments for HAV other than maintaining proper nutrition, drinking sufficient fluids, and rest. However, there are methods of prevention. The LACDPH recommends vaccination for HAV which requires 2 doses of the vaccines 6 months apart.

From 2016-2018, the LACDPH warned of an outbreak occurring in the counties of Los Angeles, San Diego, and Santa Cruz. These outbreaks predominantly affected men who have sex with men (MSM), individuals who are unhoused, and individuals eliciting drugs. The LACDPH recommends that individuals who identify with these groups obtain the HAV or combined HAV/hepatitis B vaccine and post-exposure prophylaxis (PEP) to those exposed to HAV.

In 2023, a multistate outbreak and exposure at the Men's Central Jail occurred. The outbreak occurred in multiple states including California with 100% of individuals infected reporting the consumption of frozen organic strawberries between October and November of 2022. As of September 2023, the CDC reported no deaths and declared the outbreak to be over. In June 2023, a person was infected with HAV while detained at the Men's Central Jail. The LACDPH is recommending vaccinations to anyone detained in the Men's Central Jail in May of 2023.

Hepatitis B (HBV) is spread through contact with an infected individual's bodily fluid. Although anyone can contract HBV, people at greater risk include infants born to mothers with HBV and people who have had sexual contact with an infected individual or shared needles (LACDPH, 2017). Most infections are mild with little to no symptoms while others can become chronic resulting in hospitalization, serious health issues, and even liver cancer (LACDPH, 2018). To prevent HBV, vaccinations are available.

Hepatitis C (HCV) is the most common bloodborne infection, transmitted through blood [contaminated objects]. Individuals at the greatest risk of contracting HCV include anyone who has received a blood transfusion before 1989, hemodialysis patients, IV drug users, healthcare professionals who frequently work with needles, people engaging in IV drug use, and individuals with multiple sexual partners (LACDPH). Once infection occurs, symptoms include fatigue, nausea, vomiting, jaundice, and anorexia. The majority of infections have mild to no symptoms. Few (15-25%) infected individuals overcome acute infection without ongoing complications, such as HCV RNA in the bloodstream, and their alanine aminotransferase (ALT) levels return to normal (LACDPH). However, a chronic infection will develop in 75-85% of infected individuals. A majority of these chronic cases will continue to show fluctuating ALT elevations which can lead to the development of liver diseases such as cirrhosis, hepatic cancer, and liver failure. Currently, no vaccine is available for the prevention or treatment of HCV, but HCV can be treated with antiviral medications (Mayo Clinic, 2023).

In early 2019, the LACDPH notified Angelenos of 6 HCV cases tracing back to treatment at the Westside Multispecialty Medical Group. The LACDPH notified and recommended that any patients who received injections, infusions, or procedures from this clinic should be tested for HCV and HBV (LACDPH, 2019).

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve public health control over hepatitis transmission.

Measles Outreach and Education

Recommendations:

1) Urge the California Department of Health to implement stricter adherence to required vaccinations and conduct more frequent audits of California schools. Potential community protections include:
    a) Tracking vaccination statuses and assigning case managers to ensure adherence.
    b) On-site vaccination programs to eliminate barriers such as transportation.
    c) Publication of schools audited for low vaccination rates (below 95%) or in violation of state law requiring children to be immunized against 10 communicable diseases including measles (Lambert et al., 2023).
2) Urge the Los Angeles Unified School District to increase outreach and health education regarding measles and vaccinations to dispel misconceptions or hesitancy.
3) Increase travel protections by:
    a) Increasing frequency of messages on kiosk screens.
    b) Alerting people of prevalence and CDC recommendations.
    c) Including health messages/alerts of disease(s) on itineraries or tickets (with incentives for airlines to implement this method) and in baggage claim areas.
    d) Mandate testing of measles especially in areas of arrival/departure with high prevalence before and after travel.

Background:

Measles is a contagious disease initially infecting the respiratory tract before spreading to the rest of the body. Although measles can affect any individual, it is commonly found in children under the age of 5 years old (WHO, 2023). Transmission occurs through contact with infected nasal or throat secrets which can occur when an infected individual breathes, coughs, or sneezes. Symptoms include high fevers, cough, runny nose, red watery eyes, small white spots inside the cheek, and a rash. The rash starts at the face or upper neck before spreading to the rest of the body, typically to the hands and feet. Measles can lead to severe complications such as blindness, brain swelling and damage (encephalitis), severe diarrhea and related dehydration, ear infections, and breathing problems, all of which can potentially lead to death (WHO, 2023). Infections during pregnancy can result in health issues for the mother, premature birth, and a low birth weight. At-risk groups involve malnourished children or children with a weak immune system due to diseases such as HIV. Other vulnerable groups include unvaccinated children and pregnant persons who have the highest rates of developing severe complications (WHO, 2023).

The most effective forms of prevention are routine childhood vaccinations and community-wide vaccination (WHO, 2023). There are no treatments for measles, but steps can be taken to alleviate symptoms and prevent complications such as drinking sufficient fluids, taking vitamin A supplements, and using antibiotics to treat infections or breathing problems.

Since 2014, there have been 3 notable outbreaks in Los Angeles. In 2014-2015, a large outbreak of measles traced back to Disneyland affected at least 131 California residents and residents from other states and neighboring countries (California Department of Public Health, 2020). Another outbreak occurred in 2019 resulting in 73 confirmed cases in California, of which 20 cases were Los Angeles County (LAC) residents and 14 cases were non-residents traveling through LAC (LACDPH, 2020). LAC Health Officer Dr. Muntu Davis confirmed that the outbreak began as a result of residents visiting countries such as Vietnam and Thailand and contracting measles (Karlamangla, 2019). The majority of residents who contracted the disease were unvaccinated. This prompted one of the largest quarantines in California which included more than 1,000 UCLA and Cal State L.A. students and staff members (Nelson, 2019).

The most recent outbreak took place in 2020 due to international visitors who were unvaccinated or of unknown vaccination status (LACDPH, 2020). Dr. Davis recommended the MMR immunization as an effective preventative measure.

Although there have been no local outbreaks in Los Angeles recently, California's Central Valley, specifically Fresno Country and exposure in Madera County, have recently reported cases (Lin, 2023). If traveling to the Central Valley or internationally to countries where measles is common, Fresno County Health Officer, Dr. Rais Vohra, urges individuals and parents to contact their health care provider or health department to keep their children up-to-date on vaccinations.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve public health control over the spread of measles and improve vaccination rates, especially in the Los Angeles Unified School District.

STD/HIV Testing and Resources

Recommendations:

1) Support the implementation of the Ending the HIV Epidemic Plan for Los Angeles County.
    a) Aim to not only increase awareness of HIV status, but to also increase early stage diagnoses.
    b) Tailor efforts with the input and implementation of community members of disproportionately affected populations to provide culturally appropriate services.
2) Improve working conditions and compensation for the waning workforces.
3) Increase STI screening at programs for people with SUD and at correctional facilities and at field outreach events for the homeless.
4) Utilize electronic social networks such as Facebook, Instagram, Twitter, TikTok, Tinder, Grindr, and other technology/social media platforms to provide education on STIs.
    a) Normalize conversations about STD/HIV.
    b) Rid the stigma associated with STD/HIV.
5) Increase funding to HIV prevention programs like AIDS Project Los Angeles (APLA) in order to reduce the spread of STIs.

Background:

A sexually transmitted disease (STD), or sexually transmitted infection (STI), is an infection that is transmitted during sexual contact or through intimate physical contact (CDC, 2023). Infectious agents include viruses, bacteria, fungi, or parasites. In 2021, over 90,000 cases of STIs were reported in Los Angeles Country (LAC) and these numbers continue to rise (LACDPH, 2021). The most commonly reported STIs in Los Angeles include chlamydia (58%), gonorrhea (31%), and syphilis (10%) (LACDPH, 2021). Another prominent STI is human immunodeficiency virus (HIV) which is a virus that attacks the immune system which, if left untreated, can develop into acquired immunodeficiency syndrome or AIDS (CDC, 2023). In 2021, over 58,000 people living with HIV (PLWH) were in Los Angeles with males accounting for 90% of this population (LACDPH, 2021).

In response to the HIV epidemic in the United States, the CDC launched the Ending the HIV Epidemic (EHE) to reduce new HIV infections by 30% by 2030. The EHE initiative has 4 strategic pillars:

"1) **Diagnose** people living with HIV as early as possible;
2) **Treat** people living with HIV rapidly and effectively to achieve viral suppression;
3) **Prevent** new HIV transmissions using proven interventions;
4) **Respond** quickly to HIV outbreaks and deliver prevention and treatment services to people who need them"(LACDPH, 2021).

To tailor the national initiative, the Los Angeles County Department of Public Health - Division of HIV and STD Program developed the Ending the HIV Epidemic for Los Angeles County

which was guided by the EHE pillars, but tailored with effective strategies and interventions that best fit the context of Los Angeles.

"Diagnose" aims to:

1. Increase the percentage of PLWH who are aware of their HIV status to 95%.
2. Reduce the number of undiagnosed persons living with HIV" (LACDPH, 2021).

LACHPH plans to reach these numbers by implementing or expanding routine opt-out HIV screenings, especially in high prevalence communities, developing accessible HIV testing programs for at-home, self-testing, and improving annual re-screenings via technology and improved communication (LACDPH, 2021).

"Treat" aims to:

1. Increase the proportion of people diagnosed with HIV who are linked to HIV care within one month of diagnosis to 95%.
2. Increase the proportion of diagnosed PLWH who are virally suppressed to 95%" (LACDPH, 2021).

Some strategies to reach these numbers include:

- Rapid linkage to HIV care and antiretroviral therapy for newly diagnosed individuals.
- Support for re-engagement/retention in HIV care and treatment adherence [especially for populations suffering from mental illness, substance abuse, etc.].
- Expand promotion of Ryan White Program services (medical care).
- Implement an emergency financial assistance program for PLWH to improve treatment adherence.
- Improve delivery of HIV services [to address workforce burnout].
- Develop a housing service to prevent homelessness in PLWH.
- Understand the impact of financial incentives to improve treatment adherence.

"Prevent" aims to:

1. Increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50% from a 2017 baseline of 21.5%.
2. Increase the number of syringe service programs by 50%" (LACDPH, 2021).

The two main strategies to accomplish this include efforts to increase PrEP use by implementing strategies at LAC funded PrEP Centers of Excellence and improve integration of comprehensive syringe services programs (SSPs).

"Respond" aims to:

1. Develop and maintain capacity for cluster and outbreak detection and response.
2. Increase the proportion of people newly diagnosed with HIV that are interviewed for Partner Services within 7 days of diagnosis to at least 85%" (LACDPH, 2021).

Strategies to meet these goals include improving procedures used for cluster detection, time-space analysis, and response as well as increasing capacity of Partner Services.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve public health control over HIV transmission to work towards a 30% reduction of new HIV infections by 2030.

Meningitis Outreach and Education

Recommendations:

1) Perform antimicrobial susceptibility testing (AST) of all meningococcal isolates.
2) Urge health departments in LA County to submit all meningococcal isolates to the CDC for AST and whole-genome sequencing.
3) Encourage health departments in LA County to report any suspected meningococcal treatment or prophylaxis failures.
4) Increase outreach and health education regarding Meningitis Outbreaks and increase MenACWY vaccinations by:
    - Increasing awareness among vulnerable subpopulations (i.e. gay and bisexual men).
    - Utilizing LA Pride parades and similar festivals for LGBT+ communities.
    - Collaboration with MSM or LGBT+ organizations.
    - Increasing awareness about Meningococcal vaccination recommendations among men who have sex with men (MSM) regardless of risk and HIV status.
    - 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 Instagram, TikTok, 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
5) Implement practices to ensure adherence of the 2-dose vaccination schedule for all HIV-infected persons such as.
6) Implementation of reminder-recall or co-scheduling
    a) Tracking completion rates
7) Ensure staff who work with MSM have completed recommended vaccinations.
8) Provide [referrals for] free MenACWY vaccines if vaccination is not feasible at primary care providers.

Background:

Meningococcal disease, also commonly known as meningitis, is caused by a bacteria known as *Neisseria meningitidis*. Because this bacteria can be found in the nose and throat, it can be transmitted through contact with saliva or air droplets via coughing or sneezing (LACDPH, 2022). Infection may present with flu-like symptoms such as high fever, headache, stiffness in the neck, vomiting, etc. As the infection becomes severe, meningitis can cause swelling in the brain or spinal cord, loss of a limb, brain damage, and potentially result in death.

Between 2006-2015, the United States has reported an average of 0.26 cases per 100,000 people annually with 14.9% of these cases being fatal (MacNeil et al., 2018). Of these cases, serogroups (variants) B, C, and Y made up the majority of the cases. Within Los Angeles County (LAC), meningitis incidences declined from 3.8 to 1.9 cases per 100,000 from 2015 to 2016 (LACDPH, 2016). The San Gabriel Valley reported the highest rates of meningitis within LAC at 3.4 cases per 100,000. Children under one year of age continued to be the age group experiencing the highest rate at 16.4 cases per 100,000.

Southern California has experienced two outbreaks of meningitis since 2013. The last outbreak occurred in 2016-17 resulting in 31 cases and 4 deaths. Of these cases, men who have sex with men were disproportionately affected with over 80% of cases representing this group (LACDPH, 2017). Since 2016, meningitis cases have significantly decreased to less than 10 cases annually (LACDPH, 2018).

Between 2019 to 2020, the Centers for Disease Control (CDC) reported a rise of penicillin- and ciprofloxacin-resistant meningococci in the United States. 11 cases, one of which was detected in California, contained blaROB-1 β-lactamase gene, linked to penicillin resistance, along with mutations linked to ciprofloxacin resistance. The CDC recommends antimicrobial susceptibility testing (AST) of such cases to better understand and monitor the resistance to penicillin and ciprofloxacin (Los Angeles County Health Alert Network, 2020).

As of 2016, Los Angeles has not experienced any local outbreaks. In 2022, the Commission issued an alert to the public about the meningococcal outbreak in Florida. Because the outbreak continues to persist, if traveling to Florida, the California Department of Public Health encourages MSM to discuss receiving the meningococcal conjugate vaccine (MenACWY) with their provider. (Aragón, 2022).

In addition to Florida, the Health Commission would like to alert the public about the recent increase in the number of meningococcal disease cases in Virginia, fungal meningitis linked to surgeries performed in Mexico, and the meningitis outbreak in Niger. The Virginia Department of Health (VDH) reported 27 cases of meningococcal disease caused by *Neisseria meningitidis* type Y which is triple the expected number of cases (VDH, 2023). As of August 2023, 5 patients have passed away, Black or African American adults between 30 to 60 years old comprise the majority of these cases, and 26 of the 27 patients were not vaccinated for meningococcal disease. The VDH encourages parents to ensure that children who are 11-12 years old receive their MenACWY vaccine and a booster vaccine at 15-16 years of age.

In 2023, the CDC issued an alert of a fungal meningitis outbreak in multiple states after patients received epidural anesthesia in Matamoros, Tamaulipas, Mexico (CDC, 2023). As of September 2023, Texas reported 23 cases who received the procedure, 11 of which have died (Texas Department of State Health Services, 2023). The CDC recommends that regardless of

state of health, every patient who underwent a procedure and received epidural anesthesia in Matamoros, Mexico in 2023 should receive a magnetic resonance imaging (MRI) and a lumbar puncture (LP) for diagnostic purposes.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve public health control over meningitis transmission.

Reproductive Health Education and Services

Recommendations:

1) Urge the state of California to increase accountability of school's implementation of the California Healthy Youth Act and *Health Education Framework for California Public Schools, Kindergarten Through Grade Twelve* by developing a grading system to measure school health policies and practices.
    a) Ensure schools are teaching a curriculum that includes the 20 sexual health education topics the Centers for Disease Control and Prevention (CDC) have identified as critical (Sexuality Information and Education Council of the United States, 2021).
    b) Ensure schools do not have exclusionary curriculum and lack inclusive curriculum that is trauma informed and culturally sensitive to the needs of LGBTQ young people and young people of color (SIECUS, 2021).
2) Urge the state of California to develop a School Health Profile that is not self-reported and accurately reported by a sexual/reproductive health care professional. Data should include the CDC's profile questionnaire.
3) Implement more onsite school-based health centers or Wellbeing Centers, spearheaded by Planned Parenthood, throughout the Los Angeles Unified School District.
4) Develop a referral system for connecting students to youth-friendly community providers for medical services not offered on school grounds.
    a) Host regular meetings throughout the year between school staff and healthcare providers from local/community organizations which offers an opportunity for staff to engage with providers, understand their services, and establish avenues for students to access their support (CDC, 2023).

Background:

Reproductive health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" which enables individuals to "have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so" (World Health Organization, n.d.). The Centers for Disease Control (CDC) and Prevention reproductive health services include [and are not limited to]:

- Sexual health education
- Family planning services
- Services to achieve, prevent, or assist pregnancy such as contraceptives or abortions
- Prevention tools such as testing and treatment for STDs, HIV, and pregnancy

These services are intended for both men and women to ensure they can make informed decisions, remain healthy, and safely engage in sexual activities. This section will focus on

reproductive health education and services such as contraceptives or abortions. For more information about STDs or HIV testing and resources, please refer to the section above.

In Los Angeles, the LA County Department of Health Services (LAC DHS) provides reproductive health services which include preconception health, contraceptive care, abortions, and STI screenings. If you or someone you know is in need of an abortion or family planning services, please visit the LAC DHS's comprehensive guide which details your rights, where to find services (e.g. abortion, contraceptive care, doula support, mental health support, etc.), and how to afford such services.

32 out of every 1,000 girls between the ages of 15 and 19 in California have babies every year (School-Based Health Alliance). However, when looking at certain races/ethnicities, these numbers become even more alarming. In African Americans, there are 37 births for every 1,000 girls and this number jumps to 51 in Latinas (SBHA). The SBHA reported only 41% of adolescents access reproductive services because of barriers such as:

- Lack of familiarity in navigating healthcare.
- Ability to pay for services.
- Fear of confidential information being disclosed to family members.
- Concerns about obtaining services without parental/guardian consent.

In response to this, the School-Based Health Alliance, a non-profit organization, has established school-based health and wellness centers (SBHCs) to provide critical reproductive and sexual health services which include education, contraception, counseling, and referrals since 1995. In Los Angeles County (LAC) alone, they have 78 SBHCs which is the highest number of SBHCs in a county out of all the California counties they service. Since the integration of SBHCs, studies indicate that adolescent girls with SBHCs on campus have higher rates of receiving reproductive preventive care and using hormonal contraception than girls without SBHCs (SBHA). Furthermore, SBHCs have reduced unplanned pregnancy rates.

The California Healthy Youth Act (AB 329), implemented in 2016, requires schools to provide students in 7th to 12th grade with comprehensive and medically accurate sexual health education which **must** include LGBTI inclusive curriculum (SBHA).

The most recent effort is a collaboration between the Los Angeles Unified School District, the LAC Health Department, and Planned Parenthood. This collaboration includes an initial investment of over $16 million to open 50 clinics at high schools that will offer a range of birth control options, testing and treatment for STIs, and counseling (Cha, 2019). Part of this initiative includes hundreds of "peer advocates" who are trained by a Parenthood staffer to provide information about safe sex. This program addresses many barriers adolescents face by allowing them to make/attend appointments during class and protecting information regarding the appointment and medical services from both school officials and parents. Wellbeing Centers will

be staffed full time by 2 public health officials to provide both reproductive health education and counseling, and a medical provider will visit once a week to provide medical services.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve public education and understanding of reproductive health, especially in Angeleno youth.

Maternal and Child Health

Recommendations:

1) Addressing financial inequities by providing education and support (First5LA):
    a) Support Los Angeles County's partnership with The California Work & Family Coalition which has recruited 50 community members to provide education and Paid Family Leave (PFL) support (First5LA).
    b) Support African American Infant and Maternal Mortality (AAIMM) Initiative's public awareness campaign of Earned Income Tax Credit which increases employment and income for families and improves birth outcomes (First5LA).
2) Expand the AAIMM Doula Program to:
    a) Offer free training to increase the number of doula's in Los Angeles County, especially in the Antelope Valley, South LA, and the South Bay where Black infant mortality rates are highest (First5LA).
    b) Continue to provide free, culturally sensitive doula support through 2024.
    c) Collect quantitative and qualitative data.
3) Urge federal and state governments to fund more OB/GYN residency sports, increase pay per delivery, and support the financing of 24/7 anesthesia and blood banking in hospitals that deliver babies.
4) Urge the Los Angeles County Department of Public Health to foster collaboration between their Environmental Health Division and Maternal, Child, and Adolescent Health Program.
    a) Collect comprehensive data on severe childbirth complications.
    b) Despite data showing the relationship between environmental health and maternal and infant health, little to no collaboration occurs between these two departments (Ross, 2023).

Background:

Although Los Angeles County (LAC) reports a lower infant mortality, low birth weight births, and preterm birth rate compared to the rest of the country, these rates are not consistent across racial and ethnic groups, most notably Black mothers (LACDPH). Black mothers are 4x more likely to die from complications during pregnancy or childbirth and Black babies are 3x more likely to die before completing 1 year of life compared to their White counterparts (First5LA, 2021). In response to such disparities, the LAC Department of Public Health (LACDPH) established the Maternal, Child, and Adolescent Health (MCAH) Programs. The MCAH Division's mission is "To maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County" by planning, implementing, and evaluating services to address the health disparities and needs of these groups (LACDPH). The MCAH's work includes resources, programs, and information for before pregnancy, during pregnancy, after the baby is born, and child & adolescent health.

In 2017, the LACDPH's Office of Women's Health and Office of Health Assessment & Epidemiology published *Health Indicators for Women in Los Angeles County*. The statistics from the report are summarized in the chart below. statistics include:

	Asian	Black	Latina	White
Percent of low weight (< 2,500 grams) births per 100 live births	6.7	12.1	6.5	6.5
Percent of preterm births (17 to 37 weeks gestation) per 100 live births	7.4	12.8	9.4	7.8
Birth rate for females 15 to 19 years (per 1,000 females 15 to 19 years)	2.7	28.7	31.7	4.3
Percent of all live births where mother received prenatal care in the first trimester of pregnancy	81.2	71.9	82.2	86.3
Percent of women with a recent live birth who received a postpartum checkup	94.2	88.1	91.1	94.8
Percent of women with a recent live birth who report exclusively breastfeeding at 3 months	46.1	31.5	29.6	58.6
Percent of women with a recent live birth who report experiencing depressive symptoms during or after a live birth	24.5	38.3	35.1	24.6

Although Black women and infants face a higher risk of dying in pregnancy and birth, understanding the data and underlying causes is quite complex. Multiple contributing factors include socioeconomic status, pre-existing and pregnancy inducing chronic conditions, and health care inequities need to be properly analyzed.

Because of the pervasive issues surrounding pregnancy and birth in Black communities, the LACDPH announced in 2018 it would reduce the gap between Black and White infant mortality rates by 30% (Ross, 2023). To achieve this goal, the LACDPH partnered with local and state departments and organizations, such as First 5 LA, which produced the African American Infant and Maternal (AAIMM) Initiative. This initiative improved upon the county's maternal

and infant health programs by expanding access to doulas, breastfeeding education and support, etc. (Ross, 2023). Some evidence-based programs implemented by the AAIMM Initiative are Group Prenatal Care, Fatherhood Initiative, The Village Fund, and Cherished Futures for Black Moms & Babies (First5LA).

One of the key solutions to reducing maternal and infant mortality rates are doulas. Doulas are "trained professionals who provide physical, emotional and informational support to a laboring person and/or family before, continuously during, and after childbirth to help them achieve the healthiest, most satisfying experience possible" (First5LA). They are known to:

- Provide unconditional and non-judgmental support.
- Reduce medical interventions (c-sections).
- Improve mental health because they are trained in full-spectrum and trauma care.
- Increase breastfeeding success.

Unlike many other states, California's maternal mortality rates have decreased because of efforts to reduce deaths caused by obstetric hemorrhage and preeclampsia. While women have significantly higher death rates from hemorrhages out of any racial/ethnic group in the state of California. In 2022, Medicaid financed 41% of births nationwide which included 64.0% of Black mothers (Valenzuela & Osterman, 2023). Approximately 50% of counties in the U.S. do not have an OB/GYN. Women living below the poverty line have roughly 72 births per 1000 which creates a situation where poor paying health maintenance organizations (HMOs) and the government force doctors who accept those plans to spend less time with each pregnant woman. Government entities, insurance providers, and regulators have pressured obstetricians to adopt more aggressive approaches in inducing and augmenting labor. As a result, the prevalence of postpartum hemorrhage has increased from 2.7% to 4.3% between 2000 and 2019. This upward trend has predominantly affected women in rural and low-resource inner-city hospitals. Cedars-Sinai, a state of the art and high resource hospital, has emerged as a leader in the nationwide effort to reduce maternal mortality risks and increasing OB/GYN access to women of color. It is imperative for our federal and state governments to fund more OB/GYN residency spots, increase pay for physicians and hospitals per delivery, and finance 24/7 anesthesia and blood banking in hospitals that deliver babies.

Additionally, like Philadelphia, an initiative to collect data on severe childbirth complications is essential, as these issues occur 70-80 times more than mortality. Lowering mortality rates hinges on addressing and mitigating these near misses.

Action Plan:

The Health Commission urges the adoption of the stated recommendations and agency collaboration to help promote the Los Angeles County Department of Public Health and African American Infant and Maternal Mortality Prevent Initiative's mission to improve maternal and infant mortality rates, especially amongst Black communities.

Medication Shortages

Recommendations:

1) Develop high-quality quantitative databases that include:
    a) Clinical and financial effects of the shortages to quantify impacts.
    b) Clinical and financial impact of shortages on patients and health care delivery to better inform purchasing decisions (FDA, 2019).
        i) Health outcomes for patients
        ii) Increased costs for health care providers
2) Better characterization of shortages using the following metrics: frequency, persistence, or intensity (FDA, 2019).
3) Develop a rating system to incentivize drug manufacturers for mature quality. management systems and adhere to Current Good Manufacturing Practices (FDA, 2019).
4) Allocate resources to enhance pharmacy automation and electronic health records to become more adaptable during shortages.
    a) Automated systems to track medication levels in real-time and flag low stock.
    b) Advanced electronic health records to incorporate alerts or alternatives for healthcare providers when medications are in shortage.
5) Lobby Congress to amend section 510(j) of the Federal Food, Drug, and Cosmetics Act to incorporate significant consequences for manufacturers that neglect to develop risk management plans or disclose manufacturing and supply chain data (ASHP, 2023).
6) Lobby the Federal Government and California legislature to outlaw Pharmacy Benefit Managers (PBMs) and Group Purchasing Organizations (PBOs) and empower pharmacy chains to compete in an open market for the lowest cost.
    a) Rescind the 1987 Medicare Anti-Kickback Safe Harbor.
7) Urge the federal government to diversify the manufacturing base by spreading purchase volume across federal agencies to more than 3 manufacturers.
8) Lobby Congress to direct investments and subsidies toward [new] domestic drug manufacturing (Kaiser, 2023).
    a) Incorporate a mandate the production of older generic medication.
9) Require manufacturers to share:
    a) data about their supply chain and production process to identify areas threatening shortages (Kaiser, 2023).
    b) Public resupply timelines when drug shortages occur.

Background:

As of Jan 2024, there are 141 drugs currently listed on the Food and Drug Administration's (FDA) drug shortage database. The number of drugs currently in shortage continues to rise from the year prior which reported 128 drugs in shortage in November of 2023 (Comer et al., 2023). However, this number could be even higher than the FDA's report as the American Society of Health-System Pharmacists (ASHP) reported 305 active shortages at the end of the 3rd quarter in

2023 which is the highest in a decade. Drug shortages include medications to treat psychiatric conditions, respiratory illnesses, infections, heart failure, and cancer (Comer et al., 2023). Other drugs facing shortages are Adderall, cisplatin/carboplatin, amoxicillin, penicillin, albuterol, and children's acetaminophen and ibuprofen.

The FDA's Drug Shortages Task Force identified the following 3 root causes in 2019:

- Lack of incentive to produce drugs that are less profitable.
- Manufacturers are not rewarded for mature quality management systems nor incentivized to adhere to Current Good Manufacturing Practices which affect quality of drugs or cause disruptions.
    - Purchasers have limited information about facilities that produce drugs and don't have the ability to assess quality management standards.
- Logistical and regulatory challenges negatively impact a market's ability to recover after disruptions.

The shortage of crucial drugs began prior to the COVID-19 pandemic, but has been exacerbated by pandemic delays, closure of U.S. factories, and overreliance on foreign facilities (Comer et al., 2023). Almost 80% of manufacturers are foreign facilities and no U.S. agency monitors all manufacturers leaving a blind spot for incoming shortages (Christensen, 2023). Ultimately, the biggest constant is competition to offer the lowest price (Lopez, 2023). Manufacturers cut corners causing poor quality drugs and leaving them unprepared when demand increases.

As a result of shortages, 8 in 10 hospitals and pharmacists reported that they had to ration drugs or even delay appointments, resulting in reduced quality of patient care (ASHP, 2023). 84% of the drugs in shortage are generics which make up 90% of prescriptions (Christensen, 2023). The most notable shortages are chemotherapy drugs, most of which are generics, because of poor manufacturing quality (ASHP, 2023). The severe chemotherapy drug shortages has caused the FDA to temporarily permit the import of medications manufactured by non-FDA approved Chinese manufacturers (Comer et al., 2023).

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve supply of medications and reduce the number of medications on the shortage list.

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Conclusion

The Los Angeles City Health Commission aims to provide policy recommendations in this report to address homelessness, healthy lifestyles, medical services, and COVID-19 surveillance and control in Los Angeles City. The recommendations are based on research, interviews, and presentations recently collected from experts and stakeholders in the Los Angeles community. The Health Commission encourages the City Council and public health community to adopt the recommendations contained within this report to improve the health of Los Angeles residents. The Health Commission also recommends that the City Council and Mayor implement the programs that are stipulated in the Plan for a Healthy Los Angeles. The 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. A 2023-24 budget allocation of $1,677,801 would provide adequate funding for full-time staff and directed research, which the Health Commission believes is necessary to accomplish its goals and objectives.

2023 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 40 years. He has held positions and chaired the 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 Senators Michael Bennet and Mark Warner on health care policy. He also serves as the President of the City of Los Angeles Health Commission. He has advised the House of Representatives serving on the National Physician's Council for Health Care Policy and has previously served on "Obama for America Health Policy Advisory Committee." He was a National Co-Chair of Run Biden 2016 and was an advisor to then Senator Biden on health care issues during his 2007/2008 presidential campaign.

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 "Leaders of Influence: Top Los Angeles Doctors" by the Los Angeles Business Journal and previously 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 National Board of Physicians & Surgeons, Friends of the Saban (Los Angeles Free) Community Clinic, WomenStrong International, Big Sunday, the UCLA School of Nursing Dean's Advisory Board and he Chairs the International Advisory Board of Jhpiego. He also serves as a Chair Emeritus on the Johns Hopkins University Krieger School of Arts and Sciences Dean's Advisory Board and on her School of Education's National Advisory Council. 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 has two children, Spencer, age 36 and Mallory 34.

2023 Los Angeles City Health Commissioners

NOMSA KHALFANI Ph.D., Co-CEO
Commissioner (Council District Eight)

As Co-CEO, Nomsa provides leadership and guidance to advance Essential Access Health's mission and strategic priorities. Nomsa oversees the organization's federal and state programmatic and capacity-building efforts, finance and audits, people and culture, and new strategic business initiatives.

Before joining Essential Access, Nomsa held several leadership roles at St. John's Community Health, a network of federally qualified health centers in Los Angeles County. Nosma is an alum of the Southern California Coro Women in Leadership Program, the Blue Shield of California Foundation Clinic Leadership Institute Emerging Leaders Program, and the Women's Foundation California Dr. Beatriz Maria Solis Policy Institute.

She currently serves as the 1st Vice-President of the Los Angeles (LA) City Health Commission, Board Chair at Community Asset Development Re-defining Education (CADRE), Board of Directors at the National Family Planning & Reproductive Health Association, and a member of the LA County Community Prevention and Population Health Taskforce. In 2020, Nomsa was one of Southern CA's 50 Diverse Leaders.

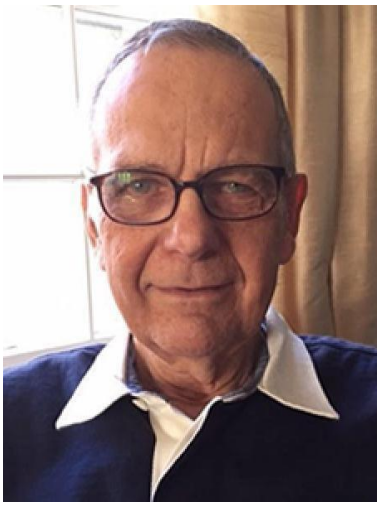
Nomsa holds a Bachelor of Arts from the University of California, Santa Cruz, a Master of Arts from Phillips Graduate Institute, and a Doctor of Philosophy from Capella University, School of Public Service Leadership.

2023 Los Angeles City Health Commissioners

SHAMIKA OSSEY-HARRIS R.N., B.S.N.
2nd Vice President (Council District 15)

Shamika Ossey-Harris 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 (FEMA) and the White House. Mrs. Ossey-Harris 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 a Co-Founder and Co-Program Manager of the Watts Community Emergency Response Team (CERT) Training Program Mrs. Ossey-Harris volunteers her time engaging the community in emergency and disaster preparedness education and training. Mrs. Ossey-Harris currently serves as a SEIU 721 Union Steward, LA County Contract Bargaining Committee Member (LA County Registered Nurses), 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 (2nd Vice-President). Mrs. Ossey-Harris takes pride in committing over 17 years of community and nursing service in Los Angeles and surrounding communities.

2023 Los Angeles City Health Commissioners



JOHN HISSERICH M.P.H., DrPH.
Commissioner (Council District Two)

John Hisserich began his career at the Charles Drew Postgraduate School after serving three years of active duty in the U.S. Army, obtaining his BA in political science from Cal State LA and completing his Master's and Doctoral degrees in Public Health at UCLA. At the Drew School he was administrator of the first MEDEX Physician Assistant training program in California. He went from Drew to USC to serve as Director of the Cancer Surveillance Program, Deputy Director of the Norris Cancer Center and, after 34 years, retired as Associate Vice President for Health Affairs and Clinical Associate Professor of Community Medicine. Pursuing his interest in the interface between public policy and health care, Dr. Hisserich joined the staff of Assembly member Paul Krekorian who subsequently became a Los Angeles City Council member. Hisserich's role on the staff in both offices was focused on public safety and emergency medical services. Over the years he has had the opportunity to serve on several boards and commissions including, among others, the California Coastal Commission. The Committee of Bar Examiners of the California State Bar, the State Board of Food and Agriculture, the Court Reporters Board, the National Cancer Institute Cancer Control Peer Review Committee, the Los Angeles County Emergency Medical Services Commission, and the Board of Directors of the San Fernando Valley Community Mental Health Center. In addition, Hisserich served 43 years as a Reserve Deputy with the Los Angeles County Sheriff's Department assisting with the investigation of child abuse cases and also serving as an instructor for inmates participating in the Education Based Incarceration Program.

2023 Los Angeles City Health Commissioners

CORINNE HO
Commissioner (Council District Three)

Ms. Ho is a native of Madagascar and arrived in Los Angeles from Canada in 1998. She began being involved with many social organizations, registering voters with the League of Women Voters, working with different law enforcement agencies including the National Council of Jewish Women to raise awareness about Human Trafficking and Labor Trafficking by organizing informative forums and implementing the requirements of Senate Bill 1193 throughout the City of Los Angeles.

Ms. Ho also worked directly with People Experiencing Homelessness and assisting them to be connected through services and housing. Ms. Ho was also a community organizer for the United Way of Greater Los Angeles, advocating for the building of Permanent Supportive Housings for those who experience chronic Homelessness.

Ms. Ho's self-care activities include hiking, doing puzzles, roller blading, singing, playing piano, cooking and speaking with her families that are spread around the globe.

Her expectation for participating in the Health Commission is to collaborate with her fellow Commissioners on advocacy matters, programs, and services needed to serve the people of Los Angeles.

2023 Los Angeles City Health Commissioners

TRAVIS CHAPA, PhD.
Commissioner (Council District Six)

Travis Chapa, Ph.D. currently works at Atara Biotherapeutics as a Program Lead for two promising immunotherapies to treat virus related cancers. Since 2003, Travis has been a research scientist working on infectious diseases: starting his career studying Bacillus Anthracis (the bacteria associated with anthrax) during the early 2000s scare; moving to studying viruses including Zika during the WHO declaration of public health emergency; and recently turning his focus to immunotherapies for virus related cancers. During his career, Travis has published in multiple high-profile journals, presented his findings at premier conferences, and received seven major honors & awards for his work as a scientist.

Travis has been increasing his role in public leadership, including serving on a committee for the American Public Health Association, serving as a founding member of the Associate Board for Shelter Partnership–an organization dedicated to helping the unhoused people of Los Angeles–and participating as an instructor for the NAACP STEM Fellows Program to expose underrepresented youths to STEM careers. Travis enjoys taking opportunities to educate on the topic of infectious disease and microbiology. Whether the opportunities are informal—like discussing the science of film for the Writers Guild of America—or an official teaching position as a part-time instructor at Pierce College, Travis has been effective in his approach to simplify complicated concepts and make science accessible. Travis believes that maintaining the scientific progress of the future requires engaging and growing all of our young scientists today.

As a member of the Los Angeles City Health Commission, Travis hopes to review, discuss, and advise on items that protect health, prevent disease, and promote the well-being of all persons in our city.

2023 Los Angeles City Health Commissioners

IRMA AVILA C.N.A.
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 curricula. In 2011, she expanded her efforts in public health with Best Start Metro Los Ángeles (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.

2023 Los Angeles City Health Commissioners

RON KATO M.B.A.
Commissioner (Council District 11)

Ron C. Kato before retiring in 2022 was 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. He is looking forward to Los Angeles hosting the 2028 Olympics and hopes to collaborate with the committee in promoting one of its themes of sustainability to all aspects of improving the living conditions within the city and beyond.

Ron has been serving on the Health Commission since July 2016 and was reappointed by Councilwoman Traci Park. He is active in the Westside community serving on LAPD's Pacific Division's Community Police Advisory Board and Boosters and more recently returning to his roots in Sawtelle where he will be serving on the inaugural board of directors for the newly formed Sawtelle Japantown Association.

2023 Los Angeles City Health Commissioners

Ben Pak
Commissioner (Council District 12)

Ben has been in the senior care industry for the past 2 decades. He's also a reserve police officer, and community advocate dedicated to serving his community.. A graduate of the University of California, Berkeley, Ben opened his first small business in 1998. He later became a leader in the assisted living industry and served as an advocate for senior citizens.

In 2014, he was appointed to the Affordable Housing Commission by Los Angeles Mayor Eric Garcetti. He also served as a deputy to the California Senate President Pro Tem Kevin de León.

Ben also volunteers as an instructor for the American Red Cross and served on the board of the Boys and Girls Club of Rio Hondo, and the Pacific American Volunteer Association. He is a past president and zone chair of the Maywood Lions Club.

Born in Korea, Ben immigrated with his family to Chile and came to the United States in 1983. He is fluent in English, Spanish, and Korean.

2023 Los Angeles City Health Commissioners

STEPHANIE LEMUS
Commissioner (Council District 13)

Stephanie Lemus grew up in the Pico-Union/Westlake area of Los Angeles with her Salvadoran immigrant mother and her two siblings. She attended California State University, Northridge (CSUN) where she double-majored in Anthropology and Central American Studies, with a minor in Pan-African Studies.

After graduating from CSUN, she earned a Master's Degree in Latin American Studies from California State University, Los Angeles (CSULA) where her primary research focused on the community of the Salvadoran diaspora in Los Angeles. In 2021, Stephanie earned her Doctorate in Education from the University of Southern California (USC) Rossier School of Education. She has worked with various non-profit organizations and groups for the past 15 years in community outreach, education, advocacy, healthcare, and public health.

Currently, Stephanie is an adjunct professor at CSUN's Central American Studies Department, Chicana/o Studies in the Los Angeles Community College District, and Ethnic Studies at Orange Coast Community College. She serves as a Community Advisory Board Member of the Cedars-Sinai Cancer Diversity & Inclusion (D&I) Steering Committee, also as President of the Southern California Association of Latin American Studies (SCALAS), and Vice-President of Paving the Road to Success a 501c3 organization that provides intervention/prevention and re-entry services to youth/young adults, families, and communities.

2023 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 works with unhoused and low-income communities 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 the Democratic National Committee and chairs the Poverty Council, the California Democratic Party and the Los Angeles County Democratic Party.

2023 Los Angeles City Research Associates

MARVIN CHOWDHURY
Research Associate

Marvin Chowdhury is a PhD student at the University of California, Los Angeles (UCLA) in the Health Policy and Management program as the Sallyanne and Eugene Fama fellow. Previously, he completed his MPH at the Brown University School of Public Health, where, as a Rhode Island State Assembly Legislative Aide, Marvin worked on Medicaid expansion to vulnerable Rhode Island residents. He personally wrote the Cover All Seniors bill that would expand Medicaid coverage to non-resident Rhode Island seniors. He also worked and testified on the Cover All Kids bill, which was written into law and provided non-resident Rhode Island kids with Medicaid coverage. He has also written legislation on other topics, such as housing, labor and wages, and technology.

He was previously an elected official on the Los Angeles Neighborhood Council where he represented Reseda's population of 80,000 and advocated for better community health care options and housing. He also helped to sequence COVID-19 as an RNA Extraction Technician at the California Department of Public Health.

2023 Los Angeles City Research Associates

CLARE WILLIAMS
Research Associate

Clare Williams is a current undergraduate student at Duke University, where she is pursuing a B.S. in Biology with minors in Chemistry and Global Health. She has served on the Los Angeles Health Commission since 2021 and was a co-author of the 2021 and 2022 Annual Health Commission Reports, primarily focused on reporting for COVID-19.

At Duke University, Clare conducts research in the Coyne Laboratory where she examines how enteroviruses reshape the host cellular and transcriptional environment to generate innate antiviral responses. Additionally, she is a lead writer for Duke's Medical Ethics Journal, which advocates for ethical education in pre-medical coursework and on campus, and a surgical coordinator for patients at Duke Hospital.

2023 Los Angeles City Research Associates

MONICA RODRIGUEZ
Research Associate

Monica Rodriguez is a current undergraduate student at the University of Southern California (USC), where she is pursuing a B.S. in Quantitative Biology with minors in Cultural Competence in Medicine. She has served on the Los Angeles Health Commission since 2023. Prior to joining the Commission, she worked with the Youth Development Task Force to establish Los Angeles' first Youth Development Department where she later served on the inaugural Olivia Mitchell Youth Council.

At USC, Monica conducts research in the Kuhn/Hicks Laboratory where she correlates copy number status with gene expression on the single cell level, focusing on prostate cancer. Aside from research, she is on the Executive Board for USC's Southern California Research Journal to provide a platform for students to publicize their research and foster opportunities for scientific discourse.

2023 Los Angeles City Clerk

RITA MORENO
Legislative Assistant, Office of the City Clerk

The Los Angeles City Health Commission greatly appreciates Rita Moreno, her diligent efforts in assisting the Commission's work, and her invaluable contributions to creating the Annual Report.

Appendix A

The following approved meeting agendas and presentations for the Los Angeles City Health Commission were discussed between January 2023 to January 2024. The Health Commission expresses our deepest gratitude to the presenters - government officials, healthcare providers, professors, researchers, advocates, and leaders in the community - who contributed their time and expertise to the LACHC Meetings. We believe the City Council should collaborate with community stakeholders and work together to confront challenges in the City of Los Angeles.

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