

LOS ANGELES CITY

HEALTH COMMISSION

2024



2024 Health Commissioners

President: Howard C. Mandel, CD 5

1st Vice-President: Nomsa Khalfani, CD 8

2nd Vice-President: Shamika Ossey, CD 15

Members:

Vacant, CD 1

John Hisserich, CD 2

Corrine Ho, CD 3

Matt Grimmig, CD 4

Travis Chapa, CD 6

Vacant, CD 7

Irma Avila, CD 9

Vacant, CD 10

Ron C. Kato, CD 11

Ben Pak, CD 12

Stephanie Lemus, CD 13

Susie Shannon, CD 14

Contact: Rita Moreno

rita.moreno@lacity.org

(213) 978-1074

Research Associates:

Clare Williams

Monica Rodriguez

Neyha Parmar

Tatheer Adnan

Ilari Machera

Website: <http://clerk.lacity.org/city-health-commission>

Images were acquired under CC0 license.

Gratitude is extended to the AIDS Healthcare Foundation for generously funding the printing of this year's annual report. Their support plays a crucial role in sharing the organization's progress, impact, and vision with the community. This partnership enables broader engagement with stakeholders and furthers efforts to promote health and equity. The contribution is deeply appreciated.

Contents:

2024 Health Commissioners	2
Contents:	3
Introduction to Annual Report 2024	4
Section I: Homelessness	6
Introduction:	6
Housing First Programs and Permanent Supportive Housing	8
Interim Housing (Emergency Shelters and Transitional Housing)	11
Encampment Sweeps and Hygiene	16
Substance Use Disorders (SUD) and Sobering Centers	19
Food Insecurity and Assistance	21
References	23
Section II: Healthy Living	27
Introduction	27
Plan for a Healthy Los Angeles	28
Remote Working	30
Artificial Intelligence in the Workplace	33
COVID-19 Updates	42
References	44
Section III: Medical Services	47
Introduction	47
Emergency Medical Services (EMS) Calls	48
Expansion of County Hospitals and Funding	50
Affordable Care Act Implementation	52
Communicable Disease Response	54
Typhus Outreach and Education	56
Hepatitis Outreach and Education	58
Measles Outreach and Education	61
STD/HIV Testing and Resources	63
Meningitis Outreach and Education	66
Reproductive Health Education and Services	69
Maternal and Child Health	72
Medication Shortages	75
References	
Section IV:	27
Introduction	27
Plan for a Healthy Los Angeles	28
Remote Working	30
Artificial Intelligence in the Workplace	33
COVID-19 Updates	42
References	77
Conclusion	86
2023 Los Angeles City Health Commissioners	87
2023 Los Angeles City Research Associates	99
Appendix A	103

Introduction to Annual Report 2024

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	<u>\$348,801</u>

Expense

Printing and Binding (Annual Report)	\$1,000
Office and Administrative	\$3,000
IT Services and Support	\$65,000
Total Expense	<u>\$69,000</u>

Equipment

Furniture, Office, and Technical Equipment	\$60,000
Total Equipment	<u>\$60,000</u>

Research

4 Studies @ \$300,000 each	\$1,200,000
Total Research	<u>\$1,200,000</u>

Total Los Angeles City Health Commission Budget	<u>\$1,677,801</u>
---	--------------------

Section I: Homelessness

Introduction:

Beginning in April 2025, homeless initiatives in Los Angeles County will be funded by Measure A, which replaces the existing Measure H. Measure A, approved by voters in November 2024, imposes a half-cent sales tax to fund county homeless services and the Los Angeles County Affordable Housing Solutions Agency (LACAHS). This new tax will take effect on April 1, 2025 (Los Angeles County, 2024).

Measure A repeals and replaces Measure H, the quarter-cent sales tax that has funded homeless services since 2017 and was set to expire in 2027. The increased funding from Measure A is expected to generate about \$1.1 billion annually, supporting both existing programs and new initiatives aimed at addressing homelessness in the county. Essentially, starting in April 2025, Measure A will be the primary funding source for homeless initiatives in Los Angeles County (Los Angeles County, 2024).

Under Measure A, the Los Angeles County Chief Executive Office's Homeless Initiative (CEO-HI) has established the following priorities (Los Angeles County, 2024):

1. Increase the number of people moving from encampments into permanent housing to reduce unsheltered homelessness.
2. Reduce the number of people with mental illness and/or substance use disorders who experience homelessness.
3. Increase the number of people permanently leaving homelessness.
4. Prevent people from falling into homelessness.

These goals are pertinent, given the overall trend seen in LA County and LA City's unhoused population. Over the past 5 years, the number of individuals experiencing homelessness has increased by an average of 7% each year. According to the 2024 Greater Los Angeles Homeless Count, conducted in January 2024, Los Angeles County reported an estimated 75,312 individuals experiencing homelessness, reflecting a slight decrease of 0.27% from the previous year. However, the distribution of homeless individuals experiencing unsheltered vs. sheltered homelessness has shifted significantly. Unsheltered homelessness decreased by 5.1% from 2023, with LAHSA's Point-In-Time Homeless Count (PIT) indicating 52,365 people experiencing unsheltered homelessness, and the sheltered population increased by 12.7%. Nonetheless, unsheltered homelessness remains the most prominent form of homelessness, with nearly 70% of all homeless individuals (n=52,365) experiencing unsheltered homelessness on a single night throughout Los Angeles County in the baseline year of 2024.

Within this population, in the City of Los Angeles specifically, the homeless population was estimated at 45,252 individuals, marking a 2.2% decrease from the prior year. Notably,

unsheltered homelessness in the city declined by 10.4%, while mimicking trends at the County Level, the sheltered population saw a 17.7% increase (Los Angeles Homeless Services Authority, 2024).

II. Interim Housing and Transitional Housing

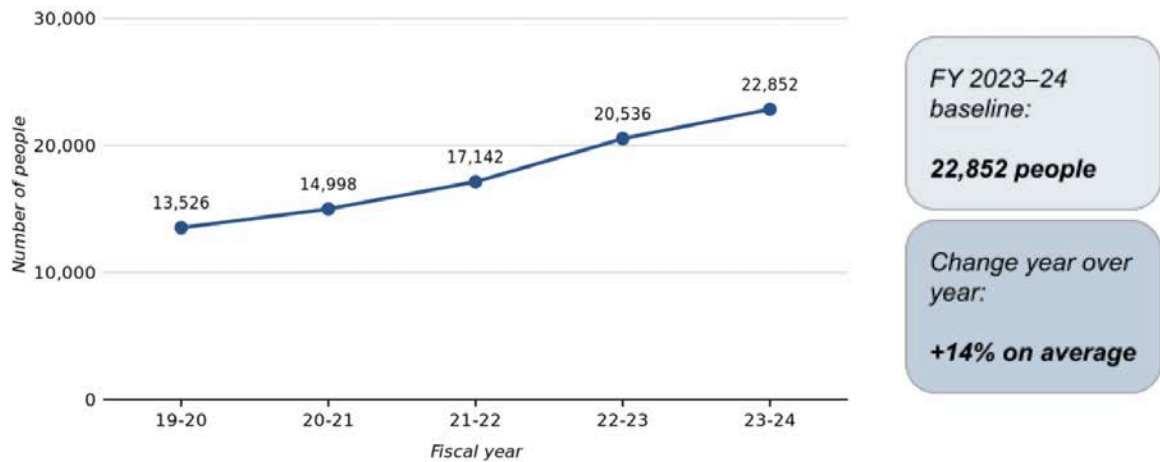
In 2024, Los Angeles City and County made significant strides in addressing homelessness through various interim housing initiatives, reflecting a growing commitment to improving services and transitioning individuals into permanent housing, and in alignment with Measure A's intent to increase the number of people moving from encampments into permanent housing to reduce unsheltered homelessness.

One of the most notable city-wide initiatives is the *Inside Safe Program*, launched by Mayor Karen Bass to transition individuals from encampments into both interim and permanent housing. The program provides temporary housing to individuals in encampments, typically through placements in hotels or motels, to rapidly connect people to longer-term housing options and supportive services. With an allocation of \$250 million in the 2023-24 budget, the program has already made substantial progress. As of January 2025, Inside Safe has addressed 79 encampments, provided 3,782 individuals access to interim housing, and permanently housed 837 individuals (Los Angeles City Controller, 2025).

On the county level, *Pathway Home Expansion* represents the county's commitment to addressing homelessness. The Pathway Home program focuses on relocating individuals from encampments into permanent housing. The program offers housing navigation services to assist individuals throughout the leasing process and provides time-limited subsidies for those whose income is insufficient to cover rent. Once housed, participants continue to receive supportive services to ensure stability. Launched in August 2023, during 2024, the Pathways Home program has completed 34 total encampment resolutions, removed 677 recreational vehicles, provided 1222 individuals access to interim housing, and permanently housed 233 individuals (Los Angeles County Homeless Initiative, 2025). Also launched in December 2024, the *Pathway Home RV Interim Housing Pilot Program* is a bold new initiative to provide safe parking, case management, and supportive services for RV dwellers. Based in the Crenshaw area, the program aims to help individuals transition from RV living to stable housing while also addressing public space concerns. Given its end-of-year launch, we will only be able to provide an update on the Pathway Home RV Interim Housing Pilot Program in the next annual report.

Research shows a positive trend in reducing unsheltered homelessness in both the county and the city, alongside an increase in the utilization of shelter resources. According to a report prepared by California Policy Lab, 23,000 service participants who were unsheltered during FY 2023–24 also accessed interim housing during that year (Figure 7). This represents about a third of unsheltered service participants (California Policy Lab, 2025).

Figure 7: Count of unsheltered service participants who also accessed interim housing during the reporting period



Data from Los Angeles City & County CoC HMIS and CHAMP

Figure 1: The last five years have seen a positive trend in the number of unsheltered people accessing shelter. The count of unsheltered service participants accessing shelter increased by 14% each year on average, with a total five-year change of 69%.

Source: California Policy Lab (2025). *Data Subcommittee Measure A Baselines Report*.

Given the expansion of interim settings available to individuals in LA, coordinated service delivery across numerous stakeholders, LAHSA, LA City, and LA County Department of Health Services, becomes more crucial to prevent duplication of services and redundant use of resources. In that effort, LAHSA has implemented a real-time bed tracker, a critical tool in monitoring the availability of interim housing beds across the city and county. This platform allows LAHSA and its provider network to monitor occupied, available, and offline beds. This enables quicker placement of individuals into appropriate shelter spaces. Additionally, the system automates the matching process, reducing delays in connecting people to beds and helping to prevent bottlenecks in service delivery. As a result, it has the potential to significantly improve bed utilization, ensuring that resources are being maximized and that individuals in need receive timely access to shelter.

The system was piloted in January 2024 with positive results, initially launched with the Inside Safe and Pathway Home programs. Full implementation is expected by January 2025, allowing the system to encompass more shelter sites across the CoC. To ensure the system's success, LAHSA has provided training for shelter providers, mandating the entry of data into

Annual Report

Los Angeles City Health Commission

2024

both the bed inventory database and the HMIS. Routine check-ins are conducted to monitor data accuracy and adherence to the platform's protocols, further ensuring the reliability of the system's data.

Despite the promising early outcomes, further research is needed to fully assess the system's impact on the broader CoC network. While the new platform has improved bed tracking and placement efficiency, evaluations of its adoption rates and the extent to which CoC partners have integrated the system into their operations are not extensively documented in publicly available sources. To better understand the platform's impact, it would be beneficial to gather feedback from various stakeholders, including shelter providers, case managers, and individuals experiencing homelessness. Research could also focus on identifying any barriers to system adoption, such as technical challenges or resistance from certain provider groups, and addressing these issues to ensure widespread uptake.

In addition to expanded programming and the technical infrastructure required to buttress additional programming, a collaborative effort between the city and county, the *Interim Housing Bed Rate Adjustments* initiative, effective from January 2024, addresses the financial sustainability of interim housing solutions. The City Council approved an initial bed rate increase on January 9, 2024. This adjustment aimed to help service providers meet operational costs more effectively. At that time, the City budgeted approximately \$140.9 million to support 6,700 interim housing beds, excluding 1,502 rooms from the Inside Safe program, which was newly procured in 2023 and was not impacted by the bed rate increase (City of Los Angeles, Office of the Chief Administrative Officer, 2024). The bed rate increase implemented in January 2024 was part of a larger, ongoing effort to make IH services more sustainable and transparent.

Following the initial increase, a collaborative working group was formed to develop a more comprehensive interim housing bed rate formula. This group included representatives from the City Administrative Officer (CAO), the Chief Legislative Analyst (CLA), LAHSA, Abt Associates, and other County departments. This group worked to ensure transparency in funding allocations and considered instructions from the City Council to implement a living wage of \$25 per hour for on-site IH workers (City of Los Angeles, Office of the Chief Administrative Officer, 2024).

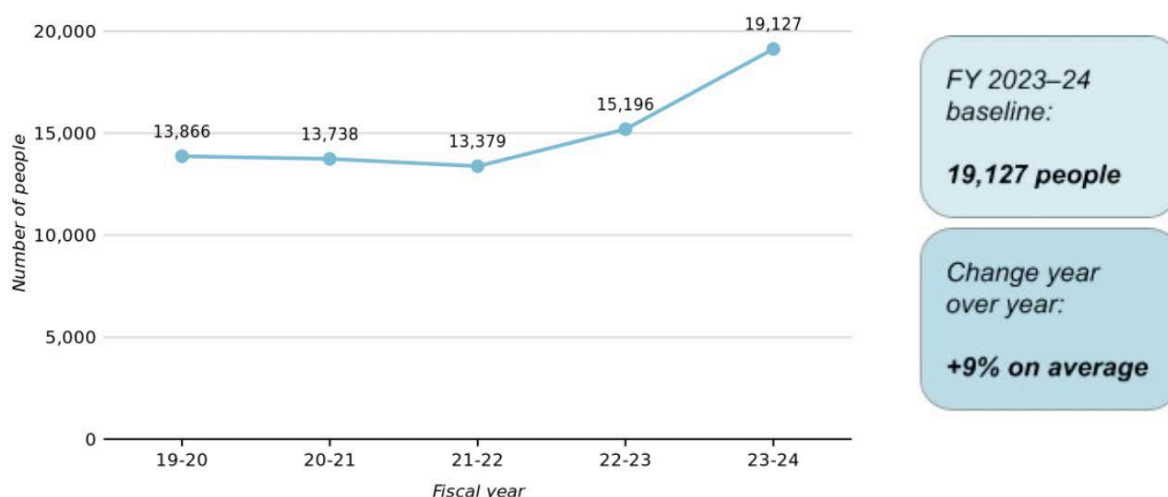
The discussions and developments in 2024, approved on November 6, 2024, have led to the proposal of additional bed rate increases to take effect in 2025. The proposed increases, as detailed in a report released by the CAO on October 2, 2024, would be implemented in two phases. The first phase, effective January 1, 2025, would maintain the current staffing levels at interim housing sites without altering the Scope of Required Services (SRS). The proposed rates included \$89 per bed per night for sites with 51 or more beds and \$116 per bed per night for sites with 50 or fewer beds. The Committee also requested further analysis of the impact of applying a flat \$89 rate across all eligible interim housing sites. The second phase, set for July 1, 2025, would allocate additional funds to cover staffing needs that were not previously accounted for, such as janitorial, kitchen, and maintenance staff. These increases would reflect the baseline

services that would be provided at all interim housing sites, while additional services would incur additional costs (City of Los Angeles, Office of the Chief Administrative Officer, 2024).

III. Housing First and Permanent Supportive Housing

There is also a positive trend in the number of individuals exiting to permanent housing. In FY 2023–24, about 19,000 service participants experienced homelessness and exited to permanent housing (Figure 18) — representing 17% of all service participants experiencing homelessness during the year (Figure 19). The count of service participants exiting to permanent housing increased 9% each year on average, nearly doubling over five years (five-year change: 93%) (California Policy Lab, 2025). In LA City, specifically, nearly 7,400 individuals transitioned into permanent housing, marking a substantial rise from the previous year.

Figure 18: Count of service participants who exited to permanent housing



Note: Data from Los Angeles City & County CoC HMIS and CHAMP

However, this number represents the total count of individuals who moved into permanent housing, not the percentage of those currently in interim housing who exited to permanent supportive housing (PSH). While comprehensive data detailing the exact percentage of interim housing residents who transitioned to PSH in 2024 is not readily available, a 2023 audit revealed that less than 20% of individuals entering interim housing secured permanent housing. This suggests that, despite the increase in permanent housing placements, a relatively small proportion of interim housing residents are achieving permanent housing outcomes (Reyes, 2015).

A study prepared by the Chief Executive Office of Los Angeles County, 2022-2023 Annual Performance Evaluation for Year Six of the Countywide Homeless Initiative, examined challenges in transitioning individuals from interim housing into permanent supportive housing.

Significant differences were observed in the demographics and health status profiles of those examined for this evaluation in the duration of their stays in interim housing, in exiting to

Annual Report
2024

Los Angeles City Health Commission

permanent housing (PH), and in exiting to homelessness. The data represented individuals whose services are documented in two key systems: the Homeless Management Information System (HMIS) and the Coordinated Homeless Assistance Management Program (CHAMP). In both the HMIS sample (persons receiving predominantly LAHSA-funded interim housing services) and CHAMP sample (persons receiving recuperative care and stabilization housing through DHS), whites (23%) were the least likely to exit to permanent housing among racial groups, and females (29% of HMIS sample and 26% of CHAMP sample) were more likely than males (26% of HMIS sample and 23% of CHAMP sample) to exit to permanent housing. In the HMIS sample, veterans were more likely to exit to PH than non-veterans (34% versus 23%).

Additional subpopulation differences among those with substance use problems, mental health problems, and those with high versus lower Coordinated Entry System (CES) acuity scores were found in all three outcomes. Those flagged in HMIS with substance abuse problems were less likely than those with no substance use problems to exit to permanent housing and more likely to exit interim housing to homelessness. Those flagged with a mental health problem had a longer length of stay (LOS) than those without a mental health problem and, similar to those with a substance abuse problem, were more likely to exit to homelessness. Looking at combined mental health and substance abuse problems, those with a substance abuse problem and those with co-occurring substance abuse and mental health problems were the least likely to exit to permanent housing, and those with co-occurring problems were most likely to exit to homelessness. A somewhat different pattern was found for the CES acuity score (which is based on a wide range of factors, including substance abuse problems, mental health problems, history of homelessness, risk of harm, history of trauma, and other social functioning indicators). Those in the highest acuity category (score of 8+) were more likely than those in the less acute categories (0-3 or 4-7) to exit to permanent housing; however, this same group was also the most likely to exit to homelessness.

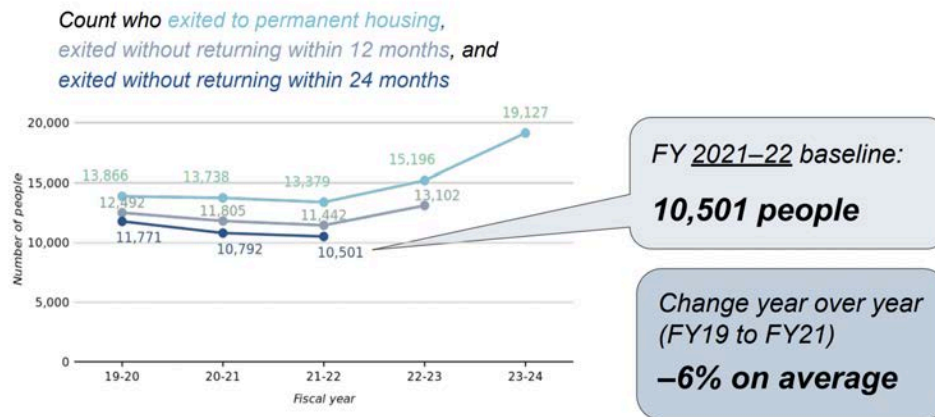
Some underlying reasons describing these differences could be as follows:

- Eligibility and Suitability: Not all individuals in interim housing meet the criteria for PSH, and some may require different types of housing or support services.
- Systemic Barriers: Complex application processes, lengthy waitlists, and bureaucratic hurdles can impede timely transitions to permanent housing.
- Supportive Services: The effectiveness of supportive services in interim housing varies, and insufficient support can hinder successful transitions.

In line with Measure A's goal of increasing the number of individuals permanently exiting homelessness, it's crucial to evaluate the long-term success of both sheltered and unsheltered individuals who graduate to permanent supportive housing. Retention rates at the one-year and two-year marks serve as key indicators of long-term housing success since many individuals struggle to remain housed due to a range of personal and systemic barriers.

Figure 21, prepared by the California Policy Lab, displays the number of people who exited to permanent housing without returning within 24 months (bottom line). The number of people exiting without returning in 24 months decreased slightly over the three years between FY 2019–20 and FY 2021–22 (average annual change: –6%). This negative trend was slightly greater than the corresponding trend for the same period for those exiting without returning in 12 months (average annual change: –4%), which was in turn slightly greater than the corresponding trend for all exiters (average annual change: –2%) However, there is some indication that this trend may reverse as we collect more data. Both the measure of overall exits to permanent housing and the measure of exits without returning in 12 months increased between FY 2021–22 and FY 2022–24, and we may see a similar pattern for the 24-month baseline.

Service data estimates: People who exited to permanent housing without returning in 24 months (b)

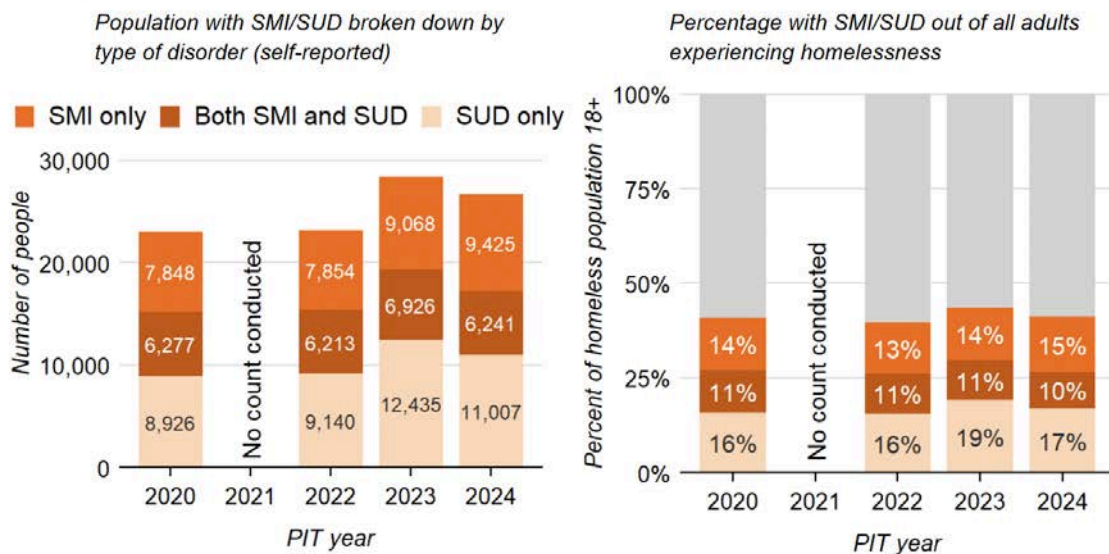


Safety concerns, such as feeling unsafe in their housing environment or experiencing conflicts with neighbors, often lead individuals to leave PSH. Financial instability remains a significant challenge, with evictions frequently occurring due to an inability to pay rent, sometimes exacerbated by inconsistent access to benefits or employment. Additionally, personal preferences and social ties play a role, as some individuals choose to leave PSH to move closer to family or relocate to neighborhoods they perceive as offering better opportunities, community connections, or cultural familiarity. Addressing these challenges requires a holistic approach that includes ongoing financial assistance, case management, and community integration efforts to support long-term housing retention.

IV. Substance Abuse and Sobering Centers

In 2024, an estimated population of about 27,000 people self-reported a permanent or long-term serious mental illness, a permanent or long-term substance use disorder, or both (Figure 11).

Figure 13: Breakdown of population with serious mental illness and/or substance use disorder by type of disorder



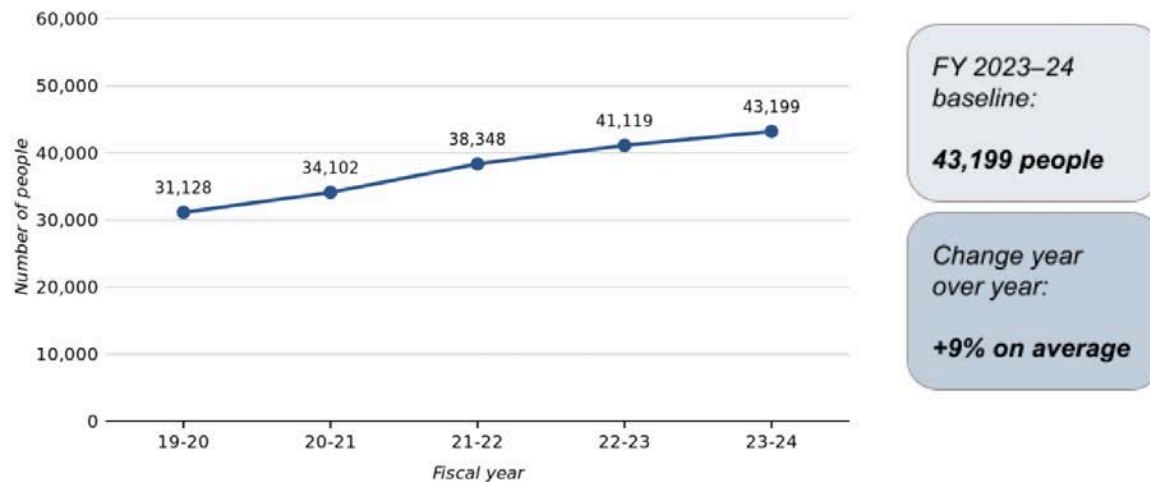
Data from Los Angeles City & County CoC PIT Count. There was no count in 2021 due to COVID-19.

Moreover, about 35,000 people receiving services in LA County had evidence of a serious mental illness (14,056 with serious mental illness alone plus 20,446 with both SMI and SUD), representing about 30% of all service participants experiencing homelessness. About 29,000 had evidence of a substance use disorder, representing about 26% of service participants. Nearly half of the people counted in the SMI/SUD metric had both a mental health disorder and a substance use disorder — representing 18% of all service participants experiencing homelessness. The number of service participants with either disorder has been growing over the last five years, with an average increase year over year of 9% (five-year change: 39%) (California Policy Lab, 2025).

Goal 2 Admin data baseline estimates

In FY 2023–24, about 43,000 service participants experiencing homelessness had evidence of either a substance use disorder, serious mental illness, or both (Figure 14). This represents about four in ten of all service participants experiencing homelessness (Figure 15).

Figure 14: Count of service participants with evidence of SUD or SMI



Note: Data on homelessness from Los Angeles City & County CoC HMIS and CHAMP. Data on SMI from HMIS, CHAMP, DMH, and DHS. Data on SUD from HMIS, CHAMP, DMH, DHS, and SAPC.

Given that a key priority of Measure A funding is to reduce homelessness amongst individuals suffering from substance abuse and mental health disorders, Los Angeles City and County have undertaken significant initiatives to address substance abuse among individuals experiencing homelessness, focusing on the development of sobering centers and the implementation of supportive policies.

In 2024, California lawmakers introduced Assembly Bill 2893 (AB 2893), a proposal aimed at amending the state's existing Housing First policy, which mandates that housing programs accept individuals regardless of substance use. The bill seeks to allocate up to 10% of state program funds toward supportive community residences that emphasize abstinence-based recovery while still allowing for Medication-Assisted Therapy (MAT), such as suboxone. This legislative effort represents a shift in California's approach to homelessness and addiction recovery by introducing state-funded sober living environments as an alternative housing model. The proposed bill outlines specific measures for implementation:

1. **Funding Allocation:** Up to 10% of state funds for homelessness services could be directed toward supportive community residences requiring abstinence-based recovery.
2. **Applicant Requirements:** Programs receiving these funds must adhere to strict abstinence-based recovery models, with the exception of MAT for opioid treatment.

3. **Monitoring and Compliance:** The bill mandates periodic evaluations to ensure that funded residences comply with the program's regulations, with a focus on long-term housing stability and reducing returns to homelessness.
4. **Certification Fees:** The Department of Health Care Services (DHCS) would be authorized to charge certification fees, capped at \$1,000, to cover administrative costs associated with these residences.

AB 2893 has generated both support and criticism within the housing and recovery communities. Proponents argue that abstinence-based housing options are essential for individuals actively seeking sobriety, providing structured environments that support long-term recovery. Many advocates believe that integrating sober housing into state-funded programs diversifies housing solutions and better serves those who struggle with substance use disorders. However, critics warn that the bill could create exclusionary housing policies, effectively barring individuals who are not yet ready for abstinence from accessing critical shelter. Opponents argue that Housing First—designed to provide stable housing without preconditions—remains the most effective approach in reducing homelessness, and shifting funds toward abstinence-based models could restrict access to housing for some of the most vulnerable populations. As of 2024, AB 2893 has been introduced and referred to legislative committees for review. Its progress depends on further legislative deliberations and approval. If passed, the bill would mark a significant policy shift in how California funds and structures its homelessness services. Yet, as of 2024, there is no publicly available information confirming the opening or operationalization of new sobering centers in Los Angeles County or LA City.

To specifically target intervention towards individuals experiencing mental health issues and substance abuse, it's important to a) prioritize individuals with these concerns for both interim setting and permanent supportive housing and b) ensure that their diagnoses do not impede their ability to thrive in their environments. At the LA County Coordinated Entry System (CES), the first layer is implemented through a prioritization system that scores individuals based on factors like the severity of mental health disorders and homelessness status. Data from LAHSA's 2020 report shows that 40-50% of individuals placed into permanent supportive housing (PSH) through CES had a primary mental health diagnosis, with chronically homeless individuals with severe mental health conditions being given the highest priority for housing placement. The second layer is provided by the LA County Department of Mental Health (LACDMH) through programs like Full-Service Partnerships (FSP), which offer intensive case management and integrated services aimed at maintaining housing stability amongst individuals with SMI/SUD who are placed in Permanent Supportive Housing. According to LACDMH's 2019 data, 80% of individuals enrolled in FSP programs, who are predominantly individuals with serious mental illness, remain housed for at least one year, and 75% of participants show significant improvement in mental health functioning. Together, these two layers of support work to not only house individuals with mental illness but also provide them with the ongoing care necessary to stay housed.

To further enhance the effectiveness, however, we must reduce wait times for mental health services and improve data sharing between agencies. LACDMH's 2019 data showed that

many individuals seeking services through Full-Service Partnerships (FSP) experienced delays in accessing support, which contributed to housing instability for approximately 20% of participants who were at risk of losing their housing after the first year. To address this, strategies such as hiring additional staff, especially in areas with the highest demand, or integrating telehealth services to provide more immediate care should be considered. By expanding the availability of crisis stabilization services or introducing mobile mental health teams, we can ensure that individuals are not left waiting for critical care, which may jeopardize their housing stability.

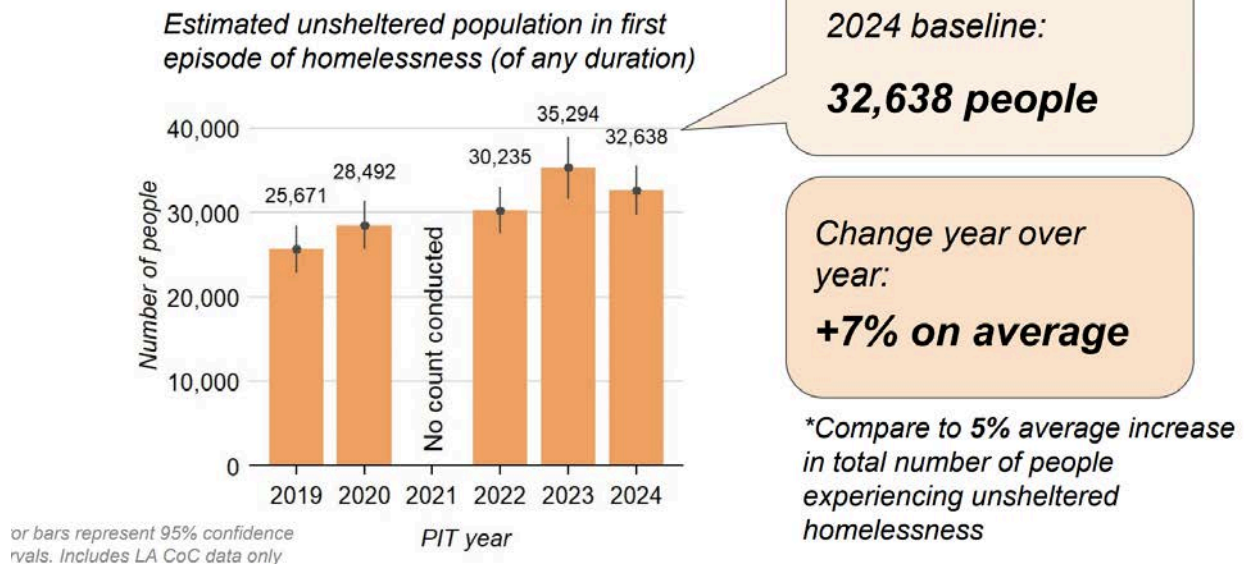
Second, the need for improved data sharing across agencies such as the Coordinated Entry System (CES) and LACDMH is vital for a more streamlined and effective response. The fragmented nature of service delivery often leads to delays in care, miscommunication, and duplicated efforts. According to LACDMH's 2020 Annual Report, the lack of data integration between housing providers and mental health service agencies is a key challenge, leading to inefficiencies that can delay service provision and increase the likelihood of homelessness recurrence. A data audit conducted by the LA Homeless Services Authority (LAHSA) found that nearly 25% of participants in CES had to wait longer than 30 days for referral to appropriate mental health services. To improve this, creating a centralized, shared database that integrates CES housing placement data with mental health service records would ensure that providers have immediate access to comprehensive client information.

By focusing on reducing wait times and improving data integration, LA City could significantly improve both the efficiency and effectiveness of its homelessness response for its most vulnerable clients. This approach would lead to faster interventions, more coordinated care, and ultimately, higher rates of housing retention and mental health stability for those in need.

V. Prevent people from falling into homelessness.

Determining the exact number of individuals in Los Angeles County who experienced homelessness for the first time in 2024 is challenging due to the limitations of the annual Point-in-Time (PIT) Count. This count provides a snapshot of homelessness on a single night and does not capture comprehensive data on the duration or recurrence of homelessness among individuals. The 2024 PIT data indicates that for 32,638 individuals, this was their first experience of homelessness.

PIT estimate: Unsheltered population in first episode of homelessness



The Los Angeles Homeless Services Authority (LAHSA) operates a comprehensive Homelessness Prevention Program aimed at preventing homelessness for individuals and families at risk. This program provides financial assistance for rent arrears, future rent payments, and legal services to help prevent eviction. It also connects clients with case management services to address underlying issues that could lead to housing instability. LAHSA's program serves a critical role in keeping individuals and families housed before they become homeless, with a focus on people who do not yet meet the threshold for emergency homeless services.

Additionally, the Homelessness Prevention Unit (HPU), a collaboration between the Los Angeles County Department of Health Services – Housing for Health, and CalPolicy Lab employs predictive analytics to identify those at high risk of homelessness. By analyzing data from various county services, the HPU can proactively intervene with support and resources to prevent individuals from losing their homes.

On a broader scale, the Solid Ground Homelessness Prevention Program, initiated in 2018, targets families in Los Angeles who are at risk of homelessness but do not qualify for other services. The program provides financial counseling, case management, and other resources to stabilize housing. It operates through FamilySource Centers and has expanded over time, with additional programs launched across the city.

While comprehensive data on the specific outcomes of these programs is still being collected, the initiatives by LAHSA, HPU, and Solid Ground demonstrate a robust, multi-pronged approach to preventing homelessness in Los Angeles, using a combination of proactive intervention, data analysis, and community-based support.

References

- Los Angeles Homeless Services Authority. (2024). 2024 Greater Los Angeles homeless count results (long version). [PDF].
[https://www.lahsa.org/documents?id=8164-2024-greater-los-angeles-homeless-count-re
sults-long-version-.pdf](https://www.lahsa.org/documents?id=8164-2024-greater-los-angeles-homeless-count-results-long-version-.pdf)
- Los Angeles County. (2024.). Special sales tax to fund homelessness programs and LACAHS. [PDF].
[https://file.lacounty.gov/SDSInter/lac/1169975_Special-Sales-Tax-to-Fund-Homelessne
ss-Programs-and-LACAHS.pdf](https://file.lacounty.gov/SDSInter/lac/1169975_Special-Sales-Tax-to-Fund-Homelessne
ss-Programs-and-LACAHS.pdf)
- Los Angeles City Controller. (2025). Inside Safe Dashboard. Los Angeles City Controller.
<https://homelessdashboard.lacontroller.app/InsideSafe>
- Los Angeles County Homeless Initiative. (2025). Pathway Home Data Dashboard. County of Los Angeles. <https://homeless.lacounty.gov/pathway-home/>
- City of Los Angeles, Office of the Chief Administrative Officer. (2024, October 2). Report from the Office of the Chief Administrative Officer: 23-1348.
https://clkrep.lacity.org/onlinedocs/2023/23-1348_rpt_cao_10-02-24.pdf
- California Policy Lab. (2025, January). Data Subcommittee baselines report. California Policy Lab.
[https://capolicylab.org/wp-content/uploads/2025/01/Data-Subcommittee-Baselines-repo
rt.pdf](https://capolicylab.org/wp-content/uploads/2025/01/Data-Subcommittee-Baselines-repo
rt.pdf)
- Reyes, L. (2025, February 28). LA homelessness spending audit finds beds, but not enough permanent housing. LAist.
[https://laist.com/news/housing-homelessness/la-homelessness-spending-audit-beds?utm
_source=chatgpt.com](https://laist.com/news/housing-homelessness/la-homelessness-spending-audit-beds?utm
_source=chatgpt.com)
- Los Angeles County. (2024, February 22). Annual performance evaluation for year six of the Countywide Homeless Initiative. Los Angeles County.
[https://file.lacounty.gov/SDSInter/bos/bc/1156312_2024-2-22AnnualPerformanceEvalu
ationforYearSixoftheCountywideHomelessInitiative.pdf?utm_source=chatgpt.com](https://file.lacounty.gov/SDSInter/bos/bc/1156312_2024-2-22AnnualPerformanceEvalu
ationforYearSixoftheCountywideHomelessInitiative.pdf?utm_source=chatgpt.com)

Section II: Healthy Living

Introduction

The Los Angeles City Health Commission focuses on comprehending, averting, and dealing with emergency situations and disease outbreaks within Los Angeles County. The adoption of the Plan for a Healthy Los Angeles in 2015 established a framework for improving the health of all residents of Los Angeles by tackling the underlying factors contributing to health disparities as well as inequalities throughout the city. In 2013, a Health Atlas was introduced in the city to measure as well as share data on community vulnerability, a factor that was highlighted even more during the COVID-19 pandemic. This part of the report focuses on the effects of contagious illnesses on both adults and students, policies regarding environmental fairness, the transition to remote work, gun violence, along with preparations for the 2028 Olympics in Los Angeles.

The Los Angeles City Health Commission continues to be committed to promoting healthy lifestyles to improve community health outcomes, with a focus on key issues which were extensively reviewed as well as assessed in 2024. More specifically, it aims to analyze the long-term lifestyle adjustments resulting from the pandemic on individuals of all ages in Los Angeles. In the 2024 Annual Report, a shift to remote work as well as the ongoing effort to put into action a 4-day work week were highlighted as key changes, as previously outlined by Andrew Barnes during his presentation to the Health Commission. In addition, the growing use of artificial intelligence in healthcare has altered the responsibilities of healthcare providers and raised concerns about privacy ethics.

By analyzing various concerns with well-known experts, professors, and industry experts, the Commission can provide valuable guidance to decision-makers on investing resources to enhance the well-being of marginalized populations.

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 rates 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:

Originally adopted in 2015, the Plan for a Healthy Los Angeles forms the Health, Wellness, Equity, and Environmental Justice component of the General Plan. In 2021, technical amendments were introduced to the Health Element to emphasize compliance with Senate Bill 1000, which mandates that local jurisdictions integrate Environmental Justice into their general plans. As part of this process, the Health Atlas—an accompanying document that spatially measures various indicators of community vulnerability—was updated to offer the most current data and insights. Under SB 1000, the Health Element addresses topics such as identifying disadvantaged communities and developing policies and programs related to air and water quality, public facilities, food access, safe and sanitary housing, physical activity, health risks, and civic engagement, with a special focus on prioritizing these vulnerable communities.

The plan continues to center 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

These objectives are built on a vision of a healthy Los Angeles featuring neighborhoods that meet residents' essential needs, provide access to healthy and sustainable environments, and offer opportunities for economic, educational, and social growth.

The first version of the Health Atlas, released in June 2013, delivered a “rigorous analysis of health outcomes and underlying inequities” to enhance public understanding of how disparities affect community health (Khoshniyati, 2022). By detailing geographic variations in socio-economic conditions, demographic characteristics, and health factors, the Atlas enabled a deeper analysis of inequality patterns, helped set priorities, and informed the creation of the Plan for a Healthy Los Angeles. As a result, the Plan outlines a high-level policy vision along with measurable objectives and implementation programs designed to tackle geographic inequities and elevate health and well-being as city priorities.

In July 2023, the Department of City Planning finalized an evaluation of the Health Element's implementation programs. The resulting Health Element Programs Progress Report summarizes the progress of 91 programs since the plan's inception in 2015, with further details available in the Environmental Justice Policy section of the document.

In March 2023, Dr. John MacDonald, a Professor of Criminology and Sociology at the University of Pennsylvania, expanded on the concept of safer neighborhoods during his evaluation of the Safer Cities Initiative. In 2009, his study with Dr. Richard Berk demonstrated the effectiveness of a “place-based policing intervention” implemented over eight years on Los Angeles's Skid Row. This intervention aimed to meaningfully reduce crime and disorder linked to homeless encampments in economically disadvantaged areas—primarily through fines and citations in densely populated zones (Berk & MacDonald, 2010; National Institute of Justice, 2011). Additionally, the Los Angeles Police Department targeted offenses such as drug use, public intoxication, and prostitution. The intervention led to significant reductions in nuisance crimes (nearly 70%), property crimes (65%), and violent crimes (61%), offering promising evidence for similar future strategies (Berk & MacDonald, 2010).

Action Plan:

The Health Commission urges the continued and complete implementation of the goals, objectives, policies, and programs detailed in the Plan for a Healthy Los Angeles to prioritize health and environmental justice for the future of City development and growth.

Policy Landscape and Recommendations for a Healthy LA

Recommendations:

- 1) Secure Medi-Cal reimbursement parity to ensure funding levels match private insurance.
- 2) Pass Proposition 35 to provide stable funding for community health centers and increase Medi-Cal provider rates.
- 3) Expand Program of All-Inclusive Care for the Elderly (PACE) to serve as the preferred option for home-based senior care
- 4) Advocate for continuous Medi-Cal coverage and flexible redetermination policies to prevent gaps in care
- 5) Expand the AltaMed Nursing Collaborative to train 250 new LVNs, CNAs, and RNs in three years
- 6) Increase funding for primary care residency programs, such as UC PRIME and Song-Brown
- 7) Expand the "Doctors & Dentists from Mexico Pilot Program" (AB 1045, AB 2860) to increase Spanish-speaking healthcare providers and advocate for community health centers to serve as training sites for future healthcare professionals.
- 8) Pass Proposition 1 to invest \$6.4 billion in mental health treatment and housing support and pass Measure A allocating \$1 billion to combat homelessness.
- 9) Expand Value-Based Care (VBC) models to prioritize patient health outcomes
- 10) Advocate for statewide incentives for preventive care services, such as immunizations and screenings.

Background:

Los Angeles faces significant healthcare disparities, particularly among Latin, low-income, and other underserved communities. AltaMed Health Services, a leader in providing comprehensive healthcare, emerged from the Chicano Civil Rights Movement and has since expanded into one of the largest community health networks in Southern California. Serving over 500,000 patients annually across more than 60 sites, AltaMed offers primary care, dental, behavioral health, pharmacy, and senior care services, emphasizing culturally competent and equitable healthcare (Constant, 2024). Despite these efforts, structural inequities persist, making health access and outcomes uneven across the region.

The COVID-19 pandemic exacerbated long-standing disparities, disproportionately affecting low-income communities of color. Post-pandemic challenges include economic inequality, strained healthcare resources, and a workforce crisis. Many frontline healthcare workers have reported burnout, and the shortage of Latino physicians and nurses continues to limit access for Spanish-speaking and culturally diverse patients. In Los Angeles County, while nearly half of the population is Latino, only 6% of physicians and 12% of registered nurses come

from the Latino community (Constant, 2024). Addressing this workforce gap is crucial to ensuring equitable healthcare access.

Seniors represent another growing vulnerable group. By 2030, Los Angeles County's senior population (60+) is expected to reach 2.5 million, rising to nearly 3 million by 2060 (Constant, 2024). This demographic shift increases the demand for senior healthcare services, housing support, and long-term care options. Programs such as the Program of All-Inclusive Care for the Elderly (PACE) help seniors remain in their homes while receiving necessary healthcare and social services, yet expanding such initiatives remains an ongoing challenge. Furthermore, homelessness among seniors is on the rise, with thousands of unhoused elderly individuals dying in recent years due to inadequate social services (Constant, 2024).

Healthcare access also depends on adequate funding and infrastructure. Proposition 1 aims to address the behavioral health crisis by investing \$6.4 billion in mental health and housing support (Constant, 2024). Similarly, Proposition 35 seeks to provide stable funding for Medi-Cal providers, ensuring continued care for underserved populations (Constant, 2024). Additionally, Measure A proposes a \$1 billion annual revenue stream to combat homelessness. These initiatives are essential to strengthening the healthcare system and improving access to care for marginalized communities (Constant, 2024).

AltaMed's shift toward Value-Based Care (VBC) represents a transformative approach to healthcare delivery, emphasizing quality outcomes rather than service volume (Constant, 2024). This model prioritizes preventive care, coordinated treatment, and patient-centered services. However, successful implementation requires significant investment in data-sharing infrastructure, provider training, and policy advocacy to secure sustainable funding models.

Behavioral health and telehealth services have also become critical components of modern healthcare. Many underserved communities lack access to mental health support and struggle with untreated conditions due to stigma, cost barriers, or provider shortages (Constant, 2024). Additionally, telehealth services have expanded access to care, particularly in "language deserts" where non-English-speaking patients face communication barriers. Expanding telehealth infrastructure and ensuring linguistic accessibility are necessary to bridge this gap.

Action Plan:

The Los Angeles City Health Commission encourages the adoption of the stated recommendations to address healthcare disparities while focusing on funding stability, workforce expansion, preventative care, and integrated health services in Los Angeles.

Remote Working

Recommendations:

- 1) Strongly caution business people as well as companies not to compromise pay or benefits by introducing a shorter work week.
- 2) Business owners should motivate their employees to assess their well-being and requirements, taking into consideration those who may face challenges with remote work.
- 3) Create chances for remote employees to participate and be involved in company activities.
- 4) Encourage businesses to offer the option of working remotely from home for at least two days.
- 5) Highlight the benefits of increased productivity and decreased employee burnout linked to implementing a four-day workweek.

Background:

COVID-19 has caused Americans to experience various changes in behavior, such as adapting to remote work and online education, which were previously unfamiliar to them. While workers were able to adapt to the new way of life during COVID-19 for a short period, they were not aware that these changes would become permanent in their workplace. The Annual LACHC conferences in 2021 as well as 2022 featured a discussion on the insights shared by Andrew Howard Barnes, the creator of Perpetual Guardian, the biggest corporate trustee firm in New Zealand. Barnes told the Commission about a trial program he had introduced before the pandemic, aimed at addressing declining productivity at the workplace by implementing a four day work week. He pointed out the benefits he had seen so far from cutting work days, such as increased employee empowerment and passion, as well as a drop in work-related issues (Barnes, 2020). Even though the four day work week isn't yet widespread, it is crucial to recognize the advantages that workers could experience through a combination of remote and shorter work weeks as a lot more people opt to work from home.

Working remotely involves carrying out tasks from a home office using technology tools as well as devices. A recent study by the International Labour Organization found that implementing new "innovative working time arrangements" similar to those proposed by Andrew Howard Barnes can offer several advantages to economies, companies, and workers. These arrangements are able to boost productivity and support a healthier sense of balance between work and personal life. At the start of the pandemic, the ILO pointed out that the measures taken by governments as well as businesses in response to the crisis, such as implementing shorter working hours and offering remote work options, were beneficial for both employers as well as employees. Workers had far more flexibility in their work schedules and locations, leading to increased productivity as well as lower turnover costs for employers.

During the pandemic, further research on telecommuting was carried out, uncovering numerous advantages (Roznowski and Wontorczyk, 2022). Remote work enables individuals to work who may not be able to do so in a traditional office setting because of responsibilities like caring for kids with disabilities or living far from job opportunities. Employees have the opportunity to improve efficiency and cut costs by working remotely, leading to a more harmonious work-life balance, less time spent commuting, and a positive impact on the environment compared to working in a physical office setting (Liu et al., 2019). According to Canedo et al. (2017), remote working offers management substantial advantages such as heightened employee engagement, enhanced productivity and efficiency, and greater loyalty to the company. It is crucial to recognize that the pandemic as well as mandatory remote work have adverse effects on employees, including challenges in switching off from work and maintaining a work-life balance, as well as potential psychosocial risks like loneliness (Chawla et al., 2020). It is essential to implement a remote work model that optimizes advantages while considering possible drawbacks.

The 2022 Annual LACHC Report features recent studies that explore the benefits to physical health from decreasing work hours. A study over time keeping track of the link between cutting work hours as well as overall health as well as physical symptoms found that stress levels significantly decreased in the group that had their work hours reduced (Voglino et al., 2022). In previous research, groups that worked fewer hours experienced a noticeable decrease in mental fatigue (Akerstedt et al., 2001). The research measured sleep quality and found that the experimental group experienced notable enhancements in their sleep. This demonstrates that extended work hours are able to have a detrimental impact on sleep quality as a result of job demands as well as stress related to work.

The International Labour Organization has offered suggestions on improving present working conditions by drawing on past achievements. These recommendations include establishing a cap on daily working hours as well as mandatory rest breaks, exploring telecommuting as a flexible work arrangement, studying the effects of reduced working hours as well as adaptability during the pandemic, and advocating for public policies that prioritize a healthy sense of balance between work as well as personal life (International Labour Organization, 2022).

The pandemic has shown that there is a direct connection between maintaining reasonable working hours and both productivity and health. The workforce, as well as government officials and employers, are experiencing a shift in the way people work due to the emergence of new hybrid work practices. Andrew Howard Barnes proposes that companies as well as employers should prioritize the advantages of reduced work hours and also the flexibility of working remotely in the future.

Action Plan:

The Health Commission urges the adoption of the stated recommendations to enhance the overall health, productivity, and engagement of employees and employers within your office.

Artificial Intelligence in the Workplace

Recommendations:

- 1) Weight the advantages and expenses of frequent AI use as an aid for doctors in Los Angeles County.
- 2) Standard addresses concerns about patient privacy in implementing AI as an effective device to record health histories.
- 3) Brainstorm ways in which AI may be utilized to greatly reduce historically recurring health inequities within vulnerable communities.

Background:

AI, also known as artificial intelligence, is the capability of a computer or robot controlled by a computer to carry out tasks typically done by intelligent beings (Encyclopedia Britannica, 2023). In recent years, the utilization of artificial intelligence in professional settings has grown quickly thanks to its ability to replicate human cognitive functions like logic, problem-solving, interpretation, and the ability to adapt based on previous knowledge.

In June 2023, Darius Tahir, a KFF News Correspondent from Washington D.C., presented his recent assessment of artificial intelligence in healthcare to the Los Angeles City Health Commission. Tahir focused on the areas of medicine where this new technology is commonly utilized. In a recent FDA study on the top 5 categories of artificial intelligence as well as machine learning medical devices authorized since 1997, it was determined that radiology has the highest use of AI, followed by cardiovascular medicine, hematology, neurology, along with ophthalmic medicine (Tahir, 2021). One likely factor driving the rise in AI utilization in radiology is assisting in improving the accuracy of prostate scans, which can be costly and have limited precision (FDA, 2021). In spite of being in its infancy, AI has managed to reduce these costs and is shown to improve the sensitivity as well as specificity of MRI scans for cancer.

In a different article, Tahir raised concerns about the limited experience of generative AI technologies in healthcare settings, in spite of the advancements that have been achieved. In particular, he stated that companies are interested in having their AI technology record notes for doctors and offer them confidential second opinions (Tahir, 2023). Certain companies, like Nabla Copilot and Microsoft, are experimenting with a comparable technology that observes virtual patient consultations and generates a condensed summary, which is then structured into the typical note format including the complaint, medical history, and plan for treatment. Even though this could lessen the paperwork for doctors when it comes to taking notes, there are numerous worries about privacy as well as potential hallucinations linked to these systems. The FDA is making efforts to enhance the quality of test data, enhance transparency and trust for consumers,

and also explore the usage of these devices with practicing physicians, according to Wu et al. (2021).

Cedars-Sinai hospital has in recent months created a Division of Artificial Intelligence in Medicine (AIM) and also has prioritized researching AI in the field of medicine. Dr. Sumeet Chugh, the leader of the division as well as an Associate Director in the Smidt Heart Institute, is a well-known expert in sudden cardiac arrest. He has been making use of this technology for a long time to pinpoint groups of people who may have a higher risk of experiencing the typically deadly heart rhythm issue. The use of AI in medicine is beneficial in dealing with healthcare disparities by focusing on conditions like cardiac amyloidosis as well as hypertrophic cardiomyopathy, which are more common in older Black males as well as cancer patients. Chugh explains that AIM's focus has primarily been on cardiac imaging, sudden cardiac arrest, COVID-19, as well as medical genetics, but the organization also has a broad mandate to assist with a range of healthcare, medical, and public health initiatives.

Action Plan:

The Health Commission offers financial support for studies on how artificial intelligence can be utilized in the medical field, in order to improve healthcare services in Los Angeles County by overcoming barriers.

COVID-19 Updates

Recommendations:

- 1) Ensure that COVID-19 data is easily accessible and includes detailed information for all racial and ethnic demographics (LACHC, 2022).
- 2) Adhere to the latest recommendations for preventing COVID-19 and inform others about possible sources of exposure during fluctuations in cases.
- 3) Be prepared in advance to take a COVID-19 test if you feel unwell by having at-home tests readily available.
- 4) Urge government officials to put in place effective strategies at both the national and community levels to guarantee ongoing availability of safe, top-notch, and necessary healthcare services.
- 5) If you have been infected or exposed to COVID-19, it is important to isolate yourself and, if you meet the criteria, consider taking Paxlovid to help lessen symptoms and decrease the spread of the virus.

Background:

COVID-19 transmission has been gradually and consistently increasing. Nevertheless, even with these rises, hospitalizations continue to be close to record lows, and deaths are at their lowest levels since the start of the pandemic. Dr. Paula Cannon, a highly regarded Microbiology Professor at USC's Keck School of Medicine, advised the Commission that Los Angeles residents need to stay alert as upticks in cases typically follow a predictable trend, in spite of the advancements made since 2020. These rises were caused by careless behavior, air travel, climate conditions, as well as the reopening of schools. Dr. Cannon also mentions that immunity to the virus is decreasing as a result of the fact that it has been over six months since the majority of the population has been vaccinated or infected.

The LACHC 2023 article highlights the virus as a significant worry because of the potential for new waves caused by highly contagious variants that may test our overall immunity. One strategy that the City of Los Angeles has implemented to deal with these dangers is the creation of a categorization system for viruses, along with corresponding plans of action to prevent widespread transmission, as observed during the early stages of the pandemic. The process for categorizing viruses involves identifying mutations that may change virus characteristics, predicting or confirming mutations that affect virus characteristics, and noting any increases in virulence and transmissibility.

Dr. Cannon explains that despite not being highly mutagenic, COVID-19 has developed various strains as a result of widespread infection among populations. As a result, she argues that the virus is continually refining itself to become more contagious and better at evading antibodies. Additionally, the virus has been able to adapt as well as change over extended periods of time in

individuals with compromised immune systems, and has now even undergone mutation to become a recombinant virus in cases of co-infection within one individual. Furthermore, a significant amount of variant strains of COVID-19 have been detected in wastewater, which experts can use to monitor the "regional infection dynamics" in a less biased manner compared to conventional clinical testing, as stated by Karthikeyan in 2022. As a result, this has grown to be a highly effective indicator of upcoming surges in infections as well as mutations, like the Pirola variant discovered in the US in July 2023. The latest vaccine boosters, like the updated Moderna vaccine, show success in stimulating robust immune reactions in individuals against emerging variants. In early October, new vaccines that are not mRNA-based were just approved, expanding the options for booster protection. In particular, one or two doses are now accessible for people aged 12 and older who have already received a Pfizer or Moderna COVID-19 vaccine, or for individuals who haven't yet been vaccinated. This highlights the significance of taking preventive actions to stop the transmission of variants, which could potentially save a number of lives in Los Angeles County.

Action Plan:

The Health Commission endorses the state's advice for all residents to adhere to the CDC guidelines, particularly when getting vaccinated with mRNA (Moderna and Pfizer) or non mRNA (Novax) vaccines.

Gun Violence and Preventative Measures in Los Angeles Schools

Recommendations:

- 1) Policies regarding weapons along with safety must be comprehensive, covering various kinds of weapons and behaviors including threatening, carrying, and observing a student with a weapon.
- 2) Rules should apply to everyone in the school community, not just students who are involved in incidents as either the offender or the victim.
- 3) One strategy for public health prevention should involve gathering data on the possession and usage of firearms by minors on a yearly basis across the state, along with establishing a system for analyzing this information to inform policy decisions as well as track very important trends.
- 4) Policies should focus on creating positive and nurturing educational atmospheres in schools instead of restrictive and punitive environments, and should also ensure consistent and fair responses to incidents involving weapons.
- 5) Incorporate the input of students when it comes to important details about their experiences, requirements, recommendations, and opinions on policies.
- 6) Supplement disciplinary measures with local oversight of school reactions that take into account student as well as family backgrounds (such as socioeconomic status, disabilities, and minority status) as well as the context of the incidents that resulted in disciplinary actions, in order to promote social equity, impartiality, and uniformity.

Background:

In 2020, guns became the primary cause of death for children in America, leading to the deaths of 2281 individuals aged 0-17 (Urban Peace Institute, 2023). This represents the highest number of child fatalities from gun violence since 1997, indicating a rise in violent crime in certain high risk areas of Los Angeles. The violence has now spread to the Los Angeles Unified School District, impacting much more than just our communities. A survey carried out by the district revealed that around 90 % of students residing in high crime areas had experienced or witnessed violence. In a study conducted by Stein et al. (2003), it was discovered that 27 % of the children exhibited signs of post traumatic stress disorder (PTSD), while an extra 16 % were identified as having clinical depression.

The increasing urgency of implementing community based safety measures to address street violence is evident. In October, the Commission was presented with information from the Urban Peace Institute about the success of community violence intervention workers in lowering homicide rates to levels not seen since the 1960s and decreasing retaliatory violence by almost 41 % throughout the city. The LA Peace Plan, a thorough and enduring strategy for peace created in collaboration with prominent anti-violence specialists in the city, emphasized the importance of providing direct support services to entire families affected by the cycle of violence. (Urban Peace Institute, 2022) The community intervention team needs to be enhanced and expanded,

with schools as well as hospitals working together to prevent as well as address instances of community violence.

Additional assistance for these programs was provided by Lara Drino, a lawyer specializing in criminal justice reform in Los Angeles. She introduced the REACH team, which offers assistance to young individuals affected by gun violence. REACH offers a distinct message on the proper way to address trauma related to violence, emphasizing the importance of responding, educating, advocating, building community, and promoting healing. Lara explains that according to REACH, trauma therapy isn't commonly provided to kids who witness or are aware of violence, only to those who are directly affected. REACH provides extensive mental health services for various forms of violent behavior, such as gun violence, homicide, gang violence, robbery, committing suicide, intimate and domestic partner violence, and assault, as pointed out by Moe (2018). The program offers brief assistance with up to six counseling sessions without needing permission, as well as ongoing support for particularly severe or complex situations. Short-term care goes beyond just counseling sessions by providing families with essential needs such as food, clothing, temporary housing, and diapers until they achieve stability (Drino, 2023).

It is crucial to address a child's trauma to be able to prevent the harmful impact of violence on their developing brain. Isabelle Mueller and Ed Tronick, experts from the University of Massachusetts in Boston, found in their research that being exposed to intimate partner violence in infancy is able to hinder cognitive and emotional development, preventing the brain structures from maturing properly (Mueller as well as Tronick, 2019). When a child does not feel secure in themselves, it can lead to more behavioral issues and less willingness to explore their surroundings, ultimately impacting their ability to develop the cognitive skills needed for school readiness. Hence, violence is closely linked to behavioral and mental health challenges, resulting in learning difficulties, decreased attendance, criminal activities, higher levels of substance abuse, along with a cycle of violence passed down through generations.

Dr. Ron Avi Astor, a Social Welfare Professor at UCLA's Luskin School of Public Affairs, suggests that our approach to dealing with school - targeted violence might be too limited if we only concentrate on lethal firearms. Dr. Astor evaluates the success of existing measures aimed at preventing mass shootings in educational environments and discovers that these measures can sometimes result in unintended adverse consequences (Astor and Benbenishty, 2019). One instance is when measures targeting the fortification of schools have included hiring law enforcement officers and providing weapons to staff members at the school. In spite of what they were meant to achieve, these zero tolerance policies have in fact had the opposite outcome and have played a role in the school-to-prison pipeline. Furthermore, student safety threats remain unchanged. Each year, about 25% of secondary students in California have either witnessed a weapon at school, been threatened with one, or carried one themselves. The weapons used in these threats are not compatible with school safety measures that focus on gun violence.

In nearly 40% of schools in California, a percentage ranging from 8% to 15% of students admitted to bringing a knife or club to school. Additionally, in nearly 90% of schools, over 15%

of students claimed to have witnessed a weapon on campus. The current policies that prioritize weapons and safety solely in relation to firearms as well as deadly incidents must be broadened to deal with this pressing issue.

Action Plan:

The LA Peace Plan aims to educate parents, schools as well as law enforcement regarding kids who have been victims of violence and trauma, and the Health Commission supports this initiative. The Health Commission also recommends supporting initiatives like the REACH team that seek to enhance mental health service accessibility for all individuals affected by violence and encourage school attendance in Los Angeles County.

Environmental Justice Policy Program

Recommendations:

- 1) Look to build on previous and current 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 a multi-year initiative called the Environmental Justice Policy Program to the Commission, which launched in August 2023. The program is designed to review and update the General Plan's existing goals, policies, and programs to better centralize and strengthen environmental justice priorities. This effort includes a focused examination of the Health Element, the Air Quality Element, and targeted amendments to the Open Space Element. As part of the process, an inter-departmental working group—comprising over 25 City departments and additional agencies—will develop an implementation plan that outlines future programs, priorities, timeframes, and potential funding sources.

The Plan for a Healthy Los Angeles (Health Element) outlines goals covering leadership in health and equity, parks and open space, safe and just neighborhoods, healthy environments, and lifelong learning. Each goal is supported by policies that include specific objectives and implementation programs. In July 2023, the Environmental Justice team completed an evaluation of the Health Element's 91 implementation programs (spanning 2015 through 2022) (Los Angeles City Planning, 2021). The Health Element Programs Progress Report found that approximately 75–78% of these programs are being implemented—either fully or partially—by the responsible departments. The report, detailed in Chapter 8 of the Plan for a Healthy Los Angeles, also highlighted both key accomplishments and challenges, emphasizing opportunities for continued funding and prioritization by the Council and Mayor.

A cornerstone of the Environmental Justice Policy Program is its community engagement. The Department's outreach strategy includes multiple channels—such as a dedicated Working Group, a Technical Advisory Committee, community events, office hours, surveys, and an online presence—to gather ongoing feedback from those most impacted by environmental injustices (Los Angeles City Planning, 2024). In addition, an Environmental Justice Working Group

comprising more than 20 community-based organizations has been convened to ensure that local voices and expertise are directly incorporated into shaping new policies and programs.

The Health Element also prioritizes enhancing the City’s resilience to climate hazards in its most vulnerable communities. The Climate Vulnerability Assessment (CVA), led by the Department of City Planning, examines both physical and social vulnerabilities related to climate change impacts—including extreme heat, wildfires, extreme precipitation and flooding, sea level rise, coastal flooding, and drought (Los Angeles City Planning, 2024). The CVA integrates data from the Health Element, Equity Index, Local Hazard Mitigation Plan, CalEnviroScreen, and other sources to create a comprehensive baseline. Complementing this, the Community Partners Program (CPP) actively engages Community Based Organizations (CBOs) in vulnerable communities to capture lived experiences and insights that may not be fully reflected in the baseline data (Los Angeles City Planning, 2024). In collaboration with City partners like the Climate Emergency Mobilization Office (CEMO) and the Emergency Management Department (EMD), this process will culminate in a detailed Climate Vulnerability Assessment report after one year.

Together, these initiatives underscore Los Angeles City Planning’s commitment to embedding environmental justice into its General Plan—ensuring that future policy updates are both data-driven and deeply informed by community engagement.

Action Plan:

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

Racism and Health Equity

Recommendations

- 1) Implement and enforce anti-discrimination policies across healthcare, housing, and employment sectors.
- 2) Establish ongoing community forums and advisory committees to ensure that marginalized communities have their voices heard.
- 3) Enhance partnerships with community-based organizations to allow for more access to health information.
- 4) Use culturally tailored communication strategies to reach diverse populations effectively.
- 5) Expand and invest in research to:
 - a) Track long-term health outcomes of individuals experiencing racial discrimination.
 - b) Further understand the neurobiological and inflammatory mechanisms linking racism to chronic disease.
 - c) Leverage advanced technologies (e.g., fMRI and microbiome analysis) to further understand the pathways by which racism impacts health.
- 6) Increase access to mental health services, particularly for communities experiencing high levels of discrimination.
- 7) Integrate trauma-informed care practices in healthcare settings to better address the psychological effects of racism.

Background:

In Los Angeles, the persistent impact of racism on health equity is increasingly coming into focus. Research presented by experts such as Professor Gilbert C. Gee from UCLA underscores that racism operates on multiple levels—from interpersonal discrimination to more structural forms—that shape the entire life course (Gee, 2024). From prenatal development to adulthood, exposure to racial discrimination is linked to chronic stress, which can lead to a host of adverse health outcomes, including chronic diseases, mental health disorders, and ultimately, a reduced life expectancy (Gee, 2024). This life course perspective emphasizes that the harms of

racism are neither isolated incidents nor temporary stressors but rather ongoing challenges that accumulate over time.

The recent studies conducted in Los Angeles have combined sophisticated neuroimaging techniques with biological assays and comprehensive surveys to explore the mechanisms behind these health disparities. Findings indicate that individuals who experience higher levels of discrimination exhibit altered activity in brain networks responsible for emotional regulation and stress management—such as the Default Mode Network and the Central Executive Network (Gee, 2024). Moreover, emerging research on the gut microbiome suggests that the physiological stress of racism may trigger inflammatory responses, linking the experience of discrimination to systemic inflammation and a higher risk of chronic health conditions (Gee, 2024). These biological insights provide a compelling illustration of how deeply embedded social inequities can translate into tangible physical harm.

Surveys and empirical data from a diverse cohort of Los Angeles residents reveal that experiences of discrimination are not uniform across racial groups (Gee, 2024). African American participants, for example, report significantly higher levels of discrimination related to race and skin color, which correlates with increased anxiety, depression, and trauma (Gee, 2024). Such disparities highlight the critical need for targeted interventions that not only address the immediate health impacts of discrimination but also tackle the systemic roots of racial inequities. The evidence from these studies makes it clear that racism is a significant public health issue that demands comprehensive strategies spanning both policy and community engagement.

In response to these findings, Los Angeles is exploring a multifaceted approach to improve health equity. Policy initiatives are increasingly focused on enhancing mental health services, fostering community resilience, and investing in research that further elucidates the biological impacts of racism. Community-based programs, supported by local health organizations and academic institutions, aim to empower those most affected by discrimination by offering resources, support networks, and tailored interventions.

Action Plan:

The Health Commission supports adopting the recommendations outlined above to ensure that Los Angeles can take critical steps toward a more equitable and healthier future for all its residents while promoting further research to best understand the impact of racism and discrimination on the communities most impacted.

References

- Astor, Ron Avi, and Rami Benbenishty. “Reducing Weapons in Schools.” *APA Division 15*, American Psychological Association, 1 February 2019, <https://apadiv15.org/wp-content/uploads/2019/02/Reducing-Weapons-in-Schools-1.pdf>. Accessed 2 December 2023.
- Barnes, Andrew. *The 4 Day Week: An Idea Whose Time Has Come*. Los Angeles City Health Commission, 10 August 2020, http://ens.lacity.org/clk/commissionagend/clkcommissionagend3412142710_08112020.pdf. Accessed 28 December 2023.
- Bernstein, Ken. “. ” *City of Los Angeles*, Office of the City Clerk, 11 July 2022, http://ens.lacity.org/clk/commissionagend/clkcommissionagend3412163247_07112022.pdf. Accessed 23 November 2023.
- Cannon, Paula. *COVID update, Sept 2023 – focus on virus mutations*. Los Angeles City Health Commission, 11 09 2023, https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412174105_09112023.pdf. Accessed 10 November 2023.
- Cedars-Sinai. “Cedars-Sinai Establishes New Division: Artificial Intelligence in Medicine.” *Cedars-Sinai*, 1 March 2022, <https://www.cedars-sinai.org/newsroom/cedars-sinai-establishes-new-division-artificial--intelligence-in-medicine/>. Accessed 2 November 2023.
- City of Los Angeles Public Works Committee. “LA 2028 Olympic Legacy Street Improvements Plan.” *LA City Clerk*, May 2023, https://clkrep.lacity.org/onlinedocs/2020/20-1004_misc_1_05-30-23.pdf. Accessed 1 December 2023.
- Constant, Bernice Nuñez. “AltaMed Health Services.” *City of Los Angeles*, October 21, 2024 https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412183972_10212024.pdf
- Constant, Bernice Nuñez. “Policy Landscape and Recommendations for a Healthy Los Angeles.” *City of Los Angeles*, October 21, 2024 https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412184040_10212024.pdf
- Copeland, BJ. “artificial intelligence.” *Encyclopedia Britannica*, 27 December 2023, <https://www.britannica.com/technology/artificial-intelligence>. Accessed 28 December 2023.
- “FDA Authorizes Software that Can Help Identify Prostate Cancer.” *FDA*, 21 September 2021, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-software-can-help-identify-prostate-cancer>. Accessed 28 December 2023.
- “FDA Authorizes Updated Novavax COVID-19 Vaccine Formulated to Better Protect Against Currently Circulating Variants.” *Food and Drug Administration*, 3 October 2023, <https://www.fda.gov/news-events/press-announcements/fda-authorizes-updated-novavax->

- [covid-19-vaccine-formulated-better-protect-against-currently](#). Accessed 29 December 2023.
- Gee, Gilbert C. “Racism and Health Equity.” *Department of Community Health Sciences UCLA*, August 12, 2024
https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412184040_10212024.pdf
- “Health Atlas for the City of Los Angeles.” *Los Angeles City Planning*, April 2022,
<https://planning.lacity.org/odocument/156b077a-c2a8-4065-99d7-84c0ac77bfcd/HealthAtlasLA2021.pdf>. Accessed 1 December 2023.
- International Labour Organization. “Flexible working hours can benefit work-life balance, businesses and productivity.” *International Labour Organization*, 6 January 2023,
https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_864986/lang--en/index.htm. Accessed 20 December 2023.
- International Labour Organization. “Working Time and Work-Life Balance Around the World.” *International Labour Organization*, 2022,
https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_864222.pdf. Accessed 15 August 2023.
- Karthikeyan, Smruthi. “Wastewater sequencing reveals early cryptic SARS-CoV-2 variant transmission.” *Nature*, vol. 609, 2022, pp. 101-108. *Nature*,
<https://www.nature.com/articles/s41586-022-05049-6#citeas>. Accessed 20 December 2023.
- Khoshniyati, Sara. “LOS ANGELES CITY HEALTH COMMISSION.” *City of Los Angeles*, 13 02 2023,
http://ens.lacity.org/clk/commissionagend/clkcommissionagend3412173617_12312022.pdf.
- “LA County Climate Vulnerability Assessment.” *LA County Chief Executive Office*, October 2021,
<https://ceo.lacounty.gov/wp-content/uploads/2021/10/LA-County-CVA-Executive-Summary-English.pdf>. Accessed 20 December 2023.
- “LA Peace Plan — Urban Peace Institute.” *Urban Peace Institute*, 20 October 2022,
<https://www.urbanpeaceinstitute.org/in-the-news/2022/10/20/la-peace-plan>. Accessed 29 December 2023.
- Laura, Drino. *Children Exposed to Violence (CEV)*. Los Angeles City Health Commission, 16 October 2023,
https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412175052_10162023.pdf. Accessed 3 December 2023.
- Los Angeles City Planning. “Environmental Justice Policy Program Presentation,” *Los Angeles City Planning*, January 2024,
https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412176759_01082024.pdf
- Los Angeles City Planning. “Plan for a Healthy Los Angeles.” *Los Angeles City Planning*, November 2021,

- MacDonald, John, and Richard Berk. "Policing the Homeless: An Evaluation of Efforts to Reduce Homeless-Related Crime." *Wiley*, vol. 9, no. 4, 2010, pp. 813-840. *Wiley Online Library*, <https://onlinelibrary.wiley.com/doi/10.1111/j.1745-9133.2010.00673.x>. Accessed 10 November 2023.
- "Mayor Garcetti Launches PlayLA, a Citywide Sports Program Made Possible by the LA28 Olympic and Paralympic Games." *City of Los Angeles*, Lacity.gov, 5 November 2021, <https://lacity.gov/highlights/mayor-garcetti-launches-playla-citywide-sports-program-made-possible-la28-olympic-and>. Accessed 30 December 2023.
- Moe, Maggie. "Support for Children Exposed to Gun Violence." *Children's Institute*, 20 September 2018, <https://www.childrensinstitute.org/reach-team-announced-to-support-children-exposed-to-gun-violence/>. Accessed 29 December 2023.
- Mueller, Isabella, and Ed Tronick. "Early Life Exposure to Violence: Developmental Consequences on Brain and Behavior." *National Library of Medicine*, vol. 13, 2019, p. 156. *National Center for Biotechnology Information*, [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6629780/#:~:text=Exposure%20to%20IPV%20during%20infancy,\(auditory%20and%20visual%20cortex\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6629780/#:~:text=Exposure%20to%20IPV%20during%20infancy,(auditory%20and%20visual%20cortex)). Accessed 13 December 2023.
- National Institute of Justice. "Program Profile: Safer Cities Initiative | CrimeSolutions, National Institute of Justice." *CrimeSolutions.gov*, 16 June 2011, <https://crimesolutions.ojp.gov/ratedprograms/182#pd>. Accessed 27 December 2023.
- "New Artificial Intelligence Tool Detects Heart Disease." *Cedars-Sinai*, 23 February 2022, <https://www.cedars-sinai.org/newsroom/new-artificial-intelligence-tool-detects-often-overlooked-heart-diseases/>. Accessed 29 December 2023.
- Sharp, Steven. "City of LA explores mobility improvements in conjunction with 2028 Olympics." *Urbanize LA*, 7 July 2023, <https://la.urbanize.city/post/city-la-explores-mobility-improvements-conjunction-2028-olympics>. Accessed 28 December 2023.
- Stein, Bradley D. "A mental health intervention for schoolchildren exposed to violence: a randomized controlled trial." *National Library of Medicine*, vol. 290, no. 5, 2003, pp. 603-611. *National center for Biotechnology Information*, <https://pubmed.ncbi.nlm.nih.gov/12902363/>. Accessed 1 December 2023.
- Tahir, Darius. "After the buzz, AI finding its place in health care." *Politico*, 6 October 2021, <https://www.politico.com/newsletters/future-pulse/2021/10/06/after-the-buzz-ai-finding-its-place-in-health-care-798039>. Accessed 28 December 2023.
- Tahir, Darius. "AI May Be on Its Way to Your Doctor's Office, But It's Not Ready to See Patients - KFF Health News." *Kaiser Health News*, 12 May 2023, <https://kffhealthnews.org/news/article/chatgpt-generative-ai-chatbot-doctors-office-patient-privacy-health-industry/>. Accessed 28 December 2023.
- Urban Peace Institute. *Gun Violence & Mental Health in Violence-Impacted Communities*. Los Angeles City Health Commission, 16 October 2023,

https://ens.lacity.org/clk/commissionagend/clkcommissionagend3412175036_10162023.pdf. Accessed 1 December 2023.

Wu, Eric, and Kevin Wu. “How medical AI devices are evaluated: limitations and recommendations from an analysis of FDA approvals.” *Nature Medicine*, no. 27, 2021, pp. 582-582. *Nature Medicine*, <https://www.nature.com/articles/s41591-021-01312-x>. Accessed 1 December 2023.

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 identify and address emerging health issues in the City of Los Angeles, ensuring a proactive response to both ongoing and new challenges, such as disease outbreaks and public health emergencies. By collaborating with these experts, the Commission aims to improve its understanding of the health landscape and provide effective recommendations that benefit the community.

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 (LAFD). 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 deliver quality health services and improve health outcomes for Angelenos.

The Los Angeles County Emergency Medical Services Agency oversees the EMS system. The EMS Agency is responsible for the management of EMS data, EMS personnel training programs, designating hospitals and care centers. Its responsibilities also include overseeing finances, developing policies and procedures, and approving training programs. The section will explore the services provided by EMS and the challenges its providers face.

In order to address the growing healthcare demands of Angelenos, the expansion of hospital capacity and the continued implementation of the Affordable Care Act (ACA) are vital. Increasing the number of hospital beds will improve access to care, especially for underserved communities. The ACA has expanded health care coverage to many individuals, however outreach and education are needed to inform the public about their eligibility and assist the public in navigating both enrollment and services. The Los Angeles City Health Commission recognizes the importance of expanding hospital infrastructure and educating the public to ensure all Angelenos have access to necessary healthcare services.

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 their 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.).
- 10) Improve pay and benefits for EMS medical directors and RN-educators (Sanko, 2025).
- 11) Require current BLS for EMTs and current ALS for paramedics (Sanko, 2025).
- 12) Fund resuscitation academy for all EMS captains and education for all paramedics (Sanko, 2025).
- 13) Implement annual AED and CPR training for City employees, local schools, and at risk communities (Sanko, 2025).
- 14) Require hospitals in Los Angeles to meet with EMS Medical Director, evaluate in/out-of-hospital cardiac arrest (IHCA/OHCA) survivors for procedures and survivorship recommendations (Sanko, 2025).

Background:

The Los Angeles Fire Department-Emergency Medical Services (LAFD-EMS) is the second biggest EMS agency in the United States, responsible for over 4 million residents and 471 square miles of jurisdiction. The LAFD operates 106 stations and employs over 1,300 paramedics. In 2024, the LAFD received 500,000 calls. This averaged to 1,500 incidents and the transportation of 600 patients to 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 has shown to be effective in decreasing call-processing time, triaging time-critical medical emergencies, and the 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 focus EMS resources on major and life-threatening incidents, 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 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 enabled long term care and solutions and reduced time by half, from 46 minutes to less than 20 minutes).

The EMS Bureau Strategic Plan outlines 6 goals:

- Goal 1: Provide for the delivery of exceptional EMS.
- Goal 2: Expand and improve Continuous Quality Improvement programs.
- Goal 3: Provide effective EMS Training.
- Goal 4: Support excellent Emergency Medical Dispatch services and maintain an effective Tiered Dispatch System.
- Goal 5: Improve EMS Bureau project management and collaboration.
- Goal 6: Provide effective field EMS oversight.

To meet these goals, the LAFD has expanded their use of telemedicine and video 911. In 2020, the LAFD launched the LAFD Telemedicine Program (LTP) at the emergency dispatch center which employs specially trained physicians, physician assistants, and nurse practitioners to screen potential COVID-19 patients as well as individuals with non-life-threatening issues (Prange, 2020). The LTP is aimed to enhance patient care and decrease dispatching ambulances to low-acuity patients who are capable of safely self-monitoring and treating themselves. To be connected to LTP, a dispatcher will screen 911 callers using the LA Tiered Dispatch System protocol. If the caller is a non-urgent case, is between 2 and 65 years old, and has a smartphone, the dispatcher will refer the caller to a telemedicine provider.

Future directions of the program include the use of prehospital blood and integrating physician oversight. In December 2024, the LAFD was awarded a \$380,000 Productivity

Investment Fund grant for the Development and Rapid Operationalization of Prehospital Blood (LA-DROP) pilot program (County of Los Angeles Fire Department, 2024). Funding will go towards purchasing equipment and blood products to launch LA-DROP, which is a prehospital blood transfusion program to save patients who are hemorrhaging at emergency scenes. As of 2024, LAFD paramedics can only give hemorrhaging patients salt water (County of Los Angeles Fire Department, 2024). With LA-DROP, paramedics will have the resources to give patients blood transfusions, meeting the same standard of care for hemorrhaging patients in hospitals. Severe trauma and hemorrhaging disproportionately affect underserved, low-income, and minority populations who stand to benefit the most from prehospital blood transfusion programs.

Reorganizing the LAFD is critical to provide adequate structure to support life-saving work (Sanko, 2025). This is evidenced by the LAFD Telemedicine Program, LA-DROP program, and most notably, cardiac arrest survival rates. In 2016, the cardiac arrest survival rate was 10.6% which dropped to 5.1% in 2023 (Sanko, 2025). The countywide Cardiac Arrest Task Force is led by the EMS Commission members and works toward meeting the American Heart Association (AHA) 2030 goals. Goals include:

- Bystander CPR >50%.
- AED usage >20%.
- Neuro-intact survival from cardiac arrest:
 - >8% at home.
 - >19% in public.
- In hospital cardiac arrest neuro-intact survival >24%.

In order to achieve the AHA's 2030 goals, the LAFD needs adequate medical management and to modernize medical organizations.

Future EMS innovation requires physician leadership and the expansion of EMS Physician Corps including Assistant Medical Directors and EMS Psychiatrist. The New York Fire Department employs 1 physician for every 100 paramedics. Under the Chief Medical Director, there are 10 Deputy Medical Directors for each division including Training, Dispatch, Online Medical Control, Hazmat/USAR, and Regional and State Advocacy. The LAFD is working to implement a similar model to better equip EMS

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.
 - a) Advocate for state and federal funding to support the acquisition, renovation, and expansion of county hospitals.
 - b) Urge Los Angeles County to purchase and integrate Saint Vincent Medical Center into the Los Angeles County health system to immediately increase bed capacity and provide needed healthcare services to underserved populations.
- 2) Develop and fund projects to expand the infrastructure of existing county hospitals, such as adding new wings.
- 3) Integrate a centralized system to track bed availability and patient need across Los Angeles County hospitals in real-time to forecast healthcare demands and allocate resources.

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 COVID-19 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 since April of 2020. 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).

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). In 2024, UCLA Health also acquired West Hills Hospital and Medical Center in the San Fernando Valley, adding 260 beds (Grigoryants, 2024). This addition will increase critical inpatient hospital capacity for patients who need specialized treatment and care.

In July of 2024, the Los Angeles County Board of Supervisors approved \$143 million to complete the Restorative Care Village at the Los Angeles General Medical Center's Boyle Heights campus (Garrova, 2024). Expected to be completed in 2026, this project will add 96 beds towards a mental health treatment facility which will provide round-the-clock psychiatric care for vulnerable residents with severe mental illness. Additionally, a Residential Withdrawal Management Facility is under construction which will provide 32 beds for patients with substance abuse disorders (City News Service, 2024).

Despite the recent addition of beds to LA County, there is still a need for hundreds more beds in order to meet the needs of Angelenos experiencing serious mental illness (Garrova, 2024). With hospital closures reducing bed availability in Los Angeles, increasing Medi-Cal reimbursements will cover rising costs of labor and medical supply costs to prevent hospital bankruptcy (Reyes, 2023). Therefore, the Health Commission encourages 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. The Commission also urges the acquisition of Saint Vincent Medical Center by Los Angeles County.

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 and fears.
 - a) Provide linguistic support through multilingual resources and interpretation services.
- 3) Encourage 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) Coordination of mental health, substance use, and primary care services where mental health and substance use disorder systems are treated with equal importance to physical health care systems (Department of Mental Health, 2018).
 - a) Provide culturally and linguistically appropriate recovery and resiliency-driven services (Department of Mental Health, 2018).
- 6) Continuous quantitative and qualitative evaluation of the ACA implementation and its impact.

Background:

In 2010, former President Barack Obama signed the Patient Protection 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 such as Covered California

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 had the highest Medi-Cal enrollment, with over 1.1 million residents—11.3% of the

Annual Report

Los Angeles City Health Commission

2024

county's population—enrolled due to the expansion of the ACA (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.

In 2020, full-scope Medi-Cal eligibility was expanded to include individuals aged 19 to 25, regardless of immigration status, through the Young Adult Expansion (Verno, 2024). In 2022, the Older Adult Expansion was signed into law which further expanded eligibility to individuals over the age of 50 (Verano, 2024). Later that year, California expanded coverage to individuals aged 26 to 49, regardless of immigration status starting January 1, 2024, which covered an additional 700,000 Californians.

Despite these accomplishments in coverage expansion, many Angelenos with Medi-Cal or employer-sponsored coverage continue to face barriers in accessing primary care services (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.

In addition to reported difficulties, there are existing gaps in the application process as well as enrollment barriers that primarily affect undocumented immigrants (Verano, 2024). Applicants report not being able to reach the county over the phone or obtain assistance in their language. The biggest flaw in the application process asks for a social security number which undocumented immigrants do not have (Verano, 2024). Furthermore, immigrants who are eligible remain uninsured because of fear, language and literacy barriers, confusion regarding policies, and difficulties navigating enrollment, with fear largely driven by concerns over deportation or rejection for an immigrant visa. In August 2019, former President Donald Trump announced a policy which would reject immigrants applying for an immigrant visa if they used public assistance programs such as Medi-Cal (Verano, 2024). This ultimately led to a rise in uninsured individuals. Although this policy is no longer in effect, many immigrants remain afraid to enroll or use programs such as Medi-Cal.

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(s).
- 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 raise awareness and educate travelers and Angelenos about relevant communicable diseases.
 - 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 information technology for high quality infectious disease surveillance (e.g. 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. The Commission also urges the Los Angeles County Department of Public Health to investigate the efficacy of the CDCP programs, especially in light of recent pandemics and outbreaks such as COVID-19, the bird flu, and measles.

Typhus Outreach and Education

Recommendations:

- 1) Implement stricter stray animal controls and promote community rodent control programs to eliminate food sources, harborage conditions, and pest infestation.
- 2) Continue the collaboration of the DPH Veterinary Public Health Program with Downtown Dog Rescue and Inner-City Law Center to provide flea prevention education and services to individuals 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 and heartworm regimens 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 (e.g., closing up crawl spaces and removing vegetation)
- 4) Coordinate with homeless shelter and outreach organizations as points of contact for risk identification and mitigation for flea infestations.
 - a) Regular data collections are needed to establish standard practices for admission, screening, prevention, and veterinary care.
 - b) Tailored training and education materials focused on the screening, prevention, and treatment of fleas on animals.
 - c) Connect residents with free or low-cost veterinary resources and distribution of flea treatments.

Background:

Typhus is a group of diseases caused by a type of bacteria known as 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 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.

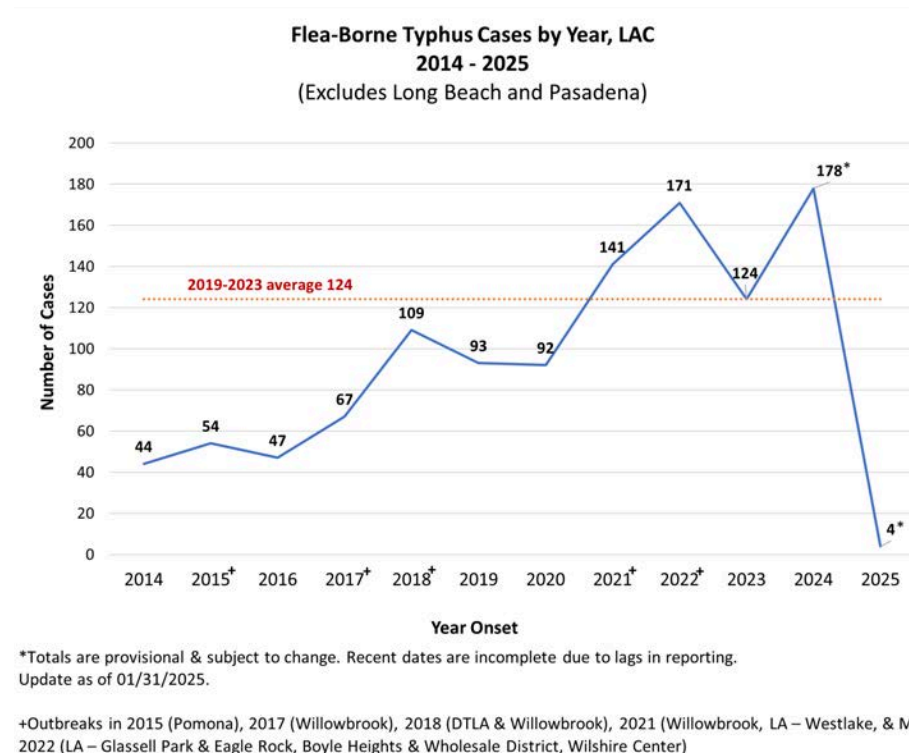


Figure 1. Number of Flea-Borne Typhus Cases Annually in Los Angeles County, 2014-2025 (LACDPH)

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. Although LAC saw a drop in cases in 2023, there were 3 deaths from typhus in LAC (Office of the City Manager, 2024). In 2024, there was an uptick in cases reaching an all-time high of 178 cases. As of January of 2025, there have been 5 reported cases (LACDPH, 2025).

Individuals experiencing homelessness commonly own pets which puts them and homeless shelters at a higher risk of contracting zoonotic diseases including typhus (Carpenter et al., 2024). Due to limited data available, there is no characterization of standard practices for

admission procedures, screening for flea infestation, prevention of flea infestation, and veterinary care. A recent study found that homeless shelters and outreach staff lacked the appropriate knowledge for screening, prevention, and treatment of fleas on pets (Carpenter et al., 2024). Furthermore, few homeless shelters and outreach staff provided any form of veterinary care or flea treatments. However, connecting individuals to free or lost-cost resources such as veterinary care or flea treatments would improve the health of owners and animals as well as mitigate the spread of zoonotic disease such as typhus.

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 A, hepatitis B, and hepatitis C testing and vaccinations in high-impact areas such as areas with a high density of homelessness or drug use and incarcerated settings.
 - a) Coordinate a strategic plan for regular testing and immediate treatment in the Los Angeles County Jail System (Benor, 2024).
- 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.
- 7) Fund paid staff and outreach teams to schedule patients for treatment, assist with transportation vouchers or other aid, etc. (Reyes, 2024).
 - a) Hiring a small team would cost Los Angeles County's Public Health Department roughly \$250,000 (Reyes, 2024).

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.

From November 2022 to May 2023, an outbreak occurred in multiple states including California with 100% of individuals infected reporting the consumption of organic strawberries imported from Baja California, Mexico between October and November 2022. As of September 2023, the CDC reported 10 cases, no deaths, and declared the outbreak to be over. In May 2023, a multistate outbreak and exposure at the Men's Central Jail occurred. 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.

As of 2024, the LACDPH has noted a significant increase in hepatitis A infections in individuals experiencing homelessness and using illicit drugs (LACDPH, 2024). By March 2024, 5 cases of hepatitis A were identified, with 3 cases genetically linked (LACDPH, 2024). As of October 2024, there were 41 cases identified from this outbreak (Gounder & Balter, 2024). Of these cases, 24 involved individuals experiencing homelessness including 14 who reported using illicit drugs. 14 cases were genetically linked to the same strain. The genetically linked cases indicate transmission from person-to-person through drug use equipment or consumption of food or water contaminated with hepatitis A. 17 cases were hospitalized and 1 death has occurred as of November 2024 (Gounder & Balter, 2024).

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 at local pharmacies. Uninsured or underinsured individuals can access free or low cost vaccines at clinics enrolled in the Vaccines for Adults Program (LACDPH). Children who are 18 years or younger are eligible to receive the vaccine at no cost through the Vaccines for Children Program.

Hepatitis C (HCV) is the most common bloodborne infection, transmitted through blood or 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, however it 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).

Most recently, HCV has disproportionately impacted marginalized populations such as individuals who engage in IV drug use, have been incarcerated in the Los Angeles County Jail System, or are unhoused (Reyes, 2023). Experts attribute its prevalence to (1) a disconnect from medical care, (2) lack of public investment, (3) misconceptions among physicians regarding treatment, and (4) the fact that many patients are unaware they even have HCV (Reyes, 2023). A 2012 UCLA study found that more than a quarter of individuals who reside on Los Angeles' Skid Row were infected with HCV and half of those infected were unaware they were infected with HCV (Reyes, 2023).

Within the Los Angeles County Jail System, over 1 in 3 inmates tested positive for HCV, meaning there are thousands of people living with the virus (Benor, 2024). Dr. Mark Bunin Benor, a family physician who worked in the LA County Jail from 2018-2023, reported that screening and treatment for HCV is not standard for intake routines (Benor, 2024). Additionally, Dr. Benor noted that physicians working at the county jail rarely screened for HCV because protocol only considered treatment for patients if they presented advanced liver fibrosis. The process for scheduling an appointment at the county hospital and delivering medications would take months which ultimately discouraged treatment (Benor, 2024). The county jail system has made changes such as qualifying for treatment without presenting liver fibrosis and making medications more accessible which has resulted in dozens being treated (Benor, 2024). However, thousands of cases remain untreated. Screening continues to be sparse and clinicians cannot initiate treatment. Dr. Benor reiterates that any initiatives to extinguish hepatitis C requires a focus in jails to coordinate testing and treatment. Currently, the LA County Jail has failed to undertake any efforts (Benor, 2024).

The Los Angeles County Department of Public Health allocates roughly \$1 million towards programs aimed at combating all forms of hepatitis (Reyes, 2023). As a result of limited funding, the task of reaching out to infected individuals falls to unpaid volunteers through Project Connect (Reyes, 2024). Project Connect is a collaboration between the University of Southern California and the LACDPH which trains over 3,000 volunteers to contact individuals who tested positive for HCV and refer them to treatment plans (Reyes, 2024). Despite these efforts, issues arose due to financial difficulties affording medications, a lack of urgency, accessibility issues such as transportation, and over 70% of patient files containing incorrect information. Experts report that hiring a small team to continue outreach work would cost approximately \$250,000 (Reyes, 2024). Outreach teams would be capable of bridging the gap between patients and obtaining healthcare by scheduling treatment, providing transportation vouchers, etc.

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 age 5 (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 (Karlamanla, 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.

There were 0 cases of measles in 2023 and only 1 case of measles in a LA County resident in 2024 (Dador, 2024). Although there have been no local outbreaks in 2024, multiple travelers to Los Angeles were infected with measles. The first exposure involved a patient who visited locations including Universal Studios as well as hotels and restaurants around the area in March 2024 (Schnirring, 2024). In July 2024, a traveler flew in from London to Los Angeles International Airport (LAX) and traveled to multiple locations in Orange County (Fry, 2024). The last exposure occurred on November 27, 2024 when a traveler flew in from Doha, Qatar to LAX (Lin, 2024). As a result of potential exposures, officials caution individuals who were at any of the exposure locations to confirm they have the measles vaccination. If they experience any symptoms, they are advised to stay isolated in quarantine and call their healthcare provider.

California's Central Valley, specifically Fresno County 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.

With measles resurging in the United States, over 350 Southern California schools have been audited for failing to meet the measles vaccination threshold (Karan & Parsonnet, 2024). The California Department of Public Health requires schools to meet a 90% threshold of fully-vaccinated students (Palombo, 2024). According to data from 2024, 209 schools in Los Angeles County, 61 of which are in the Los Angeles Unified School District, are below the 95% threshold in order to maintain herd immunity (Palombo, 2024). Schools who allow students to attend school without meeting immunization requirements risk losing funding during audits where students must be excluded from attendance reports, thus reducing average daily attendance funding (Lambert et al., 2023). School staff are required by California law to report vaccination rates every fall and report 30 day updates on students who are in the process of

meeting vaccination requirements (Lambert et al., 2023). Due to the COVID-19 pandemic and the spread of misinformation, vaccination rates plummeted which made thousands of students ineligible to start school. To meet vaccination threshold requirements, school districts sent home information regarding vaccinations and held vaccination clinics (Lambert et al., 2023). Additionally, a health services team connected with the family to provide vaccination resources. These initiatives improved vaccination rates to meet threshold requirements.

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 individuals who are homeless.
- 4) Increase funding to HIV prevention programs like AIDS Project Los Angeles (APLA) in order to reduce the spread of STIs.
- 5) Educate individuals on the following (Huizenga, 2024):
 - a) Increase public awareness of how STDs present to promote early detection and treatment.
 - b) Educate individuals on condom effectiveness to encourage safer sex practices.
 - c) Provide clear guidance on when and how often to get tested for STDs.
 - d) Incorporate general health and hygiene education into STD prevention efforts.
 - e) Destigmatize all STDs, with a particular focus on herpes and HIV.
- 6) Prevent the spread of STDS through school initiatives such as providing free condoms, implementing condom usage education, and strengthening education efforts promoting HPV vaccination for 7th-grade entry (Huizenga, 2024).
- 7) Implement awareness campaigns and interventions for detection such as declaring September as “National STD Check-Up Month” to identify asymptomatic carriers, ensuring same-day STD testing and treatment availability in all high schools, and encouraging annual STD testing for students each fall (Huizenga, 2024).
- 8) Support treatment efforts that ensure all infected individuals and their partners receive treatment to reduce reinfection and community spread (Huizenga, 2024).
- 9) Invest in research (Huizenga, 2024):
 - a) Vaccine research for syphilis, gonorrhea, and chlamydia.
 - b) Antibiotic research to combat resistant strains of gonorrhea.
 - c) Accelerate herpes vaccine development.
- 10) Legalize sex work (Huizenga, 2024).

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 County (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 attacks the immune system and can develop into acquired immunodeficiency syndrome or AIDS if left untreated (CDC, 2023). In 2021, Los Angeles reported over 58,000 people living in HIV (PLWH), 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.

Dr. Robert Huizenga outlines a 6 step initiative toward eliminating STDs: (1) education, (2) prevention, (3) detection, (4) treatment, (5) research, and (6) politics (Huizenga, 2024). **Education** involves informing individuals about the presentation of STDs, the effectiveness of condoms, regular testing, general health and hygiene, and the stigmatization of STDs with a focus on herpes and HIV. **Prevention** largely focuses on implementing interventions in schools: providing free condoms in schools, teaching kids how to use condoms properly, and pushing for HPV vaccination for entry to the 7th grade. Additionally, medical professionals should recommend doxycycline prophylaxis in men who have intercourse with multiple male partners per year. Valtrex taken prophylactically should be studied for Herpes Simple Virus prevention. **Detection** requires a coordinated awareness campaign. September should be declared as “National STD Check-Up Month” in order to identify symptomless “carriers”. Within schools, implementing same day testing and treatment and encouraging students to test every fall will aid in detection. Furthermore, providing affordable online home-based STD testing and ensuring physician-initiated screenings can improve detection rates. **Treatment** is a crucial step that requires not only the treatment of all infected persons, but their partner(s) as well. Increased investment in (1) vaccine **research** for syphilis, gonorrhea, and chlamydia, (2) antibiotic **research** for resistant gonorrhea, and (3) efforts to accelerate herpes vaccine development. Lastly, **political reforms** are necessary to both destigmatize sex/sexually transmitted diseases and properly support the previously mentioned initiatives. This includes legalizing sex work and properly funding public health agencies.

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.
 - Raising awareness and improving access to education on 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. Due to the ongoing outbreak, the California Department of Public Health advises MSM traveling to Florida to consult their healthcare provider about receiving the meningococcal conjugate vaccine (MenACWY) (Aragón, 2022).

In addition to Florida, the Health Commission focused attention on 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. The majority of cases involve Black or African American adults between 30 to 60 years old, and 26 of the 27 patients were unvaccinated 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.

Most recently, the CDC has issued health advisory alerts in May 2024 of meningococcal disease linked to Umrah travel, an Islamic pilgrimage to Mecca, to the Kingdom of Saudi Arabia (CDC, 2024). Since April 2024, 12 global cases of meningococcal disease have been linked to Umrah travel, 5 of which were cases in the United States. Out of the 12 cases, 9 vaccinated status were known, all of which were unvaccinated. Of the 5 cases in the United States, 3 were caused by serogroup W (NmW), 1 was caused by serogroup C (NmC), and the last serogroup remains unknown (CDC, 2024). The isolate from the one U.S. NmC case was resistant to ciprofloxacin. The CDC recommends the quadrivalent meningococcal (MenACWY) conjugate vaccination and a booster dose of MenACWY if the last dose was administered more than 3 years ago for travelers to countries facing an epidemic of meningococcal disease. The CDC also recommends that health departments and healthcare providers use rifampin, ceftriaxone, or azithromycin instead of ciprofloxacin.

The California Department of Public Health (CDPH) noted that between May 2023-2024, there were 8 cases of ciprofloxacin-resistant invasive meningococcal disease (IMD) (LACDPH, 2024). Of the 8 cases, 6 were in southern California, including 2 in Los Angeles County. The CDPH determined that southern California has met the resistance threshold and as a result, ciprofloxacin should no longer be used for IMD post-exposure prophylaxis in Los Angeles County (LACDPH, 2024).

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 young LGBTQ people and 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.
- 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). 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. The LAC DHS's [resource guide](#) details reproductive rights as well as family planning services.

32 out of every 1,000 girls between the ages of 15 and 19 in California have infants 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 referral. In Los Angeles County alone, there are 78 SBHCs. 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 for 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 2025.
 - c) Collect quantitative and qualitative data.
- 3) Improve the cultural sensitivity of interventions in order to reduce disparities in vulnerable communities such as Black communities.
 - a) Integrate the findings from the Resources, Inspiration, Support and Empowerment (R.I.S.E.) Study to improve usability and accessibility of Los Angeles County interventions, frameworks, and mobile health applications.
- 4) Urge federal and state governments to fund more OB/GYN residency spots, increase pay per delivery, and support the financing of 24/7 anesthesia and blood banking in hospitals that deliver infants.
- 5) 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 4 times more likely to die from complications during pregnancy or childbirth and Black infants are 3 times 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 aimed at 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. In 2022, Medicaid financed 41% of births nationwide which included 64% 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 has emerged as a leader in the nationwide effort to reduce maternal mortality risks and increasing OB/GYN access to women of color due to their state of the art and high resource hospital. It is imperative for 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 with high delivery volumes.

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.

In the United States, 20% of individuals who give birth experience Perinatal Mood Anxiety Disorders (PMADs) every year (Gregory & Accortt, 2024). Perinatal Mood Anxiety Disorders (PMADs) are defined as a mental health disorder experienced during pregnancy, after adopting a new baby, after giving birth to a new baby, or experiencing pregnancy/infant loss (Minnesota Department of Health, 2023). Diagnosis can include anxiety, psychosis, depression, obsessive-compulsive disorder (OCD), bipolar disorders, and post-traumatic stress disorder (PTSD) (Gregory & Accortt, 2024). Risk factors for PMADs include stress life events, pregnancy with twins or multiples, low or no social support, previous experiences with depression or anxiety, familial history of depression, difficulties getting pregnant, preterm (before 37 weeks) labor and delivery, pregnancy and birth complications, and racial discrimination (Gregory & Accortt, 2024).

PMADs are the most common complication of pregnancy. Prenatal depression and anxiety are linked with poorer maternal health behaviors and risk of developing postpartum depression (Gregory & Accortt, 2024). Less than 75% of individuals with PMADs receive treatment. When left untreated, PMADs can have traumatic short and long term consequences. In a 2022 CDC Report, mental health conditions made up 23% of perinatal deaths and more than 80% of pregnancy-related deaths were preventable (Gregory & Accortt, 2024).

Some notable social determinants of health include socioeconomic status, age, and race/ethnicity. Twice as many low-income respondents reported postpartum depression compared to their high-income counterparts (Gregory & Accortt, 2024). Younger respondents under the age of 20 were 2.7 times more likely to report experiencing postpartum depression compared to their counterparts over the age of 35. More American Natives (23%) and African American (18%) respondents reported experiencing postpartum depression compared to their White counterparts (9%) (Gregory & Accortt, 2024). In California, Black women experience PMADs two times the rate of White women. Despite the higher prevalence of PMADs in Black women, White women were two times as likely to initiate mental health treatment compared to Black women. In the instances where Black women initiated care, they were less likely to receive follow up treatment. Black women were also more likely to decline offers of medication and therapy. This has resulted in many Black women turning to family or faith leaders for care and support.

Although there are many PMAD interventions, individuals face barriers such as lack of awareness, stigma of discussing mental health concerns, fear of their baby being taken away, marital or family discord, apprehension due to history of medical racism, insurance or financial issues, exclusive reliance upon religion, and lack of access to Medicaid or free/low fee services (Gregory & Accortt, 2024). For Black patients, they report often experiencing worse

communication with their physicians and advocate less for themselves compared to their White counterparts (Gregory & Accortt, 2024). Black patients felt discomfort when discussing mental health struggles with their White providers and offered culturally insensitive interventions. Additionally, mobile health apps further contribute to these disparities by catering to White women. To combat this, the Resources, Inspiration, Support and Empowerment (R.I.S.E.) Study for Black Maternal Mental Health works to test a mobile health (mHealth) web application informed by real world experiences. mHealth allows Black pregnant individuals to learn stress management techniques and help participants create a self-care plan in order to obtain emotional wellbeing.

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 among 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 February 2025, there are 107 drugs currently listed on the Food and Drug Administration's (FDA) drug shortage database which is a decrease from 141 drugs in January 2024. However, this number could be even higher than the FDA's report. The American Society of Health-System Pharmacists (ASHP) reported 271 active shortages at the end of the third quarter in 2024, down from the all-time high of 323 during the first quarter of 2024. 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). When manufacturers cut corners to reduce prices, the quality of drugs are compromised and manufacturers are 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 generic shortages are chemotherapy drugs due to poor manufacturing quality (ASHP, 2023). The severe chemotherapy drug shortages have 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.

Community Health Workers/Promotoras de Salud

Recommendations:

- 1) Urge the Los Angeles County Department of Public Health to promote interagency and cross program collaboration with Community Health Workers and Promotores in order to respond more effectively to community needs.
 - a) Develop institutional mechanisms for Promotores to continuously inform organizations about new developments from their interactions with community members (National Health Foundation).
- 2) Offer professional development opportunities for Community Health Workers and Promotores.
 - a) Allow Community Health Workers and Promotores to attend trainings associated with professional networks, advocacy, and education (National Health Foundation).
 - b) Partner with education/training providers and funders to advocate for lower-cost bilingual professional development (National Health Foundation).
 - c) Provide cross trainings with agencies and promoters.
- 3) Integrate Community Health Workers and Promotores into community health programs and services by (National Health Foundation):
 - a) Allowing for relationship building, community education, engagement, and mobilization in programmatic activities.
 - b) Include Community Health Workers and Promotores in the development and evaluation of program strategies, work plans, and evaluation tools.
 - c) Provide ongoing guidance and supervision necessary to support and encourage Community Health Workers and Promotores.
 - d) Remove barriers that limit Community Health Workers and Promotores' role including being limited to one issue and being confined to working in the office.
- 4) Develop training programs for Community Health Workers (CHWs) and Promotores to successfully navigate new technologies for data tracking (National Health Foundation).
 - a) Host group and individual training sessions to ensure CHWs and Promotores are comfortable with forms and technology.
 - b) Practice filling out forms, entering data, or using technologies with each CHW and Promotores.
 - c) Facilitate role-play activities that allow CHW and Promotor to identify mistakes in forms or digital processes such as incomplete forms.

Background:

Marginalized and minority communities face barriers such as language, customs and traditions, and socioeconomic status when accessing health services and information on healthcare (National Health Foundation). Community Health Workers (CHWs), also known as

Promotores de Salud in Spanish, are community members who deliver culturally competent healthcare. Because Promotores come from and are a part of the communities they serve, they share a language, culture, values, and understanding of community resources which allows them to build relationships, connect, and engage with patients (National Health Foundation). Promotores not only share information with community members about local resources, but also act as advocates for both individual and community transformation by influencing the policies related to critical issues their communities face (Lemus, 2024). The seven core roles of Promotores include the following (National Health Foundation):

1. Cultural mediation between communities and the social service system.
2. Culturally appropriate and accessible health education.
3. Ensure people get the services they need including enrollment.
4. Provide counseling and social support.
5. Advocate for individuals and communities within social services systems.
6. Provide direct services and administer health screening tests.
7. Build individual and community capacity.

The Promotor Model is able to create healthy communities in 3 stages: (1) relationship building, (2) share information and local resources, and (3) create opportunities for community participation (Lemus, 2024). Building quality relationships has the potential to create community change and Promotores develop social support networks as well as teach system navigation. Promotores share information that reflect the circumstances that people live in such as the specific determinants of health present. They also employ individual and collective action to improve services such as teaching families how to advocate for access to healthy foods.

Two significant impacts from CHWs and Promotoras include reducing cancer disparities in Los Angeles and advancing clean energy in disadvantaged communities. Los Angeles County has one of the largest immigrant, LGBTQ+, and ethnically-diverse populations (Surani, 2024). Mapping late-stage breast cancer cases revealed geographic disparities in Koreatown and Pico-Union Neighborhoods, prompting targeted CHW and Promotora training (Surani, 2024). Cancer education was adapted for Korean, Spanish, and Tagalog speakers, with 42 CHWs and Promotoras deployed to provide cancer education, screening navigation, and clinical trial recruitment. In Korean communities, 32 CHWs engaged 16 churches, identifying 237 women noncompliant with screening, ultimately increasing compliance from 0% to 68%. In 2023, over 100 cancer education events were held, leading to over 1,200 cancer screenings and 11 cancer diagnoses. CHWs at federally qualified health centers (FQHCs) made notable contributions such as significantly increasing the return rate for test kits and a fourfold increase in mammography outreach (Surani, 2024). These efforts highlight the crucial role of CHWs and Promotoras in addressing healthcare disparities through community-based interventions.

CHWs and Promotores naturally connect with their communities which allows them to provide cost-effective services and encourage community participation in improving health while

reinforcing cultural values and norms (Lemus, 2024). They help individuals keep appointments and increase access to prevention as well as follow up care while decreasing the effect of cultural and linguistic barriers for organizations (Lemus, 2024). However, many CHWs and Promotores continue to face barriers that impact and limit the scope of their work. Barriers that limit the Promotor Model include limiting the amount of time promotores spend with people, limiting issues Promotores can discuss with families as well as the type of trainings they attend, and feeling undervalued by organizations. Additionally, as computers and electronic systems become more prevalent in data collection, Promotores may need to develop new skills to adapt. Therefore, Promotores must be trained to navigate new technologies, especially when they play a critical role in data collection for evaluation.

Action Plan:

The Health Commission urges the adoption of the stated recommendations and agency collaboration to help deliver culturally tailored health care. The Commission also urges the Los Angeles County Department of Public Health to integrate community health workers in its programs and extend professional development opportunities to community health workers.

References

- \$380k PIF Grant Awarded for LA-DROP Pilot Project*. County of Los Angeles Fire Department. (2024, December 20).
<https://fire.lacounty.gov/380k-pif-grant-awarded-for-la-drop-pilot-project/>
- 2022 Los Angeles County Annual HIV Surveillance Report*. Los Angeles County Department of Public Health. (2023, October).
http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf
- 2023-2026 - Los Angeles Fire Department. (2023).
https://www.lafd.org/sites/default/files/pdf_files/LAFD-2023-2026-STRATEGIC-PLAN-04042023%20.pdf
- About EMS Bureau*. Los Angeles Fire Department. (n.d.).
<https://www.lafd.org/about-ems-bureau>
- About Preconception Health*. Los Angeles County Department of Public Health. (n.d.-a).
http://www.publichealth.lacounty.gov/mch/ReproductiveHealth/PreconceptionHealth/PreconceptionHealth_rev.htm
- Acute Communicable Disease Control. (2014). *Acute communicable disease control program strategic plan*. Los Angeles County Department of Public Health.
<http://publichealth.lacounty.gov/acd/reports/2014StrategicPlan.pdf>
- Acute Communicable Disease Control. (n.d.-a). *About Hepatitis A*. Los Angeles County Department of Public Health.
<http://publichealth.lacounty.gov/acd/diseases/HepA/About.htm>
- Acute Communicable Disease Control. (n.d.-b). *Annual Morbidity Report - Meningitis*. Los Angeles County Department of Public Health.
<http://publichealth.lacounty.gov/acd/Diseases/Meningitis.pdf>
- Acute Communicable Disease Control. (n.d.-c). *Hepatitis C*. Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/acd/Diseases/HepC.htm>
- African American infant and maternal mortality (AAIMM)*. First 5 Los Angeles. (2021, May 17).
<https://www.first5la.org/african-american-infant-and-maternal-mortality-aaimm/>
- Alarcón, J., Sanosyan, A., Contreras, Z. A., Ngo, V. P., Carpenter, A., Hacker, J. K., Probert, W. S., Terashita, D., Balter, S., & Halai, U.-A. (2023, August 4). *Fleaborne typhus—associated deaths - Los Angeles County, California, 2022*. Centers for Disease Control and Prevention.
[https://www.cdc.gov/mmwr/volumes/72/wr/mm7231a1.htm?s_cid=mm7231a1_w#:~:text=Fleaborne%20typhus%20\(also%20known%20as,mandated%20reportable%20condition%20in%20California](https://www.cdc.gov/mmwr/volumes/72/wr/mm7231a1.htm?s_cid=mm7231a1_w#:~:text=Fleaborne%20typhus%20(also%20known%20as,mandated%20reportable%20condition%20in%20California)
- Aragón, T. (2022, June 6). *Health Advisory: Recommendation for Meningococcal Vaccine (MenACWY) for Men who have Sex with Men (MSM)—Florida Meningococcal Outbreak*. California Department of Public Health.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/CAHAN-MeningVacMSM.pdf>

- Assessment of Unmet Mental Health Needs of People Living with HIV in Los Angeles County.* Los Angeles County Department of Public Health. (2022a, October). http://publichealth.lacounty.gov/dhsp/docs/Assessment_of_Unmet_MH_Needs_of_PLW_H_in_LA_Public-Comment.pdf
- Benor, M. B. (2024, April 2). *Opinion: A deadly but curable disease is thriving in L.A.'s jails. That's unacceptable.* Los Angeles Times. <https://www.latimes.com/opinion/story/2024-04-02/hepatitis-c-los-angeles-county-jail-california-medicine-health-care>
- California State Profile.* SIECUS. (2021, May 21). https://siecus.org/state_profile/california-state-profile/
- CDC Health Advisory: Detection of Ciprofloxacin -resistant, β -lactamase ...* Los Angeles County Health Alert Network. (2020, June 23). <http://publichealth.lacounty.gov/eprp/lahealth/alerts/CDCHANCiproResistantNM062322.pdf>
- Centers for Disease Control and Prevention. (2022, June 30). *About HIV.* Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/basics/whatishiv.html>
- Centers for Disease Control and Prevention. (2023, April 11). *What Works In Schools: Sexual Health Services.* Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyyouth/whatworks/what-works-sexual-health-services.htm>
- Centers for Disease Control and Prevention. (2023, June 1). *Important Updates on Outbreak of Fungal Meningitis in U.S. Patients Who Underwent Surgical Procedures under Epidural Anesthesia in Matamoros, Mexico.* Centers for Disease Control and Prevention. <https://emergency.cdc.gov/han/2023/han00492.asp>
- Centers for Disease Control and Prevention. (2023, July 7). *STD Diseases & Related Conditions.* Centers for Disease Control and Prevention. <https://www.cdc.gov/std/general/default.htm>
- Centers for Disease Control and Prevention. (2023, September 15). *Multistate Outbreak of Hepatitis A Virus Infections Linked to Frozen Organic Strawberries.* Centers for Disease Control and Prevention. https://www.cdc.gov/hepatitis/outbreaks/2023/hav-contaminated-food/index.htm?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- Centers for Disease Control and Prevention. (2024, May 17). *Meningococcal Disease Cases Linked to Travel to the Kingdom of Saudi Arabia (KSA): Ensure Pilgrims are Current on Meningococcal Vaccination.* Centers for Disease Control and Prevention. <https://www.cdc.gov/han/2024/han00508.html>
- Cha, A. E. (2019, December 11). *Planned parenthood to open centers at 50 Los Angeles high schools - the ...* The Washington Post. <https://www.washingtonpost.com/health/2019/12/11/planned-parenthood-open-reproductive-health-centers-los-angeles-high-schools/>
- Christensen, J. (2023, March 22). *New drug shortages in the US increased nearly 30% in 2022, Senate report finds.* CNN. <https://www.cnn.com/2023/03/22/health/drug-shortages-senate-report/index.html>
- Christensen, J. (2023, December 5). *US drug shortages are forcing “impossible choices” for Americans, experts tell Senate Committee.* CNN.

- <https://www.cnn.com/2023/12/05/health/us-drug-shortages-forcing-impossible-choices/index.html>
- Cisneros, L. G., & Dorsey, C. (2021, May 27). *Transportation: A health benefit*. Health Services Los Angeles County. <https://dhs.lacounty.gov/transportation-a-health-benefit/>
- City News Service. (2024, July 11). Supervisors OK 96-bed mental health facility to complete restorative care village at La General. Daily News. <https://www.dailynews.com/2024/07/10/supervisors-ok-96-bed-mental-health-facility-to-complete-restorative-care-village-at-la-general/>
- Comer, McClain open probe into FDA's response to National Drug Shortage. United States House Committee on Oversight and Accountability. (2023, November 7). <https://oversight.house.gov/release/comer-mcclain-open-probe-into-fdas-response-to-national-drug-shortage/>
- Communicable Disease Control and Prevention Division. (n.d.). *Viral Hepatitis Prevention Coordinator*. Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/cdcp/viralhep.htm>
- Communicable Disease Control and Prevention. LAC DPH Communicable Disease Control and Prevention Division. (n.d.). <http://publichealth.lacounty.gov/cdcp/>
- Cota-Robles, M. (2023, April 10). *Advocates shine light on racial disparities in maternal and infant mortality rates in LA County*. ABC7 Los Angeles. <https://abc7.com/los-angeles-county-la-public-health-department-maternal-and-infant-mortality-rates-pregnancy-complications/13110570/>
- County of Santa Clara to assume responsibility for operating o'connor ... (2019, March 1). <https://news.santaclaracounty.gov/news-release/county-santa-clara-assume-responsibility-operating-oconnor-and-st-louise-hospitals>
- Dador, D. (2024, November 16). *With measles cases surging globally, health officials tell us what LA County is doing right*. ABC7 Los Angeles. <https://abc7.com/post/global-measles-cases-rise-health-officials-tell-us-what-la-county-is-doing-right-vaccine/15546618/>
- Davis, M. (2019, March 22). <http://www.publichealth.lacounty.gov/acd/docs/TyphusLettertoCitiesMarch2019.pdf>. Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/acd/docs/TyphusLettertoCitiesMarch2019.pdf>
- Division of Communicable Disease Control and Prevention. (2016). *Strategic plan - LA county department of public health*. Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/cdcp/docs/CDCP_Strategic_Plan%202016-2020_06-27-2016Revsh.pdf
- Division of HIV and STD Programs. (n.d.). *Los Angeles County HIV and STD Surveillance Dashboards*. Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/dhsp/dashboard.htm>
- Division of HIV and STD Programs. LA County Department of Public Health. (n.d.). <http://publichealth.lacounty.gov/dhsp/>

Drug Shortages Statistics. ASHP. (n.d.).

<https://www.ashp.org/drug-shortages/shortage-resources/drug-shortages-statistics?loginreturnUrl=SSOCheckOnly>

Elevated number of typhus fever infections reported in Pasadena. Office of the City Manager. (2024, June 13).

<https://www.cityofpasadena.net/city-manager/news/elevated-number-of-typhus-fever-infections-reported-in-pasadena/>

Ending the HIV epidemic in Los Angeles County. Los Angeles County Department of Public Health. (2021, January).

https://admin.publichealth.lacounty.gov/DHSP/EHE/EHE_Plan_Final_2021.pdf

Family planning. Women's Health. (2023, April 26).

<https://dhs.lacounty.gov/womens-health/our-services/womens-health/family-planning/>

FDA Drug Shortages. U.S. Food & Drug Administration. (n.d.).

<https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

FDA drug shortages: Root causes and potential solutions, 2019. U.S. Food and Drug

Administration. (2020, February 21). <https://www.fda.gov/media/132058/download>

Fine, H. (2022, July 15). *Pressure rises on soon-shiong to reopen St. Vincent Medical Center*. Los Angeles Business Journal.

<https://labusinessjournal.com/healthcare/pressure-rises-on-soon-shiong-to-reopen-st-vincent-medical-center/>

Flea-Borne (Endemic) Typhus. Los Angeles County Department of Public Health - Acute Communicable Disease Control. (n.d.).

<http://www.publichealth.lacounty.gov/acd/vectortyphus.htm>

Franklin, M., O'Connor, H., & Jones, A. (n.d.). *Vital Statistics Data Summary african american infant and maternal ...* Los Angeles County Department of Public Health.

https://assets.nationbuilder.com/blackinfantsandfamilies/pages/24/attachments/original/1692770280/2021_DPH_AAImm_data_slide_deck_060223_-_Helen_O'Connor.pdf?1692770280

Fry, H. (2024, July 31). *Traveler infected with measles flew into lax, visited Orange County*. Los Angeles Times.

<https://www.latimes.com/california/story/2024-07-31/person-infected-with-measles-travelled-through-lax>

Fungal meningitis. Fungal Meningitis | Texas DSHS. (2023, September 12).

<https://www.dshs.texas.gov/news-alerts/fungal-meningitis>

Garrova, R. (2024, July 12). *LA County clears way for dozens of “most needed” mental health beds in Boyle Heights*. LAist.

<https://laist.com/news/health/la-county-mental-health-beds-boyle-heights>

Gounder, P. (2019, November). *Clinical Recognition and Management of Hepatitis A: Preventing Outbreaks in Los Angeles County*. Rx for Prevention.

<http://rx.ph.lacounty.gov/RxHepA1119>

Gounder, P., & Balter, S. (2024, November). *Clinical Recognition and Management of Hepatitis A: Preventing Outbreaks in Los Angeles County*. Rx for Prevention.

<https://rx.ph.lacounty.gov/RxHepA1124>

- Gregory, K., & Accortt, E. E. (2024, August 12). Resources, Inspiration, Support and Empowerment (R.I.S.E.) for Black Maternal Mental Health. Los Angeles; Office of the City Clerk.
- Grigoryants, O. (2024, April 4). UCLA Health takes over longtime West Hills Hospital in San Fernando valley. Daily News.
<https://www.dailynews.com/2024/04/02/ucla-health-takes-over-longtime-west-hills-hospital-in-san-fernando-valley/>
- Health Care Reform*. Department of Mental Health. (2018, September 20).
<https://dmh.lacounty.gov/about/healthcare-reform/>
- Health Indicators for Women in Los Angeles County*. Los Angeles County Department of Public Health. (2017, January).
<http://www.publichealth.lacounty.gov/ha/docs/2015LACHS/2017-HealthIndicatorsforWomeninLACounty.pdf>
- Hepatitis B*. LAC | DPH Vaccine Preventable Disease Control Program. (n.d.).
<http://publichealth.lacounty.gov/ip/diseases/hepb/index.htm>
- Hepatitis B*. Los Angeles County Department of Public Health. (2017a, July 10).
<http://publichealth.lacounty.gov/hea/library/topics/hepatitis/CDCP-ACDC-0100-01.pdf>
- Hepatitis*. Johns Hopkins Medicine. (n.d.).
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/hepatitis>
- Hernandez-Tamayo, C., Stafylis, C., & Klausner, J. D. (2023). Lack of hepatitis C virus elimination by 2030 in Los Angeles County at current treatment rate. *Open Forum Infectious Diseases*, 10(4). <https://doi.org/10.1093/ofid/ofad125>
- Huizenga, R. (2024, October 21). Presentation by Dr. Robert Huizenga on Sex, Lies and STDs. Los Angeles; Office of the City Clerk.
- Invasive meningococcal disease: 2018 - LA County Department of public ...* Los Angeles County Department of Public Health. (2018, June 29).
<http://www.publichealth.lacounty.gov/acd/docs/IMD2018.pdf>
- Jarashow, C. (n.d.). *Invasive meningococcal disease (IMD) update - LA County Department of ...* Los Angeles County Department of Public Health.
http://publichealth.lacounty.gov/acd/docs/LAHAN_IMD.pdf
- Karan, A., & Parsonnet, J. (2024, March 19). *Opinion: How measles reemerged as a threat in California and elsewhere*. Los Angeles Times.
<https://www.latimes.com/opinion/story/2024-03-19/california-measles-vaccine-mmr-doubt>
- Karlamangla, S. (2019, April 29). *Where did the measles outbreak in L.A. start? officials are looking abroad*. Los Angeles Times.
<https://www.latimes.com/local/california/la-me-ln-measles-outbreak-la-20190429-story.html>
- LAC DPH Health Advisory: Increases of flea-borne typhus November 16, 2022*. Los Angeles County Health Alert Network. (2022, November 16).
<http://publichealth.lacounty.gov/eprp/lahealth/alerts/LAHANtyphus111622.pdf>

- LAC DPH Health Advisory: Meningococcal Disease—Ciprofloxacin Resistance in Southern California and Cases Linked to Travel to the Kingdom of Saudia Arabia.* Los Angeles County Health Alert Network. (2024, May 21).
<https://t.e2ma.net/message/jro4wy/3ybv1g>
- LAC DPH Health Alert: Local Outbreak of Hepatitis A among Persons Experiencing Homelessness and/or who use Illicit Drugs.* Los Angeles County Health Alert Network. (2024, May 10).
<http://publichealth.lacounty.gov/eprd/lahealth/alerts/LAHANHepAOutbreak051024.pdf>
- LAC DPH Health Alert: Meningococcal vaccine now recommended for all men ...* Los Angeles County Health Alert Network. (2017, November 2).
<http://publichealth.lacounty.gov/eprd/Health%20Alerts/LAC%20DPH%20IMD%20VAX%20MSM%20072616.pdf>
- LAC DPH Health Alert: Outbreak of Flea-Borne Typhus in Downtown Los Angeles.* Los Angeles County Health Alert Network. (2018a, October 4).
<http://publichealth.lacounty.gov/eprd/Health%20Alerts/LAHAN%20Typhus%2010.4.18%20final.pdf>
- LAC DPH Health update: Outbreaks of flea-borne typhus in Los Angeles County.* Los Angeles County Health Alert Network. (2018b, October 12).
<http://publichealth.lacounty.gov/eprd/Health%20Alerts/LAHANTyphusupdate101218.pdf>
- Lambert, D., Willis, D. J., & Xie, Y. (2023, September 7). *570 California schools targeted for low vaccination rates.* EdSource.
<https://edsource.org/2023/570-california-schools-targeted-for-low-vaccination-rates/696986>
- Lang, M. B. (2023, November 13). *Congress must act to address drug shortages.* Kaiser Permanente.
<https://about.kaiserpermanente.org/news/congress-must-act-to-address-drug-shortages>
- Lemus, M. (2024, February 12). *Integrating the Promotoras Community Transformational Model.* Office of the City Clerk.
http://ens.lacity.org/clk/commissionagend/clkcommissionagend3412169913_03132023.pdf
- Lin, R.-G. (2023, June 20). *Confirmed measles cases in Fresno County prompt renewed calls for vaccination.* Los Angeles Times.
<https://www.latimes.com/california/story/2023-06-20/measles-cases-reported-in-california-central-valley>
- Lin, R.-G. (2024, December 6). *Measles exposure reported at LAX, Orange County Children's Hospital. who is at risk?* Los Angeles Times.
<https://www.latimes.com/california/story/2024-12-06/measles-case-reported-at-lax-orange-county-childrens-hospital-who-is-at-risk>
- Locations.* California School-Based Health Alliance | Bringing Health Care to Kids in School. (n.d.). <https://www.schoolhealthcenters.org/school-based-health/locations/>
- Lopez, G. (2023, May 18). *Prescription drug shortages.* The New York Times.
<https://www.nytimes.com/2023/05/18/briefing/drug-shortages-adderall-prescription.html>

- Los Angeles County Abortion Safe Haven*. Los Angeles County Department of Public Health. (n.d.-a). <http://publichealth.lacounty.gov/owh/Abortion/index.htm>
- Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026*. Los Angeles County Department of Public Health. (2022b, December). [http://publichealth.lacounty.gov/dhsp/HIV/LAC_Integrated_HIV_Prevention_and_Care_Plan_2022-2026_\(final\).pdf](http://publichealth.lacounty.gov/dhsp/HIV/LAC_Integrated_HIV_Prevention_and_Care_Plan_2022-2026_(final).pdf)
- MacNeil, J. R., Blain, A. E., Wang, X., & Cohn, A. C. (2017). Current epidemiology and trends in Meningococcal Disease—United States, 1996–2015. *Clinical Infectious Diseases*, 66(8), 1276–1281. <https://doi.org/10.1093/cid/cix993>
- Maternal, Child, & Adolescent Health*. Los Angeles County Department of Public Health. (n.d.-b). <http://publichealth.lacounty.gov/mch/>
- Mayo Foundation for Medical Education and Research. (2023, August 23). *Hepatitis C*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/hepatitis-c/diagnosis-treatment/drc-20354284>
- Measles Outbreak 2019*. Los Angeles County Department of Public Health. (n.d.-b). <http://publichealth.lacounty.gov/media/measles/>
- Measles*. California Department of Public Health. (2020, January 20). <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>
- Meningitis (meningococcal disease) in gay men/men who have sex with men ...* Los Angeles County Department of Public Health. (2016, August 4). <http://publichealth.lacounty.gov/hea/library/topics/meningitis/CDCP-IP-0006-01.pdf>
- Meningococcal disease*. Los Angeles County Department of Public Health. (2016, July 7). <http://publichealth.lacounty.gov/hea/library/topics/meningitis/QID-HEA-0007-01.pdf>
- National Health Foundation. (n.d.). NHF’s CalFresh Connection – Promotores Best Practices. Los Angeles; Office of the City Clerk.
- National HIV/AIDS Strategy Federal Implementation Plan 2022-2025*. HIV.gov. (2023, December 1). https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf
- Nelson, L. (2019, June 23). *Westside Theater and restaurant patrons may have been exposed to measles, officials say*. Los Angeles Times. <https://www.latimes.com/local/lanow/la-me-ln-measles-outbreak-exposure-los-angeles-geffen-toscana-westside-20190623-story.html>
- Palombo, R. (2024, January 30). *Investigation uncovers high measles risk at 350 Southern California schools with low vaccination rates*. CBS News. <https://www.cbsnews.com/losangeles/news/southern-california-measles-outbreaks-school-vaccination-rates-mmr/>
- Perinatal mood and anxiety disorders (PMAD)*. Minnesota Department of Health. (2023, February 9). <https://www.health.state.mn.us/people/womeninfants/pmad/index.html>
- Policy Solutions to Address the Drug Shortage Crisis*. ASHP. (2023). <https://news.ashp.org/-/media/assets/advocacy-issues/docs/2023/ASHP-Drug-Shortage-Recommendations.pdf>

- Powells, D. (2022, June 14). *City officials want to reopen St. Vincent as a medical care facility for the homeless*. CBS News.
<https://www.cbsnews.com/losangeles/news/city-officials-want-st-vincent-reopened-medical-care-facility-homeless/>
- Prange, N. (2020, April 10). *LAFD Launches Telemedicine Pilot Program*. Los Angeles Fire Department. <https://lafd.org/news/lafd-launches-telemedicine-pilot-program>
- Preston, E. (2023, May 8). *How doulas help combat racial disparities in maternal health*. CBS News.
<https://www.cbsnews.com/news/frontline-doulas-combat-racial-disparities-maternal-health-los-angeles/>
- Public health confirms measles case in Los Angeles County*. Los Angeles County Department of Public Health News Release. (2024, December 5).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=4895>
- Public Health Investigates a Cluster of Reported Hepatitis C Cases Who Received Care at a Local Clinic*. Los Angeles County Department of Public Health. (2019, February 25).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=2002>
- Public health investigating a case of reported hepatitis A at local jail - anyone detained at men's Central Jail between May 13 and May 28 should get vaccinated against hepatitis*. Los Angeles County Department of Public Health News Release. (2023, June 2).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=4401>
- Public Health Reports Several Cases of Flea-Borne Typhus*. Los Angeles County Department of Public Health News Release. (2018, October 4).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=1930>
- Public Health Warns of Possible Measles Exposure Locations*. Los Angeles County Department of Public Health News Release. (2020a, January 19).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubdetail.cfm?unit=media&ou=ph&prog=media&cur=cur&prid=2222&row=25&start=1>
- Public Health Warns of Possible Measles Exposure Locations*. Los Angeles County Department of Public Health News Release. (2020b, February 5).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=2236>
- Public Health Warns of Possible Measles Exposure Locations*. Los Angeles County Department of Public Health. (2020, January 19).
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubdetail.cfm?unit=media&ou=ph&prog=media&cur=cur&prid=2222&row=25&start=1>
- Reproductive Health Services and resources*. HHS Office of Population Affairs. (n.d.).
<https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/reproductive-health-services-and-resources>

- Research and Analytic Studies Division. (2017, March). Medi-Cal's Optional Adult ACA Expansion Population – October 2016. Medi-Cal Statistical Brief. California Department of Health Care Services.
- Reyes, E. A. (2022, June 14). *Councilman calls on times owner to reopen Empty Hospital to care for homeless people*. Los Angeles Times.
<https://www.latimes.com/california/story/2022-06-14/st-vincent-hospital-patrick-soon-shi-ong-mitch-ofarrell>
- Reyes, E. A. (2023, January 1). *Hepatitis C is a slow-moving killer that can be stopped. what's getting in the way?* Los Angeles Times.
<https://www.latimes.com/california/story/2023-01-01/hepatitis-c-medication-availability>
- Reyes, E. A. (2023, April 20). *Beverly Hospital in Montebello files for bankruptcy in effort to avoid closure*. Los Angeles Times.
<https://www.latimes.com/california/story/2023-04-20/beverly-hospital-in-montebello-files-for-bankruptcy-in-effort-to-avoid-closure>
- Reyes, E. A. (2024, February 4). *Why L.A.'s battle against a deadly disease relies on unpaid volunteers*. Los Angeles Times.
<https://www.latimes.com/california/story/2024-02-04/why-los-angeles-county-depends-on-volunteers-to-fight-hepatitis-c>
- Ross, D. (2023, February 13). *Los Angeles County had an ambitious plan, but it's still struggling to shrink the Black Infant Death Rate*. USC Annenberg Center for Health Journalism.
<https://centerforhealthjournalism.org/our-work/insights/los-angeles-county-had-ambitious-plan-its-still-struggling-shrink-black-infant>
- Saluja, S., McCormick, D., Cousineau, M. R., Morrison, J., Shue, L., Joyner, K., & Hochman, M. (2019). Barriers to primary care after the Affordable Care Act: A qualitative study of Los Angeles safety-net patients' experiences. *Health Equity*, 3(1), 423–430.
<https://doi.org/10.1089/heq.2019.0056>
- Sandoval, K. (2023, November 2). *UCLA Health Changes Emergency Medical Services curriculum to better address 911 mental health calls*. UCLA Health.
<https://www.uclahealth.org/news/ucla-health-changes-emergency-medical-services-curriculum>
- Sanko, S. (2022).
- Sanko, S., Feng, S., Lane, C., & Eckstein, M. (2021). Comparison of emergency medical dispatch systems for performance of telecommunicator-assisted cardiopulmonary resuscitation among 9-1-1 callers with limited English proficiency. *JAMA Network Open*, 4(6). <https://doi.org/10.1001/jamanetworkopen.2021.6827>
- Sanko, S., Kashani, S., Ito, T., Guggenheim, A., Fei, S., & Eckstein, M. (2019). Advanced practice providers in the field: Implementation of the Los Angeles Fire Department Advanced Provider Response Unit. *Prehospital Emergency Care*, 24(5), 693–703.
<https://doi.org/10.1080/10903127.2019.1666199>
- Sanko, S., Lane, C., & Eckstein, M. (2020a). Effect of new 9-1-1 system on efficiency of initial resource assignment. *Prehospital Emergency Care*, 24(5), 634–643.
<https://doi.org/10.1080/10903127.2019.1666200>

- Sanko, S., Lane, C., & Eckstein, M. (2020b). Impact of a new 9-1-1 dispatch system on call-processing times for time-critical emergencies in the City of Los Angeles. *Prehospital Emergency Care*, 24(4), 537–543. <https://doi.org/10.1080/10903127.2019.1668988>
- Schnirring, L. (2024, April 15). *US measles cases top 120 as LA County tracks case with multiple exposures*. CIDRAP. <https://www.cidrap.umn.edu/measles/us-measles-cases-top-120-la-county-tracks-case-multiple-exposures>
- School Health Profiles 2018*. Centers for Disease Control and Prevention. (2019). <https://www.cdc.gov/healthyyouth/data/profiles/pdf/2018/CDC-Profiles-2018.pdf>
- Severity and Impact of Current Drug Shortages June/July 2023*. ASHP. (2023b). <https://www.ashp.org/-/media/assets/drug-shortages/docs/ASHP-2023-Drug-Shortages-Survey-Report.pdf>
- Sexual & Reproductive Health*. California School-Based Health Alliance | Bringing Health Care to Kids in School. (2023, August 15). <https://www.schoolhealthcenters.org/resources/student-impact/reproductive-health/>
- Sexually transmitted infections Los Angeles County, 2021*. Los Angeles County Department of Public Health. (2022c). http://publichealth.lacounty.gov/dhsp/Reports/STD/2021_STD_Snapshot_LAC_Only_04.03.23_Final.pdf
- Sommers, B. D., Chua, K., Kenney, G. M., Long, S. K., & McMorro, S. (2015a). California's early coverage expansion under the Affordable Care Act: A county-level analysis. *Health Services Research*, 51(3), 825–845. <https://doi.org/10.1111/1475-6773.12397>
- Sommers, B. D., Chua, K., Kenney, G. M., Long, S. K., & McMorro, S. (2015b). California's early coverage expansion under the Affordable Care Act: A county-level analysis. *Health Services Research*, 51(3), 825–845. <https://doi.org/10.1111/1475-6773.12397>
- Surani, Z. (2024, February 12). *Community Health Workers and Promotoras Impact on Cancer Disparities in Los Angeles*. Office of the City Clerk. http://ens.lacity.org/clk/commissionagend/clkcommissionagend3412169913_03132023.pdf
- UCLA Health Selects Construction Team for Neuropsychiatric Hospital Project*. UCLA Health. (2022, November 2). <https://www.uclahealth.org/news/ucla-health-selects-construction-team-neuropsychiatric>
- Update on flea-borne typhus in Los Angeles County*. Los Angeles County Department of Health News Release. (2019, February 7). <http://publichealth.lacounty.gov/phcommon/public/media/mediapubdetail.cfm?unit=media&ou=ph&prog=media&cur=cur&prid=1987&row=25&start=1>
- Vaccine Preventable Disease Control Program. (2018, September 4). *General Hepatitis B Information*. Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ip/perinatalhepb_ed.htm
- Valenzuela, C. P., & Osterman, M. (2023, May 25). *Products - data briefs - number 468 - May 2023*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/products/databriefs/db468.htm>

- Virginia Department of Health announces statewide outbreak of meningococcal disease.* Virginia Department of Health. (2023, August 30).
<https://www.vdh.virginia.gov/blog/2023/08/30/virginia-department-of-health-announces-statewide-outbreak-of-meningococcal-disease/>
- Verano, B. (2024, February 28). *California becomes first state to offer health insurance to all eligible undocumented adults but many remain uninsured because of a range of enrollment barriers.* Western Center on Law & Poverty.
<https://wclp.org/california-becomes-first-state-to-offer-health-insurance-to-all-eligible-undocumented-adults-but-many-remain-uninsured-because-of-a-range-of-enrollment-barriers/>
- What you should know about: Hepatitis A.* Los Angeles County Department of Public Health. (2017b, September 20).
<http://publichealth.lacounty.gov/media/docs/HepaAInfographic-Eng.pdf>
- Who We Are - Ems.* Emergency Medical Services Agency. (2023, August 24).
<https://dhs.lacounty.gov/emergency-medical-services-agency/home/who-we-are/#:~:text=The%20Los%20Angeles%20County%20Emergency,both%20public%20and%20private%20sectors.>
- World Health Organization. (2023a, April 27). *Meningitis - Nigeria.* World Health Organization.
<https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON454>
- World Health Organization. (2023b, August 9). *Measles.* World Health Organization.
<https://www.who.int/news-room/fact-sheets/detail/measles>
- World Health Organization. (n.d.). *Reproductive health.* World Health Organization.
<https://www.who.int/westernpacific/health-topics/reproductive-health>
- Wosińska, M., & Frank, F. G. (2023, June 27). *Federal policies to address persistent generic drug shortages.* Brookings.
<https://www.brookings.edu/articles/federal-policies-to-address-persistent-generic-drug-shortages/>
- Wyatt, G. E., Chin, D., Loeb, T. B., Norwood-Scott, E., McEwan, J. A., Zhang, M., Smith-Clapham, A. M., Cooley-Strickland, M., Trinidad, C., Flint, J. R., Wells, Y., Divinity, R., & Liu, H. (2023). Women-centered program for Women of Color (WC4WC): A community-based participatory, culturally congruent sexual health intervention in Los Angeles County, California. *American Journal of Public Health, 113*(S2). <https://doi.org/10.2105/ajph.2023.307296>

Section IV: Los Angeles 2028 Olympics

Introduction

The Los Angeles City Health Commission works to understand, prevent, and respond to potential threats to health in Los Angeles County, including both persistent concerns to the county and those relating to its role in a global context. In July of 2017, the International Olympic Committee historically declared Los Angeles the host city for the 2028 Olympic and Paralympic Games (IOC, n.d.). This will mark the city's third time hosting the Olympic Games, previously hosted in 1932 and 1984, and the first time to host the Paralympic Games. With prior planning experiences from the LA84 games, public officials see these games as an opportunity to reshape the city's physical infrastructure (Rodriguez, 2024). Notably, this will be the first "no build" games in the history of the event, "maintaining a focus on people first to create a lasting human legacy" (LA28, n.d.). Prior to the start of the games, this commitment has been seen in the investment in youth sports, aid to local businesses, creation of local jobs, and plans for environmental and transportation improvements across the county.

The LA28 Games Agreement required the establishment of three working groups, designed to bring a diverse group of stakeholders from across the region together to advise on and support the games planning. These groups include 1) Community Business and Procurement (CBP), 2) Local Hire (LH), and 3) Sustainability (City of Los Angeles, 2023). The selected participants on the committees come from organizations across Los Angeles County and are committed to priorities including cross collaboration with education institutions, representation among multiple sector interests in the field, and community roots.

This section of the report concentrates on countywide developments and plans for the upcoming LA28 Games and how they will impact the wellbeing of Angelenos. In evaluating a wide array of issues alongside notable researchers, faculty members, and field leaders, the Commission hopes to be able to effectively advise stakeholders to allocate the necessary resources toward improving the health outcomes and living conditions of vulnerable groups prior to the start of the games.

Communicable Disease Control

Recommendations:

- 1) Strengthen disease surveillance by expanding real-time monitoring, including after hours primary care and emergency department visits, to identify and respond to infectious outbreaks swiftly.
- 2) Conduct pre-Games risk assessments in collaboration with local, national, and international agencies to anticipate and mitigate potential disease transmission threats.
- 3) Implement rigorous hygiene and food safety protocols for caterers and vendors to minimize gastrointestinal illnesses, following the successful model of the Beijing 2008 Games (Moy et al., 2010).
- 4) Ensure sufficient medical personnel, facilities, and rapid response teams at all venues, in collaboration with Cedars-Sinai, to provide timely care and reduce strain on local health systems.

Background:

Mass gatherings, including that of the Olympic and Paralympics Games, present a risk for widespread transmission of infectious diseases (McCloskey et al., 2014). The prevention of infectious disease through surveillance and response strategies has therefore been a priority of Olympic planning committees for many years. Through analysis of public health planning from previous events, such as the London 2012 Olympic and Paralympic Games, the Los Angeles 2028 games can reduce the number of cases of communicable diseases to alleviate strains on public healthcare systems.

During the 1996 Atlanta and 2000 Sydney Olympic Games, infectious disease made up less than 1% of health-care visits (Jorm et al., 2003). Of these 1% of cases, the most common reasons for healthcare visits included respiratory infections (6.7%) and gastroenteritis (3.7%) with a few cases of salmonellosis, tuberculosis, bacterial meningitis, and hepatitis B reported (WHO, 2007). The morbidity resulting from these infections was quite low (2-3%). The number of cases of communicable disease dramatically reduced by 40% in the 2008 Beijing Olympic Games, which was attributed to improved health-protection measures relating to food safety and hygiene (Moy et al., 2010). This particularly minimized the incidence of gastrointestinal diseases caused by contaminated food and water associated with compromised hygiene practices for caterers at mass gatherings.

Further preventive measures have been taken in more recent Olympic Games to improve the system in which public health issues are addressed. Specifically, the 2012 London Games ensured that health systems had the capacity and personnel in place to improve surveillance, reporting, and intelligence systems that would allow them to recognize and mitigate these issues in a timely manner (Enock, 2008). Collaboration between local, national, and international

agencies and governments also worked to develop a public health risk assessment for the Olympic Games. From these initial assessments, a gap in surveillance was found for visitors who saw a primary care provider out of typical hours as well as visitors who visited the emergency department, leading to the establishment of two new surveillance systems that continue to operate in England. This set a standard for Olympic committees to thoroughly report cases of communicable disease and investigate probable causes for infectious outbreaks.

The Los Angeles 2028 Olympics and Paralympic Committees have already begun making similar efforts to ensure accessible and quality medical services will be provided to visitors and athletes at the upcoming games. In September of 2024, Cedars-Sinai, a nonprofit academic healthcare organization serving the Los Angeles community, was announced as the official medical provider for the LA28 games. Their services will cover medical care for athletes, coaches, team personnel, and visitors who travel to Los Angeles for the games, making them a critical resource and medical advisor in establishing medical services in the Olympic village and at the sporting venues (USOPC, 2024). Cedars-Sinai also emphasized that their role in the LA28 games goes beyond a commitment to the health and wellbeing of athletes and visitors, as they seek to make long-term improvements to the health and wellbeing of Angelenos before the games begin.

Action Plan:

The Health Commission advises the adoption of infectious disease surveillance and response strategies for the 2028 Olympic and Paralympic Games in order to enhance public health infrastructure and establish long-term health initiatives to protect both visitors and Angelenos.

Environmental Impact and Sustainability Goals

Recommendations:

- 1) Prioritize the transition to 100% electric buses, 60% electric medium-duty delivery vehicles, and 40% zero-emissions drayage trucks by expanding charging infrastructure and supporting fleet electrification.
 - a) Ensure 40% of funding is directed towards zero emissions buses while reducing funding to combustion technology in order to support a timely transition to zero emissions and reduce pollution from existing internal combustion engine buses (LACI, 2024).
- 2) Accelerate Metro’s expansion of transit lines and multimodal transportation options to ensure seamless connectivity between Olympic venues while reducing traffic congestion and emissions.
- 3) Establish high-volume transit “mobility hubs” near event venues, equipped with bike and scooter storage, rideshare drop-off zones, and integrated transit access to encourage alternatives to personal vehicle use (LACI, 2024).
- 4) Develop permanent charging infrastructure at municipal airports to support battery-electric buses and future hybrid-electric aircraft, improving regional goods movement, and emergency preparedness.
- 5) Ensure sustainability efforts enhance, rather than displace, existing communities by aligning investments in green spaces and transportation improvements with affordable housing and economic opportunity initiatives.

Background:

The LA28 games has set out to create an ambitious framework that will integrate zero emissions solutions for the 2028 Games and expedite the implementation of charging infrastructure across the city of Los Angeles.

The Los Angeles Cleantech Incubator (LACI), a nonprofit organization that helps early-stage clean technology startups grow in Los Angeles, has been crucial as a partner in planning environmental goals for the 2028 Games. In the early stages of planning, LACI has supported transportation planning by “identifying how best to incorporate zero emission transportation solutions, building upon the momentum created by LACI’s public-private Transportation Electrification” (LACI, 2024). In their report, *Going for Gold*, LACI outlines measures necessary to catalyze medium and heavy-duty charging infrastructure investments in the Los Angeles Region prior to the 2028 games. As a result of collaboration between Southern California Edison, Los Angeles Department of Water and Power, Los Angeles Metropolitan Transportation Authority, and the City and County of Los Angeles, transportation electrification partnerships have been established with the goal of “reducing greenhouse gas emissions and air

pollution by 25% beyond existing commitments” (LACI, 2024). This is defined by four regional targets to reduce energy expenditures from vehicles:

- 100% buses to become electric.
- 60% of medium-duty delivery vehicles to be electric.
- 40% of drayage trucks (for Port of Los Angeles and Long Beach) to become zero emissions.
- 95,000 chargers installed to support transit and goods movement across LA county.

Recommendations included in LACI’s blueprint for transportation electrification are divided into five categories:

- 1) School bus depot electrification.
- 2) Transit bus depot electrification.
- 3) Energy and transportation hubs at municipal airports.
- 4) Mobile energy and charging assets for last mile transportation.
- 5) Electric-vehicle-integrated fleet management service.

LACI’s first goal, school bus depot electrification, has enormous benefits for reducing emissions and air pollution reductions, but also is essential for priming students on sustainability goals for the next decade. The establishment of these buses in underrepresented communities in Los Angeles County can help “spur familiarity with and support for clean energy technologies, driving momentum for further accelerated electrification.” Outside of school-based transportation initiatives, transit agencies have set out to advance the implementation of zero emission buses before the enactment of the Innovative Clean Transit rule in 2029, which will limit the state of California to only purchasing electric buses. The electrification of transit buses preceding the 2028 Olympics will also diminish the environmental impact of the games by encouraging visitors and spectators living in, commuting from, or traveling to events to utilize these services rather than driving their own vehicle. This also eliminates many concerns of security and traffic congestion around venues. LA28 anticipates that these high-volume transit buses will operate from “mobility hubs,” which are proximate transit stops to the venues. These hubs will be located in areas with existing access to transit infrastructure, car parking lots, rideshare drop-off/pick-up, and spaces for bikes or scooters.

In order to achieve widespread electrification, LACI emphasizes that depots for staging vehicles, mobile battery energy storage systems (BESS), and associated charging will be critical to the project’s success. Their blueprint also suggests that municipal airports are “an ideal footprint for this operation,” as it presents an opportunity to catalyze permanent charging infrastructure installations at municipal airports. During the 2028 games, charging infrastructure located at municipal airports could be helpful for storing and charging battery-electric buses, as 1 acre of space can support twenty buses. Given Los Angeles’ anticipated transition to electric energy, these charging and energy assets will eventually be needed to charge electric ground support equipment and hybrid-electric aircraft. Investment in energy storage and charging infrastructure can, therefore, become part of the transformative legacy that LA28 seeks to be for Los Angeles by “expanding the economic potential that hybrid aviation can provide to regional

goods and people movement.” In a zero-emissions future, this can also largely benefit emergency preparedness for the City of Los Angeles where large amounts of battery energy storage systems and chargers can be used to support first responders and disaster relief efforts, making this initiative a valuable long-term investment for policymakers.

Using a \$139 million U.S. Department of Transportation Grant, Metro also plans to play an active role in “restoring community connectivity by investing in high-quality multimodal transportation options to enable affordable, reliable mobility and access to opportunity ahead of the 2028 games” (Metro, n.d.). During Los Angeles’s last Olympic Games in 1984, there were no transit lines, commuter rail lines, or designated bus lanes. Metro’s planned expansion will enable transit to reach most of the major Game venues, providing incentive for more spectators to choose public transit, walking, or biking to save time on their commute. Additionally, to ensure the full event capacity can be supported, a supplemental, temporary bus system of zero emissions and compressed natural gas buses from Metro and partner agencies will be used for travel to and from venues.

In conjunction with policies prioritizing green energy, organizers of the LA28 Games should focus on shaping these changes to accommodate the lifestyle and culture of low-income neighborhoods in Los Angeles County. Although there are many anticipated positive effects of improving local infrastructure, University of Utah researchers Alessandro Rigolon and Tom Collins warn of the “green gentrification cycle,” in which such changes result in an influx of wealthier residents who price out and displace the very people meant to benefit (Potter, 2024). They suggest that, in order to improve the quality of life for people in low-income neighborhoods, parks and housing policies must be designed with the goal of building wealth and capacity for the people who live around them.

Action Plan:

The Health Commission urges the adoption of stated recommendations to advance the implementation of zero-emission transportation and sustainable infrastructure in preparation for the 2028 Olympic and Paralympic Games.

Public Health Care System Strain

Recommendations:

- 1) Establish early relationships with community partners to facilitate public health planning.
- 2) Develop a reliable system of transportation for athletes and visitors with medical needs that cannot be addressed at the venue.
- 3) Enforce safety standards for catering companies providing food at the venue to minimize risk of gastrointestinal and food-borne diseases.

Background:

Due to their scale, the Olympic and Paralympic Games have the potential to place significant strain on local health services. In a report with experiences from Sydney 2000, Athens 2004, Beijing 2008, Vancouver 2010, and London 2012 host cities, six themes were identified among each of their respective health care arrangements:

- 1) Importance of early planning and relationship buildings: clarifying roles early to establish responsibilities and expectations, and communicating with external and internal groups in the planning process from the start (Kononovas, 2014).
- 2) Development of medical services: anticipating that most healthcare concerns can be addressed inside the Olympic venue while also making arrangements for regional hospitals in case of emergency (Kononovas, 2014).
- 3) Preparing for health risks: providing and supporting medical personnel who can treat gastrointestinal and food-borne diseases, which are generally the most common communicable disease seen at the Olympic Games (Kononovas, 2014).
- 4) Understanding and addressing risks: arranging full-staffed security is likely one of the most resource-demanding tasks (Kononovas, 2014).
- 5) Managing administration and logistical issues: arranging staff permission to work at games venues can be complex and frequently faces delays or errors (Kononovas, 2014).
- 6) Planning and assessing health legacy programs: creating and executing health initiatives that have lasting benefits for the host city has not yet been effective (Kononovas, 2014).

Action Plan:

The Health Commission urges the adoption of the stated recommendations to improve the efficiency of responses to public health emergencies and minimize the spread of disease at the 2028 Olympic and Paralympic Games venues.

Neighborhood Development

Recommendations:

- 1) Continue reducing financial barriers for youth participation in the PlayLA sports programs, ensuring that children from low-income communities can engage in accessible, high-quality recreation.
- 2) Ensure that city policies for the LA28 games avoid criminalizing or forcibly displacing unhoused individuals.
- 3) Provide incentives for property owners to make low-income rental units available and integrate informal housing stock into official housing solutions
- 4) Collaborate with community colleges and workforce development initiatives to provide vocational training for unhoused individuals actively seeking work, particularly in sectors relevant to Olympic job opportunities.

Background:

In addition to efforts to improve physical infrastructure, 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 and Paralympic Games (Rodriguez, 2024). Collectively, the LA28 and International Olympic Committee have invested \$160 million into this initiative, making it the “single largest commitment to youth sport development in California” (City of Los Angeles, 2024). In its first year of operation, PlayLA has offered a variety of sports to children ages 5-17 including setting volleyball, adaptive swimming, goalball, para equestrian, para surfing, wheelchair basketball, adaptive athletics, and wheelchair tennis and paracanoe. Given its core mission to offer youth recreational sports programs at a low cost, Los Angeles Department of Recreation and Parks has used the majority of this funding to subsidize participation fees for leagues, classes, and clinics with the goal of reducing cost to \$10 per child. The grant is also dedicated to support quality sport programming in well-maintained, secure environments with trained coaches at recreation centers and sports facilities across the city, emphasizing support in areas that serve low-income neighborhoods as the community moves forward from the COVID-19 pandemic (LA28, n.d.).

Increasing accessibility and affordability of these programs is critical not only for the children’s physical health, but also mental health in allowing for friendly competition and friendship building. In a study conducted by Isabelle Doré, Associate Professor in the School of Kinesiology and Physical Activity Sciences at the University of Montreal, and her colleagues on the correlation between athletic participation and adolescent mental health, recreational sports in childhood and early adolescence was positively associated with mental health in late adolescence (Doré et al., 2019). Hence, to promote mental health, strategies such as PlayLA which encourage youth to engage and remain involved in sport are an effective promotive factor.

In conjunction with youth community development, LA28 seeks to leave a legacy on the city

by restoring infrastructure used to house LA's unsheltered residents rather than forcing them into displacement. In a report written in collaboration between Economic Roundtable, UCLA School of Law, California State Polytechnic University, and Pathways to Housing, ten specific recommendations were detailed to help the city of Los Angeles excel as a host for the 2028 Olympic Games. The leading priority is ensuring that Angelenos have an income through employment or a basic income grant while also securing stable housing. Other priorities include identifying high-risk individuals to avert preventable homelessness, protection of renters through revision of eviction policies, and record expungement and jail diversion programs (Flaming et al., 2024). With the nation's largest population of unsheltered homeless individuals living on its streets, the report asks Los Angeles policymakers to avoid legislation that would criminalize and displace street residents. Instead, the authors urge these policymakers to "develop harmony and preserve human dignity [... by] upholding human rights in organizing and delivering the Olympic Games, including the safety and well-being of residents" (Flaming et al., 2024). This also provides an opportunity to demonstrate societal improvement from the 1984 Olympics in which the Los Angeles Police Department (LAPD) forced unhoused individuals from the streets using threats of arrest and harassment without any transportation or alternative housing plans. This is also increasingly important given a recent Supreme Court ruling on *Grants Pass v. Johnson*, authorizing nationwide laws that restrict sleeping on public property.

Despite short-term successes like Inside Safe, an initiative by Mayor Karen Bass to move encampments of unhoused people into interim motel housing, there is yet to be a cost-effective and sustainable solution to the homeless challenge facing Los Angeles (City of Los Angeles, n.d.). In order to improve upon previous efforts, future plans for restorative interventions must focus on prevention of homelessness through "jail and shelter diversion, emergency rent assistance, landlord conflict mitigation, landlord damage mitigation, and income support" (Murphy, 2024). Additionally, early exits to homelessness through "ready access to housing choice vouchers" appear to be viable early interventions to provide stable housing and avoid long-term harm.

However, if ordinances displacing unhoused residents continue prior and into the Olympic Games, the presence of law enforcement should at least be "complemented by short-term and permanent housing [as well as] engagement of health, mental health and substance abuse services, and case managers who can provide whole person support" (Flaming et al., 2024). Researchers also suggest that community colleges can provide valuable training to individuals that can aid them in becoming more employable. Given the reality that the city cannot fund this program for all homeless adults, training should be targeted at the estimated 40% of unsheltered adults that are actively seeking work, making them motivated and good candidates for employment interventions. This population includes adults ages 25-34 (47%) and 35-44 (42%), individuals not classified as "chronically homeless" (46%), adults with children (46%), and individuals who have been homeless for up to 3 months (47%).

For unhoused individuals who are successful in retaining employment, labor laws are also needed to protect their rights and guarantee fair wages and treatment. This is particularly

important to protect homeless adults who are recently employed, but whose earnings have been insufficient to pay for housing.

The 10 actions are:

- 1) Address homelessness as a problem of inadequate income by providing help in getting a job or providing a basic income.
- 2) Increase early exits from homelessness through interventions that result in stable housing. This includes using predictive screening tools that accurately identify individuals who are likely to be persistently homeless so that they can be helped before, or soon after, they become homeless rather than after long-term harm has accumulated in their lives.
- 3) Provide incentives to make affordable space in the low-income rental market and the existing informal housing stock available for unsheltered individuals.
- 4) Extend restorative interventions to couch-homeless individuals who need employment or basic income interventions that will enable them to pay rent and have a claim to housing.
- 5) Increase the supply of affordable housing.
- 6) Protect renters from unjust evictions by requiring landlords to have just cause to terminate a tenant's lease and by ensuring the right to legal counsel.
- 7) Prevent homelessness through jail and shelter diversion, emergency rent assistance, landlord conflict mitigation, and income support.
- 8) Expand record expungement programs, especially for crimes related to homelessness and poverty. Complement law enforcement interventions with the engagement of housing providers, health, mental health and substance abuse services, community colleges, and case managers who provide whole-person support.
- 9) Enact and enforce labor laws that protect employed workers, ensure payment of living wages, and require fair scheduling.
- 10) Help newly housed individuals to overcome their isolation through service components that build social support networks and community ties.

Action Plan:

The Health Commission encourages the adoption of the stated recommendations to prioritize equitable community development initiatives, such as PlayLA, in preparation for the 2028 Olympic and Paralympic Games.

References

- Angeles, C. o. L. *Inside Safe*. Retrieved January 8 from <https://mayor.lacity.gov/InsideSafe>
- Angeles, C. o. L. (2024). *Register for PlayLA Classes for Youth Sports & Adaptive Youth Sports*. Retrieved 2 January from <https://lacity.gov/highlights/register-playla-classes-youth-sports-adaptive-youth-sports>
- Committee, I. O. *2024/2028 Host City Election*. Retrieved February 23 from <https://www.olympics.com/ioc/2024-2028-host-city-election>
- Committee, U. S. O. P. (2024). *Cedars-Sinai Named Official Medical Provider for Los Angeles 2028 Olympic and Paralympic Games*. Retrieved February 23 from <https://www.usopc.org/news/2024/september/18/cedars-sinai-named-official-medical-provider-for-los-angeles-2028-olympic-and-paralympic-games>
- Doré, I., Sabiston, C. M., Sylvestre, M.-P., Brunet, J., O'Loughlin, J., Nader, P. A., Gallant, F., & Bélanger, M. (2019/06/01). Years Participating in Sports During Childhood Predicts Mental Health in Adolescence: A 5-Year Longitudinal Study. *Journal of Adolescent Health*, 64(6). <https://doi.org/10.1016/j.jadohealth.2018.11.024>
- Flaming, D., Blasi, G., Orlando, A. W., & Tsemberis, S. (2024/09/05). Excelling for the 2028 Olympics: Restoring, Not Displacing, LA's Unsheltered Residents. <https://doi.org/10.2139/ssrn.4947894>
- GG, M., F, H., & J, C. (2010 Aug). Ensuring and promoting food safety during the 2008 Beijing Olympics - PubMed. *Foodborne pathogens and disease*, 7(8). <https://doi.org/10.1089/fpd.2009.0473>
- Incubator, L. A. C. (2024). *Going for Gold: A Blueprint to Catalyze Medium and Heavy-Duty Charging Infrastructure Investments in the Los Angeles Region Preceding the 2028 Games*. LACI. Retrieved February 1 from <https://laincubator.org/wp-content/uploads/2024/12/G4GLA28-Report-web-12.24.pdf>
- Jorm, L., Thackway, S., Churches, T., & Hills, M. (2003 Feb). Watching the Games: public health surveillance for the Sydney 2000 Olympic Games. *Journal of Epidemiology and Community Health*, 57(2). <https://doi.org/10.1136/jech.57.2.102>
- K, K., G, B., J, T., & R, R. (2014 Dec). Improving Olympic health services: what are the common health care planning issues? - PubMed. *Prehospital and disaster medicine*, 29(6). <https://doi.org/10.1017/S1049023X14001113>
- KE, E., & J, J. (2008 Nov). The Olympic and Paralympic Games 2012: literature review of the logistical planning and operational challenges for public health - PubMed. *Public health*, 122(11). <https://doi.org/10.1016/j.puhe.2008.04.016>
- LA28. *How will Los Angeles benefit from the Games?* Retrieved February 23 from <https://la28.org/en/faqs/what-benefit-will-the-games-bring-to-los-angeles--.html>
- LA28. *LA28 Invests \$9.6M in Kids Sports for Upcoming School Year*. Retrieved January 8 from https://la28.org/en/newsroom/LA28_Kids_Sports_Investment_21-22.html
- McCloskey, B., Endericks, T., Catchpole, M., Zambon, M., McLaughlin, J., Shetty, N., Manuel, R., Turbitt, D., Smith, G., Crook, P., Severi, E., Jones, J., Ibbotson, S., Marshall, R., Smallwood, C. A. H., Isla, N., Memish, Z. A., Al-Rabeeh, A. A.,

- Barbeschi, M.,...Zumla, A. (2014/06/14). London 2012 Olympic and Paralympic Games: public health surveillance and epidemiology. *The Lancet*, 383(9934).
[https://doi.org/10.1016/S0140-6736\(13\)62342-9](https://doi.org/10.1016/S0140-6736(13)62342-9)
- Metro. *We're On Track for the LA 2028 Olympic and Paralympic Games*. Retrieved January 20 from <https://www.metro.net/2028games/>
- Moy, G. (2010). Ensuring and promoting food safety during the 2008 Beijing Olympics. *Foodborne pathogens and disease*, 7(8), 981-983.
<https://doi.org/10.1089/fpd.2009.0473>
- Murphy, K. (2024). *Update: SCOTUS Reaches Decision on City of Grants Pass v. Johnson*. National Center for Disability, Equity, and Intersectionality. Retrieved January 28 from <https://thinkequitable.com/grants-pass-v-johnson/>
- Organization, W. H. (2007). *Mass gatherings and public health: the experience of the Athens 2004 Olympic games* (A. Tsouros, Ed.).
<https://iris.who.int/handle/10665/326504>
- Potter, L. (2024). *Green gentrification cycle: Double-edged sword of environmental justice*. University of Utah. Retrieved January 2 from
<https://attheu.utah.edu/facultystaff/green-gentrification-cycle-double-edged-sword-of-environmental-justice/>
- Rodriguez, M. (2024). *2023 Annual Report*. O. o. t. C. Clerk.
https://clkrep.lacity.org/onlinedocs/2014/14-0596-S10_misc_2_09-06-2024.pdf
- Tso, S. (2023). *Update on the Implementation of Working Group Identified in the 2028 Games Agreement*. O. o. t. C. Clerk.
https://clkrep.lacity.org/onlinedocs/2015/15-0989-S17_rpt_cla_1-17-2023.pdf

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.

2024 Los Angeles City Health Commissioners



HOWARD C. MANDEL, MD, 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 over four 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 37 and Mallory 35.

2024 Los Angeles City Health Commissioners



NOMSA KHALFANI Ph.D., Co-CEO

Commissioner (Council District Eight)

As Co-CEO, Nomsa leads and directs Essential Access Health, driving the organization's mission and strategic goals forward. She oversees key areas including federal and state programmatic initiatives, capacity-building efforts, finance and audits, organizational culture, and the development of new strategic business initiatives.

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

Nomsa currently serves as the 1st Vice-President of the Los Angeles City Health Commission, Board Chair at Community Asset Development Re-defining Education (CADRE), and Treasurer of the National Family Planning & Reproductive Health Association. Her past volunteer experience includes significant roles on the LA County Community Prevention and Population Health Taskforce, the Los Angeles County Anti-Racism, Diversity, and Inclusion Initiative Community Input Advisory Board, and the California Pan-Ethnic Health Network. Additionally, she contributed to the African American Infant and Maternal Mortality (AAIMM) Steering Committee, the Reproductive Health National Training Center Grantee Training Advisory Council, and the Reproductive Health National Training Center. In 2020, Nomsa was one of Southern CA's 50 Diverse Leaders.

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

2024 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.

2024 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.

2024 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.

2024 Los Angeles City Health Commissioners



TRAVIS CHAPA, Ph.D.

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.

2024 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 Angeles (BSMLA) by conducting outreach, leading health education initiatives, and serving as a liaison between parents and community stakeholders. Using her skills as a bilingual Spanish and English speaker, Irma played a key role with Choose Health LA Kids (CHLA Kids) and Champions for Change to spearhead community nutrition workshops, food demonstrations, and advocacy in healthy nutrition campaigns for children and families. Irma continues to aid community outreach events and health education projects by working in collaboration with First 5 LA to hold consulates, health fairs, and conferences in Los Angeles.

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

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

2024 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.

2024 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.

2024 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.

2024 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.

2024 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, 2022, and 2023 Annual Health Commission Reports, primarily focused on reporting for COVID-19 and the Healthy Living section.

At Duke University, Clare conducts research in the Coyne Laboratory where she examines the US28 and UL138 genes connected to latency in Human cytomegalovirus through infection of trophoblast organoids derived from the human placenta. She is also a lead writer for Duke's Medical Ethics Journal, which advocates for ethical education in pre-medical coursework and the promotion of a humanistic model of medical care, and a clinical volunteer at Duke Regional Hospital.

2024 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.

2024 Los Angeles City Research Associates



NEYHA PARMAR

Research Associate

Neyha Parmar is a current undergraduate at the University of Southern California (USC), where she is pursuing a B.S. in Global Health. She has served on the Los Angeles Health Commission since 2024.

At USC, Neyha conducts research at the Department of Neurology in the Keck School of Medicine, where she studies mimickers of Multiple Sclerosis, specifically Neuromyelitis Optica (NMO) and Myelin Oligodendrocyte Glycoprotein Antibody Disease (MOGAD). She is also a writer for USC's CURAM Magazine, which promotes health literacy and works to make medical literature accessible to all communities.

2024 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 2024 to January 2025. 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.