

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – February 10, 2021

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, <i>RCAC 1 Chair</i>  Estela Lara, <i>RCAC 2 Chair</i>  Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i>  Silvia Poz, <i>RCAC 4 Chair</i>  Maria Sanchez, <i>RCAC 5 Chair</i>  Andria McFerson, <i>RCAC 6 Chair</i>  Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i>  Ana Romo, <i>RCAC 8 Chair</i>  Tonya Byrd, <i>RCAC 9 Chair</i>  Damares O Hernández de Cordero, <i>RCAC 10 Chair</i>  Maria Angel Refugio, <i>RCAC 11 Chair</i>  Lluvia Salazar, <i>At-Large Member</i>  Deaka McClain, <i>At Large Member</i></p> <p>* <i>Excused Absent</i>    ** <i>Absent</i></p>	<p>Elizabeth Brambila, <i>Interpreter</i>  Isaac Ibarlucea, <i>Interpreter</i>  Eduardo Kogan, <i>Interpreter</i>  Ruth Nuno, <i>Interpreter</i>  Lillian Thompson, <i>Interpreter</i>  Stephanie Webb, <i>Interpreter</i></p>	<p>Hilda Pérez, <i>Member, Board of Governors</i>  Layla Delgado, <i>Advocate, Board of Governors</i>  John Baackes, <i>Chief Executive Office, L.A. Care</i>  Richard Seidman, MD, MPH, <i>Chief Medical Officer, L.A. Care</i>  James Kyle, MD, M.Div., <i>Director of Quality, L.A. Care</i>  Marina Acosta, <i>Program Director of Health Equity, Health Services</i>  Shavonne Caldwell, <i>Community Outreach Liaison, CO&amp;E</i>  Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>  Auleria Eakins, <i>Manager, CO&amp;E</i>  Joseph Gonzales, <i>Unified Communication Mobility Engineer I, IT Operations &amp; Infrastructure</i>  Hilda Herrera, <i>Community Outreach Liaison CO&amp;E</i>  Nicole Justo, <i>Community Outreach Liaison CO&amp;E</i>  Jacqueline Kalajian, <i>Health Education Manager II, Health Education and Cultural Linguistics Department</i>  Linda Merkens, <i>Senior Manager, Board Services</i>  Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i>  Nicole Moussa, <i>Manager, Technical Information, Pharmacy &amp; Formulary</i>  Candace Nafissi, <i>Communications and Community Relations Specialist III, Communications Department</i>  Cindy Pozos, <i>Community Outreach Liaison CO&amp;E</i>  Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E</i>  Victor Rodriguez, <i>Board Specialist, Board Services</i>  Bettsy Santana, <i>Manager, Quality Improvement Initiatives, QI Department</i>  Farid Seyed, <i>Lead Unified Communication Mobility Engineer, IT Operations &amp; Infrastructure</i>  Prity Thanki, <i>Local Government Advisor, Government Affairs</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<p>Fatima Vazquez, <i>ECAC Chair</i>, called the meeting to order at 10:00 a.m. She read the instructions on today’s meeting agenda.</p> <p>California Governor issued Executive Order N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:</p> <p style="text-align: center;"><u>Teleconference Call –In information/Site</u></p> <p style="text-align: center;">Call-in number: 1-415-655-0002 Participants Access Code:146 265 2635 (English) Call-in number: 1-415-655-0002 Participants Access Code: 146 623 6084 (Spanish)</p> <p>Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to <a href="mailto:COEpubliccomments@lacare.org">COEpubliccomments@lacare.org</a> or by sending a text or voicemail to (213) 798-0148.</p> <p>The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. If you do not indicate an Agenda item for your comment, your comment(s) will be read for up to 3 minutes at item VII Public Comment on the Agenda.</p> <p>Comments received by voicemail, email, or text by 10:00 a.m. on February 10, 2021 will be provided in writing to the members of the Executive Community Advisory Committee at the meeting. Once the meeting has started, emails and texts for public comments should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over. Public Comments will be read for up to 3 minutes at the meeting. All votes in a teleconference meeting shall be conducted by roll call.</p> <p>If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach &amp; Engagement staff prior to the meeting for assistance by text (213) 798-0148 or by email to <a href="mailto:COEpubliccomments@lacare.org">COEpubliccomments@lacare.org</a>.</p>	

<p><b>APPROVE MEETING AGENDA</b></p>	<p>Andria McFerson, <i>RCAC 6 Chair</i>, stated “I was looking for more involvement with Black History month. I wanted to engage in some sort of activity, but I will speak more about that later.”</p> <p>The Agenda for today’s meeting was approved.</p>	<p>Approved by roll call.  <b>12 AYES</b> (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)  1 Abstention  McFerson</p>
<p><b>APPROVE MEETING MINUTES</b></p>	<p>Ms. McFerson asked Ms. Vazquez for more time to review the meeting minutes.</p> <p>The January 13, 2021 meeting minutes were approved as submitted.</p>	<p>Approved by roll call.  <b>12 AYES</b> (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, McFerson, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)  1 Abstention  Mahler</p>
<p><b>STANDING ITEMS</b></p>		
<p><b>UPDATE FROM CHIEF MEDICAL OFFICER</b></p> <p>Richard Seidman, <i>MD, MPH</i></p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:</b>  <i>If there are members of special needs, I would like to hear more about vaccinations towards this population. What is LAC doing to address the concerns of this population</i></p> <p><b>Public Comment submitted by Ismael Maldonado, RCAC 2 Member:</b>  <i>I would like to know think on people with disability children and adults with disability is la care working with local independent living center and regional center children with disability.</i></p>	

Ms. McFerson stated that Rachael Rose lucky asked at the last meeting “How can the public respond to an agenda item properly when the public comment needs to be submitted before agenda item is discussed. To have a better interaction it would be best to have public comment before the agenda item is discussed or the presentation.”

Richard Seidman, MD, MPH, *Chief Medical Officer*, shared L.A. County Daily COVID-19 Data from the L.A. County Public Health:

[www.publichealth.lacounty.gov/media/coronavirus/data/index.htm](http://www.publichealth.lacounty.gov/media/coronavirus/data/index.htm)

Dr. Seidman stated that L.A. County is still in a bad point in the pandemic. The county is doing better now than it was a month ago. Currently there are 105 million COVID 19 cases worldwide. The number of cases per week have declined for four weeks. This past week there were 3.1 million new cases worldwide, a 17% reduction. There are over 2.3 million deaths worldwide. There are many people dying worldwide, but the numbers are declining. The number of cases has not been this low for four months. There are still many new cases, but the rate is going down.

The U.S. is at 27 million cases. Yesterday there were 96,000 cases reported, down from 200,000 a day, which is a significant reduction. There are 768,000 total deaths. He noted that California is still in the worst Tier, purple. There is still very high community transmission. He asked everyone to continue to practice public health precautions until everyone is vaccinated. Current trends are looking promising. He stated that people still have to be as careful as possible.

### **COVID-19 Vaccine Update**

The most significant problem is the limited supply of the vaccine coming from the federal government. The supply is limited to the State and county. The county is also seeing disparities in people getting vaccinated. The county is trying to focus on equitable distribution so that people hardest hit by the pandemic are also getting vaccinated. He reported that of the COVID-19 vaccine, 80% of all doses that have gone into the state, have been administered. L.A. Care is posting updated information on it’s website for members. He stated that members can also get information from their local health authority. There is much talk about change in eligibility for vaccination. People with disabilities and chronic conditions may soon be able to get vaccinated.

### **Outreach Efforts**

L.A. Care is partnering with hospitals that have access to the COVID-19 vaccine to conduct outreach to L.A. Care members that live in proximity to their facilities. One of the hospital partners, Dignity Health, owns the naming rights for Dignity Health Sports Complex in Carson. They are hosting an event beginning February 15, and have invited L.A. Care to help with outreach to members. The information is not yet publicly available. Members

will require a special key or code to make appointments on the website. Members can call L.A. Care this Thursday to get help with appointments.

L.A. Care was contacted by Hollywood Presbyterian Hospitals, because they have vaccine supplies and would like to make sure that L.A. Care members have access to some of the vaccine. L.A. Care is conducting outreach to members that are 65 and older who live near their facilities.

Tanya Byrd, *RCAC 9 Chair*, asked Dr. Seidman “Why are there so many disparities and so many Caucasian people have more access to the COVID-19 vaccine? Who is in charge of that and how did it happen?” Dr. Seidman responded that he does not feel it is deliberate. The access to appointments is almost entirely by internet. Many people of color do not have access to the internet. It requires someone that knows how to navigate the website. He noted that the appointment slots are filled very quickly. Some people need to try repeatedly to find open slots and make an appointment. People who work will also have more trouble finding an appointment to fit their schedule. L.A. Care is asking large venues to have a walk up option, as well as an option for drive up vaccination.

Deaka McClain, *At-Large Member*, stated that she is in many circles that are beyond disparities. The disabilities community is not even close to being allowed to be vaccinated. She would like to know how L.A. Care’s voice is heard when it comes to disabled people. She asked Dr. Seidman if he can have that conversation on their behalf. She would like to know why people with underlying conditions not also in the top tier for vaccination if they are most at risk. She stated that she would like to see seniors and people with disabilities and chronic conditions in a higher Tier. Dr. Seidman responded that those issues are very important and he has been spending considerable time working on addressing those issues with people who are responsible for the distribution of the COVID-19 vaccine. The core issue right now is the limited supply of the vaccine. Seniors 65 and over are already eligible in Phase 1b. People with disabilities are called out in a later phase, Phase 1c. As important as it seems to have people with disabilities get vaccinated, there is a whole debate of whether essential workers like field workers or people who work at grocery stores should get vaccinated first. He stated that he agrees with Ms. McClain, but the county does not have enough supply to vaccinate everyone at the same time.

Idalia De La Torre, *Field Specialist Supervisor, CO&E*, stated that time is expired for Dr. Seidman’s report. ECAC members that still have questions can write them down and forward the questions to CO&E representatives. Dr. Seidman will provide an answer at a later time.

Ms. McFerson stated, “Point of Order”, and asked if there is there any way that Dr. Seidman can stay behind for 10 more minutes? Ms. De La Torre responded that ECAC has

a very busy agenda. Ms. McFerson responded “Absolutely, I am asking Dr. Seidman, please. Thank you.” Dr. Seidman responded that he defers to the Chair. He has more time if the Chair will allow or he can answer questions offline.

Ms. McFerson asked Ms. Vazquez if Dr. Seidman can stay behind for 10 more minutes due to the fact that COVID-19 is killing many people in the low income communities and she needs to give necessary information to Dr. Seidman and ask questions according to the disparities in those particular communities. Ms. Vazquez responded that the allotted time for each agenda item must be followed in order to finish the agenda. The committee must also respect the presenters’ time and each other’s time. She stated that the committee must all agree with her request.

Ms. McFerson stated “Point of Order, there are people dying in the community and they do have important questions is there any way that we can allow Dr. Seidman to stay for 10 more minutes so we can get our questions in?” Ms. Vazquez responded that the committee should ask Auleria Eakins, *Manager, CO&E*, if there is enough time on the agenda, because they must stay within the time on the agenda. Ms. Eakins responded that she will defer to the committee. She does understand that the committee has a full agenda today. She asked that the committee make the decision. Ms. McFerson stated that she believes it’s ok if the committee can run the meeting an extra 15 minutes. She asked Ms. Vazquez if the committee can vote on this.

Ms. De La Torre announced that John Baackes, *Chief Executive Officer*, is not able to make it to the meeting for his report, originally scheduled from 10:15 a.m. to 11:10 a.m. She stated that he does not know whether he’ll be able to make it today due to a conflict in scheduling. She stated that that time can be given to Dr. Seidman if he is available to stay for more time.

Ms. Vazquez asked Dr. Seidman is available to stay behind to answer more questions. Dr. Seidman responded that he is available to answer a few more questions. Ms. Vazquez called for a vote from the committee.

**The committee voted to give Dr. Seidman more time to answer questions**

Maria Angel Refugio, *RCAC 11 Chair*, stated that she has doubts about the vaccine. She understands that the vaccine is two doses, she asked Dr. Seidman, “What if people are only able to get the first dose?” Ms. Refugio stated that she has heard that there is another strain of COVID-19 on the way. She would like to know his thoughts. Dr. Seidman responded that if people get the first dose, they will be 50-60% less likely to get the infection. Once people get the second dose, they will reach 95% reduction in the likely hood of getting the disease. He noted that people will feel side effects like a sore arm. If people are eligible they should get any available vaccine as soon as possible. He noted that Johnson & Johnson has applied for FDA approval for a COVID-19 vaccine. Only one dose of

**Approved by roll call.  
12 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, McFerson, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)**

	<p>Johnson &amp; Johnson vaccine is recommended, the vaccine is 85% effective in preventing serious infection and it is cheaper. The vaccine is also easier to store, it increases supply of vaccination overall, and is still very effective at preventing infection.</p> <p>Ms. De La Torre asked any committee member that still have questions to submit them to CO&amp;E due to time restrictions, and Dr. Seidman will provide an answer at a later time.</p>	
<p><b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b></p> <p>John Baackes</p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Public Comment submitted by Isamael Maldonado, RCAC 2 Member:</b>  <i>Mr. Baackes are we going to advocate for those thing medical not going to cover certain items and should we talk to the Health and hymen services member of legislator's state Senator and the assembly men women who served us.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, gave the following COVID-19 Vaccine updates:</p> <p>It is becoming increasing difficult to identify where the vaccine are, and what quantities are available. Everyone is operating in confusion and chaos. He noted that Blue Shield is getting involved in distribution, but he does not know in what capacity. He stated that L.A. Care is not an entity that would receive the vaccine. It does work with providers to help with vaccine distribution. It would be best to hold these distributions at its Family Resource Centers and Community Resource Centers for L.A. Care members. He stated that he is hoping this will be possible beginning in March.</p> <p>Ms. McClain asked Mr. Baackes to please continue to advocate for vaccination of seniors and people with disabilities. As she sits among other circles she has heard that people with disabilities are not being included. She heard that they will be included in Phase 1c. People with disabilities should be included with the senior population. Mr. Baackes responded that L.A. Care is not responsible for making those decisions. Those decisions are made by the L.A. County Department of Public Health. L.A. Care has been advocating for special considerations for people who can't access the mass vaccination sites.</p> <p>Ms. Lara stated that they just had a discussion on PPE earlier in the meeting. She stated that they need gloves, masks, and sanitizers. She is wondering if he can push that motion forward, because they need those tools now. Mr. Baackes responded that L.A. Care is not in the business of procuring gloves and masks. The hand sanitizer may be possible to obtain. L.A. Care is looking at how to provide and distribute these items. The CRCs and FRCs may not open until March and L.A. Care will look at ways to distribute PPE at these locations.</p> <p>Ms. Perez asked Mr. Baackes to please repeat the possibility of L.A. Care offering the COVID-19 vaccine at the FRCs and CRCs. Mr. Baackes stated that in the fall up to December 2020, L.A. Care partnered with other organizations to hold nine flu clinics. L.A.</p>	

	<p>Care is now looking at partnering with other organizations to hold COVID-19 vaccine clinics. L.A. Care is reaching out to contracted providers to assist with distribution of vaccines.</p> <p>Ms. McFerson asked Mr. Baackes if the Board can ask for more funding for the packets that RCAC 6 filed a motion for. She said the RCAC members are available and able to distribute in the parking lot, have volunteered and are willing to participate. Health Promoters or RCAC members can assist in regions that they represent and can be given a \$25 food card for volunteering. She would like to know if the at-home COVID-19 test can be made available for members. Mr. Baackes stated that it is a great idea to have RCAC members participate. There are no COVID-19 at-home tests yet, and the tests still have to go to a lab for analysis. The tests are still being developed.</p>	
<p><b>BOARD MEMBER REPORT</b></p> <p>Hilda Perez</p> <p>Layla Gonzalez</p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Submitted by Elizabeth Cooper, RCAC 2 Member:</b>  <i>I'm requesting the two BOG representatives' consumer/advocate, asking to take more of an active role listening to some of the concerns of members that might not get on the agenda - take more of a proactive role considering these folks. Thank you.</i></p> <p><b>Submitted by Ismael Maldonado, RCAC 2 Member:</b>  <i>To Hilda and Layla - We need to Co Capitation in every meeting for meeting Ada requirement</i></p> <p>Layla Gonzalez, <i>Member Advocate, Board of Governors</i>, gave the following updates:</p> <ul style="list-style-type: none"> <li>• She expressed condolences to anyone that has lost a loved one due to COVID-19. She also urges everyone, including providers, to please wear gloves and masks, and to get a COVID vaccination when they are eligible.</li> <li>• She reported that the Board of Governors met on February 4.</li> <li>• A list of approved motions can be obtained from CO&amp;E Staff.</li> <li>• Chairperson Hector De La Torre welcomed a new Board member, friend and colleague, Supervisor Holly Mitchell. Supervisor Mitchell was a member of the California State Assembly and comes to L.A. Care directly from the California State Senate, where she was the Budget Committee Chair and fought for the people of Los Angeles County, disadvantaged communities and people of color. She is a fantastic public servant and L.A. Care is lucky to have her on our Board.</li> <li>• The Board approved a motion to delegate authority to the CEO to commit future funding for housing and intensive case management services for Housing for Healthy</li> </ul>	

CA participants, for approximately 253 members. The grant will help homeless people find housing and have access to wrap-around care services.

- She thanked the CO&E Staff for planning the COVID-19 Informational event for advisory members on January 27. There were 135 members in attendance. The conference highlighted testing, current vaccine efforts, messaging and answered many questions for consumers regarding COVID. She encouraged members to take advantage of future educational opportunities provided by L.A. Care.
- L.A. Care's Black History Month event on maternal health in the African American communities took place on February 4, 2021. Guest speakers were Mashuriki Kudumu, *the March of Dimes*, Jessica Wade, *Mighty Little Giants*, Tammy Turner, *Martin Luther King Community Health Center*, and Adjoa Jones, *Whole Person Care Program in Los Angeles County*. This virtual conference discussed how bias has prevented many black women from getting adequate care during pregnancy and placed many mothers at risk of premature births and death during childbirth. This is not necessarily from lack of education and resources, but rather not giving information to women or asking the right questions.
- She would also like people to view the article written by Dr. Richard Seidman regarding inequities of the vaccine distribution sites not being held in the communities hardest hit by COVID-19. The link can be obtained from CO&E.  
<https://calmatters.org/commentary/my-turn/2021/02/where's-the-vaccine-plan-to-address-racial-disparities-of-covid-19/>

Hilda Perez, *Member Representative, Board of Governors*, greeted everyone and expressed hope that everyone and their families are doing well. She invited everyone to participate in all the informational conferences that CO&E is offering its members. There will be another informational session held similar to the conference on January 27 and she would like all RCAC members to participate. RCAC members were invited to a virtual conference about COVID-19 on January 27. The conference included a panel of esteemed speakers that was moderated by Richard Seidman, MD, MPH, *Chief Medical Officer*, and James Kyle, MD, MDiv, *Medical Director, Quality, Diversity, Equity and Inclusion, Quality Improvement*, as well as guest panelist Erika Uribe, MD, *Los Angeles County Department of Health*, and Oliver Brooks, MD, *Watts Health Care Foundation*. The purpose of the forum was to bring RCAC members together to learn about the current status of COVID-19 in Los Angeles County, encourage COVID-19 testing and to educate members on the benefits of newly approved vaccines.

She noted that she has heard members speaking about reading public comment out at the end of the agenda items and will work with CO&E to see what can be done. She reminded everyone that there have been many former Board members who are still advocating on behalf of L.A. Care and advocating for the same issues that L.A. Care is advocating. She is happy to see ECAC members advocating on behalf of their communities, seniors, and

people with disabilities. She noted that the Health Promoters program is hard at work with connecting members with available resources.

Ms. Perez asked Jose Rivas, *Field Specialist, CO&E*, to read out Ms. Cooper's public comment again.

PUBLIC COMMENT

**Submitted by Elizabeth Cooper, RCAC 2 Member:**

*I'm requesting the 2 BOG representatives' consumer/advocate, asking to take more of an active role listening to some of the concerns of members that might not get on the agenda - take more of a proactive role considering these folks. Thank you.*

Ms. De La Torre stated that there is one question from Ms. McFerson. She advised Ms. Vazquez that Mr. Baackes has joined the meeting. She asked that the committee please give him the floor after the Board report.

Ms. McFerson stated "Madam Chair, out of all due respect I do ask that you run the meeting and not staff and maybe address that with the CEO, John Baackes. So that you can have the floor and no one else. Thank you. Now with that being said if you do give permission to staff to run the meeting then that's fine at least it's on record. With that I do have a question. Why can't we have an ad hoc committee come together in a way to make it easier to find the vaccine locations. Personally having outreach engagement department ad hoc, ok. I wanted to know that can we vote, have a motion, whatever the case may be, to have access to that information so we can give it out to the community. We do have a responsibility as representatives of our regions and then also I wanted to know specifically, how, I just want to reiterate the fact that according to ADA rights there are laws that incorporate the disabled community with the senior community. So with that being said I wanted to know how is that incorporated with the COVID-19 vaccine. I went over to my doctor in Santa Monica and I do have pictures of people waiting on someone to come in. They had a hundred different forms for people to fill out to get the vaccine and no one was there to help out, and I do have pictures. So if you guys want that information, definitely, but we need to come together as a group just to make sure that doesn't happen and everyone has the opportunity who is allotted that opportunity, of course by the government, to have those opportunities. Do we all agree? Madam Chair can you ask that we could agree to have some sort of ad hoc committee to work together in order for that to happen and then also with..."

Ms. Gonzalez stated, "Point of Order, can this be tabled and placed on future agenda items. I believe the topic at hand..."

	<p>The following comments were made simultaneously:</p> <p>Ms. McFerson responded, “When that happens, Layla, we don’t put it on the agenda and don’t have an opportunity to do so... Ok, so I’m not done with my actual comment. Madam Chair Point of Order, absolutely but we were allotted a certain amount of time. Point of Order Madam, that was not the end of my comment. Point of Order please.”</p> <p>Ms. Vazquez responded, “Yes, thank you, Layla. Thank you for your concerns, Andria. Due to time restrictions, Mr. John Baackes is now here as well as L.A. Care Staff. We can work with them at a later time. I am asking that if we can please continue with our agenda to respect the presenters time and also the committee’s time. I am going to ask that...”</p> <p>Ms. McFerson stated, “I was speaking about Hilda’s comment. I wanted to call Point of Order, because I was not done with my comment and I was not told the specific amount of minutes that I would be allowed to speak, Madam Chair. So can I please have a moment to speak about Hilda Perez’s comment?”</p> <p>Ms. Vazquez responded, “Yes, the thing is that we have gone over the agenda time and at this moment we’re supposed to be listening to Dr. Kyle’s presentation and we want to respect everyone’s time, please.”</p> <p>Ms. McFerson stated, “Yes, madam chair, thank you, in the next meetings can we please be allotted time so that we would know exactly how time we had in order to adhere to respect for time and being that it’s virtual and we’re not actually going to the office I believe we have a lot more time allotted for these meetings. Thank you.”</p>	
<p><b>UPDATE FROM L.A. CARE’S EQUITY STEERING COMMITTEE</b></p> <p>James Kyle, MD, M.Div</p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Submitted by Elizabeth Cooper, RCAC 2 Member:</b>  <i>I’m inquiring on the process that was taken in regards to LA Care’s Health Equity Council Steering Committee - Who were the decision makers that put this group together? As a member, and person of Color (Afro American), I feel there should have been more transparency, and feel that the Community Outreach &amp; Engagement department and members should have been more involved in this process. Please inform me if there was community involvement in this process. Thank you.</i></p> <p><b>Submitted by Ismael Maldonado, RCAC 2 Member:</b></p>	

*I have a question for Dr. Kyle, when can LA Care's Health Equity Council have training disability etiquette? And Dr. Kyle I am a member of the council and ADA training, I would like to thank you for creating this council. Ismael Madonado R2*

James Kyle, M.D., M.Div., Medical Director, *Quality, Diversity, Equity and Inclusion, Quality Improvement* gave an update about L.A. Care's Equity Steering Committee (a copy of the written report can be obtained from CO&E.):

Equity Council Steering Committee

- Meeting weekly since July after the announcement of this Committee
- Activities include:
  - Ongoing learning on subject of equity and social justice
    - Engaged in implicit bias tests, book and article reviews
  - Authored a number of statements that impact equity
    - USPS and Executive Order on Diversity and Inclusion trainings
- Potential Initiatives in Consideration:
  - Food desert efforts, environmental justice learning, groups for employees, further internal education with equity forums, COVID-19 vaccine surveillance

Member Equity Council Activities include:

- Setting goals and metrics. Metrics will be focused on:
  - ensuring effective member input,
  - establishing and leveraging partnerships to advance equity,
  - maintaining resources to community partners, and
  - focusing on social determinants of health, specifically food security
- Implemented Consumer Equity Council to provide guidance to MEC
  - Comprised of 11 members
  - Goal: provide input on L.A. Care programming and prioritized activities to advance health equity among its membership
- Met twice:
  - Orientation
  - Health equity educational learning (definitions, local examples, food security)

Provider & Vendor Council Activities include:

- Prioritizing efforts on:
  - ensuring the network is reflective of the community's language and race/ethnicity makeup and can offer member options and choices based on their preferences (provider)

- ensuring, when possible, L.A. Care contracting efforts provide opportunities for minorities, women, and disabled veteran-owned businesses to participate in our procurement processes (vendor)
- Currently, gathering and reviewing internal data to establish baselines and goals for these efforts

L.A. Care Team Council Activities include:

- Setting council objectives
- Currently, examining the employee life cycle, starting with the hiring process, and making recommendations/suggestions to address any potentially bias-based occurrences
- Hosting check-ins with employees/departments to discuss and listen to reactions and concerns regarding recent attention on inequities
- Establishing employee book club to discuss equity topics internally

Accomplishments-to-Date

- Partnered with Los Angeles County for inaugural LA vs Hate United Against Hate Week, November 30-December 6 and ongoing partnership
  - 17 news outlets published story on the week
  - Notable news agencies included NPR, CBS and KTLA all picked-up the UAHW story
- Hosted two COVID-19 Disparities Leadership Summit
  - 120+ participants from various organizations participated
- Convening two Black History Month Town Halls
  - Topics focused on maternal and mental health
- Established internal Diversity and Inclusion training goal to train all L.A. Care employees

Ms. Perez thanked Dr. Kyle for attending ECAC and providing this helpful information. She thanked him for his advocacy at the informational session. She appreciates his comments about disparities. She asked if the written presentation can be shared with her and other RCAC members. Dr. Kyle responded that the presentation can be obtained from CO&E.

Ms. McFerson stated, “I ask that when I raise my hand that it is not lowered, but with that being said I do have a question for you Dr. Kyle. I think that everything that you’re doing is amazing and I really appreciate what you do for the community it’s very relevant and it’s important and it can save lives. So with that being said, the task force, was it due to my request during an ECAC meeting to have some sort of group to work together in order to

	<p>find the disparities in the community specifically and I just wanted to know if there is someone from my particular RCAC that is enveloped with a whole lot of different issues that we are dealing with right now and it's very important that we get that information out. It doesn't matter what color that person is. Definitely concentrating more on the people that are most affected by this of course pandemic and a lot of different disparities that African Americans have, as far as being treated in some sort of way to where they are a problem and not a solution.”</p> <p>Dr. Kyle responded that the committee came about through ECAC. Populations of minority members in key communities will somehow be overlooked. He is concerned about essential workers not getting vaccinated as needed. The biggest challenge is the scarcity of the vaccine. He stated that Dr. Seidman and Mr. Baackes try to advocate for vaccination for L.A. Cares population due the increased risk. They will be working on this every day. He is concern is the sense of urgency. These disparities need to be addressed immediately.</p>	
<p><b>UPDATE FROM GOVERNMENT AFFAIRS DEPARTMENT</b></p> <p>Prity Thanki</p>	<p>Prity Thanki, <i>Local Government Advisor, Government Affairs</i>, gave the Government Affairs Report (<i>A copy of the written report can be obtained from CO&amp;E.</i>).</p> <p><b>State Budget Update</b>  On January 8, 2021 Governor Gavin Newsom unveiled a \$227.2 billion budget proposal. The proposed state budget is the starting point of the budget process. Over the course of the next five months, he must negotiate with the legislature on a final budget. In May, the governor will present the “May Revise” which is a revised budget proposal, however there is a possibility that he may release a March Revise in order to address important COVID issues. Regardless, lawmakers have until June 15 to pass a budget in the state Legislature.</p> <p><b>Public Health and COVID-19 Response</b>  The proposal includes \$2 billion to expand COVID-19 testing in California, plus \$473 million to improve contract tracing and \$372 million for vaccine distribution. This would be in addition to federal money for these initiatives.</p> <p><b>Medi-Cal Enrollment</b>  The state anticipates that enrollment in Medi-Cal will increase by 12% next year, with 15.6 million Californians – or 40% of the state population, expected to be enrolled.</p> <p><b>Medi-Cal Benefits</b></p> <ul style="list-style-type: none"> <li>• Effective January 1, 2022, continuous glucose monitoring systems will be added as a benefit for those enrollees age 21 and older with Type 1 diabetes.</li> <li>• Effective July 2021, over-the-counter adult Acetaminophen and cough/cold products would be covered.</li> </ul>	

- Expands Medi-Cal to post-partum women who are diagnosed with a maternal mental health condition until December 31, 2022.
- The following Medi-Cal optional benefits will continue to be funded:
  - Community Based Adult Services
  - Multipurpose Senior Services Program
  - Adult Dental Services
  - Acupuncture
  - Optometry
  - Nurse Anesthetists Services
  - Occupational and Physical Therapy
  - Pharmacist Services
  - Diabetes Prevention Program

The following Medi-Cal optional benefits will be suspended on December 21, 2021 unless the Administration determines there is enough General Fund revenue to support the continuation.

- Audiology and Speech Therapy
- Incontinence Creams and Washes
- Optician and optical lab services
- Podiatry
- Opioid and other illicit drug screenings and referrals

**Medi-Cal Eligibility**

The proposed budget continues the expansion of Medi-Cal to Aged, Blind, and Disabled population with incomes between 123% to 138% federal poverty level that was as passed as part of the last fiscal year’s budget but not yet implemented.

The proposed budget does not set aside money to expand Medi-Cal eligibility to all California seniors, regardless of immigration status. Health advocates have been pushing for this in recent years, and as of now undocumented Californians up to age 26 are eligible for the program. There may be separate legislation proposed outside the budget process to try and expand Medi-Cal coverage to others, but it is unknown at this time.

**CalAIM**

The proposed budget includes the return of CalAIM – the name of the program that would replace our current Medi-Cal program waiver. It could make it easier for patients experiencing physical and mental health issues, housing challenges and substance abuse disorder to get more coordinated care.

**Homelessness**

The proposed budget has \$1.75 billion in one-time funding to buy more motels to house people experiencing homelessness and to develop community mental health facilities.

	<p>Ms. Gonzalez thanked Ms. Thanki for her report. She appreciates all of the updates. She stated that L.A. Care continues to advocate for services that have been suspended. Services such as incontinence supplies are very important and necessary for members. She believes it is cruel to add a benefit and then immediately retract it. Many people that have L.A. Care rely on these services. She would like to see the Board get behind advocating for such services.</p> <p>Ms. McFerson stated that she agrees with Ms. Gonzalez, because she knows someone in her region that is dealing with cancer and she does need these amenities. She noted that this person is no longer able to obtain these services. She is having issues with coverage. She herself has health issues and had a major seizure. She is not able to eat properly, because she dislocated her jaw. She feels the Board needs to make sure that those services are not placed under the table.</p>	
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**OLD BUSINESS**

<p><b>COMMUNITY OUTREACH &amp; ENGAGEMENT EVENTS AND ECAC MOTIONS</b></p> <p>Auleria Eakins, EdD</p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Submitted by Elizabeth Cooper, RCAC 2 Member:</b>  <i>When members call in for inquiries I would like to request for LA Care management staff (Francisco O., Auleria E., Idalia DLT), to be more responsive towards member concerns and member communications; a lot of issues could be discussed with their input. Also, I would like to commend Cindy Pozos and Martin Vicente for showing personal concern when communicating with members. Thank you.</i></p> <p>Ms. Eakins reported (<i>a copy of the written report can be obtained from CO&amp;E.</i>):</p> <p><b>Global Issues Update</b></p> <p>A motion was made by RCAC 6 member and Chair, to recommend to ECAC for L.A. Care to consider providing a care package that contains 5 facemasks, 5 sets of gloves, and 1 bottle of hand sanitizer at all the Community Resource Centers (CRCs) that would be available to the public. For L.A. Care members who cannot attend the CRCs, L.A. Care can consider mailing the same care package to all L.A. Care members.</p> <p><i>Status: LA Care is currently in the process of distributing 100,000 masks.</i></p> <p>Customer Care Solution is allocating 40,000 masks to Health Services for the high-risk Asian population. With the balance of 60,000 masks they will try to target the following populations:</p> <ul style="list-style-type: none"> <li>• Total High Risk members less L.A. Care Covered/Asian population 243,640</li> <li>• Coordinated Care Initiative High Risk members total 82,221</li> </ul>	
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- Non-Coordinated Care Initiative members total 161,419
- Net amount needed to fulfill all high risk members 183,640

The 100,000 masks provided to Customer Solutions Center was for both high risk as well as part of the Asian American targeted campaign across lines of business. If you need a mask you call members services on the back of your card to request one. Staff is also looking to partner with other nonprofits who can provide free Personal Protective Equipment (PPE) to the CRC's, we hope to share more about those partnerships at the next meeting.

*Update on Motion for increase in stipends:*

L.A. Care will consider this request once in-person RCAC meetings resume. In support of members L.A. Cares Board of Governors voted to continue stipends in support of advisory member for all meetings while RCAC meetings continue to be suspended due to the pandemic..

*Update on LA Care's Black History Month Planning Efforts:*

In honor of Black History Month, CO&E staff is continuing to working with Dr. Kyle on the two-part series addressing health disparities in the African American Community titled, "A Vision and Voice for Equity." This program consist of panel conversations with key community organizations that are making strides to improve the health of African Americans in the areas of Maternal Child Health and Mental Health.

CO&E is asking for the support of all advisory members to assist with the promotion of the event the next event on Mental Health in the Black Community which will take place on the Zoom platform February 26 from 10:00 a.m. to 11:30 am. Sessions will be hosted in English, Spanish and Khmer. L.A. Care will have an active social media campaign and a robust internal campaign to promote Black History month.

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**CRC Update**

After consultation with Dr. Seidman and taking into account the current status of the COVID pandemic in the county, L.A. Care has extended the closure of the CRCs at least until March. L.A. Care will reevaluate the closure later this month to determine if centers reopen in March or if the closure must be extended. L.A. Care has updated the website to reflect the closure. She asked members to forward this update to members of their community.

Ms. Perez thanked Dr. Eakins for her update and listening to the members. She thanked her for all of the efforts being made by staff. She noted that the second conference on Maternal Health will be held on February 26. She noted that the first conference went over its timeframe, because there was so much information. Some of the members of ECAC

would like to have a more interactive role. She asked Dr. Eakins if there will be any opportunities for members to participate more actively. She noted that the motions in regards to the stipend increase and care packages were not listed on the agenda. She asked if they can be listed on the agenda if there is going to be an update on the agenda.

Ms. Eakins responded that early planning will allow advisory members to be included in planning future virtual conferences. In response to motions being posted on the agenda CO&E will work to ensure that motions are included on the agenda for committee reference.

Ms. Lara stated that the urgency for PPE is now. She stated that even though the CRCs and FRCs are closed, L.A. Care can partner with other organizations that can provide these services. If L.A. Care is partnering with other organizations, she would like to know who these organizations are, and where the distribution sites are. She noted that members need all these supplies so they can go to the store and get groceries. Those supplies need to get to the RCAC members as soon as possible. Dr. Eakins assured Ms. Lara that CO&E is with working with internal specialists assigned to this project. CO&E will also create a list with agencies that provide PPE equipment to the community. Ms. Eakins state that she will follow up with the committee once it is complete.

Ms. McFerson stated, “With respect to Madam Chair, she is happy she is able to speak. Now I want to thank Dr. Eakins for an official update for RCAC 6 motions and I ask that we not only put those motions on the agenda in itself. I ask that we have an audit accordingly to see how the money is provided to those actual motions in itself relative to the topic at hand, of course, only.

Ms. Mcfearson requested better communication our regions on the availability of the equipment. From the motion, the gloves, masks, and the hand sanitizer. I think it’s important not only for the committee, the RCACs and the ECACs, but our region, to actually know if there is an availability to that particular equipment, because it is lifesaving, so, if we can come up with an ad hoc or some sort of committee that may be able to come up with the best ways of reaching out to our own communities that would be great. It’s also great that we have this conference for the RCACs and ECACs, that’s great. I was thinking of more of an interactive thing for African American month. Almost like a virtual paint party, that would have been great so that we can still have interactions with our RCACs and if at all available our RCAC and ECAC members. It’s important that we have community participation of all races. That’s including Latino month Chinese new year, whatever, but I still think we need to have that interaction it’s so important. Regardless of whether we are virtual or not. Whoever can participate make it open to everyone.”

	<p>Dr. Eakins asked Ms. McFerson for clarification on the audit request. Ms. McFerson responded that she would like an audit of the funds used by CO&amp;E broken down in laymen’s terms so that everyone can understand. She would like to know what type of money they have in order to incorporate more participation in the community.</p> <p>Ms. Perez stated that she will need more clarification from Ms. McFerson’s request. This question also came up at the Board of Governor’s meeting in regards to the ad hoc committee.</p>	
<p><b>L.A. CARE HEALTHY MOM AND BABIES PRESENTATION</b></p> <p>Betsy Santana</p> <p>Jacqueline Kalajian</p> <p>Marina Acosta</p>	<p><u>PUBLIC COMMENT</u></p> <p><b>Submitted by Ismael Maldonado, RCAC 2 member:</b>  <i>I have a question to la care in health mom and baby have you heard of the La county department of welcome baby program.</i></p> <p>Betsy Santana, <i>Manager, Quality Improvement Initiatives</i>, Jacqueline Kalajian, <i>Health Education Manager II</i> and Marina Acosta, <i>Health Equities Program Director II</i>, gave a presentation on L.A. Care’s Healthy Mom and Babies program (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p><b>Disparities Leadership Program</b></p> <ul style="list-style-type: none"> <li>• L.A. Care is participating in national Disparities Leadership Program</li> <li>• The project is focused around a high-risk pregnancy program in order to address disparities in prenatal and postpartum care, as well as overall health outcomes like infant and maternal mortality</li> <li>• The program aims to work with health care providers to help identify women that are high risk and provide services to help support their pregnancy</li> </ul> <p>Care during pregnancy is important to protect pregnant members and their infants from poor health outcomes. In Los Angeles County, Black babies are more than three times as likely as white babies to die before their first birthday (L.A. County Department Public Health, 2019). Studies show that providing more services and support can help reduce maternal and infant mortality.</p> <p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>• Health plans have difficulty in knowing when a person is pregnant because we usually get that information in a form of a bill or what's called an encounter form</li> <li>• These documents can take months to get to the health plan</li> <li>• There are also privacy issues to consider</li> <li>• Women often may not seek care early enough for us to find reach out in time</li> </ul>	

	<ul style="list-style-type: none"> <li>• Contact information may change often and not be what was given to the health plan when they signed up</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Develop the program by working with various organization and experts</li> <li>• Create an internal team of experts</li> <li>• Identify providers in high need and volume practices to work with</li> <li>• Solicit feedback <ul style="list-style-type: none"> <li>- Solicit provider and community feedback on desired perinatal programs, resources, and ancillary services</li> </ul> </li> </ul> <p>Ms. Gonzalez stated that it is possible to have text messaging available. When she was taking care of her child it was difficult to answer the phone. She would also suggest the importance of mental health. It is difficult for people in the African American and Hispanic communities to pay attention to mental health. If mothers can't take care of themselves, they can't take of their children. Ms. Santana responded that texting will be made available in the future; it is something that is being worked on.</p> <p>Ms. Eakins stated that she had a high-risk pregnancy and does not remember ever receiving information that can help educate her and provide guidance during her pregnancy. She suggested handing out pamphlets with this type of information.</p>	
<p><b>COMMUNITY WORK PLAN PROJECTS FOR 2020- 2021</b></p> <p>Auleria Eakins, <i>EdD, MA</i></p>	<p>Auleria Eakins, <i>EdD, MA, Manager, CO&amp;E</i>, gave an update in regards to the Community Work Plan Projects for 2020-2021.</p> <p>Topics this Year:</p> <ul style="list-style-type: none"> <li>• Food Security</li> <li>• Technology Justice</li> </ul> <p>The total amount allotted for the project is \$55,000. She noted that Dr. Seidman spoke about one of the possible reasons that many people are not able to access the COVID-19 vaccine is due to not having access to technology. L.A. Care will be allocating \$15,000 to help address this for communities throughout L.A. Care. The remaining funds will be used to address food security.</p> <p>Ms. McFerson thanked Ms. Eakins for taking the time to provide this information. The need in the low-income community is prevalent. She asked if there can be an ad hoc committee to select these organizations and provide a \$25 food card to people who participate in helping find those organizations. Ms. Eakins responded that she appreciates her input, the process to garner agencies in each region is to submit an Request for Proposal. They will provide a plan laying out how the funds will be used. At this time, they</p>	

	<p>are asking ECAC members to share names of organizations that they are aware of that provide these types of services and are certified non-profit. Ms. McFerson stated that in the future she would like to see ad hocs placed on the agenda accordingly under old business.</p>	
<b>FUTURE AGENDA ITEMS</b>		
	<p>Ms. Gonzalez stated that she would like to give this time to Ms. McFerson so she can discuss her suggested agenda items.</p> <p>Ms. McFerson stated, “Addressing the actual ad hoc committees for the future items. I would definitely like to have something on the agenda addressing a motion having to do with ECAC being able to construct ad hoc committees on particular subject, a topic at hand, to have that option. To have ad hoc committees again that are not handpicked by staff and are representative of each region and we need to be able to have that connection back in the ECAC. All I’m asking is that we have it on the agenda and we can actually discuss it and have motions having to do with the ad hoc committees. Thank you.”</p> <p>Ms. Eakins responded that ad hocs have to be for a specific purpose and are temporary in timeframe. They are not ongoing and they can’t be general in purpose.</p> <p>Ms. McFerson stated, “Being that Black History month is behind us can we discuss it during this meeting. Can we have an ad hoc committee addressing the food disparities within the community and how to connect better with members so they can have the information that’s available for them. With the 40,000 that CO&amp;E has to address those disparities. Can we have that ad hoc? Please. Thank you.”</p> <p>Ms. Perez asked if the committee can discuss the way the meetings are being conducted. Rachael Rose Luckey, <i>RCAC 4 Member</i>, has stated that she would like to see public comment read at the end of the agenda item. She noted that they have received training on Robert’s Rules of Order. She would like this information provided to ECAC.</p> <p>Ms. McFerson asked if the public comments can be read at the end of an agenda item. She asked that this be placed on the agenda.</p>	
<b>PUBLIC COMMENTS</b>		
<b>PUBLIC COMMENT</b>	<p><b>Submitted by Elizabeth Cooper, RCAC 2 Member:</b>  <i>My name is Elizabeth Cooper, RCAC 2 Member, wants all of you to know that her son, Jonatan Cooper an L.A. Care members wishes everybody a happy Valentine’s day and wishes everyone to be safe, active, and to take care of yourselves and others. Thank you.</i></p> <p><b>Submitted by Ismael Maldonado, RCAC 2 member</b></p>	

	<p><i>My question is LA CARE to my question is LA CARE going to get every department ADA training and disability etiquette CO&amp;E department and call taker la care call center and staff for RCAC member and everyone who deal with the disabled community.</i></p> <p><b>Submitted by Mary Jo Fernando, RCAC 2 member</b>  <i>The question I wanted to ask is how can we educate people against racism if that is how they were brought up by their parents or families? How can we change people's beliefs?</i></p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:20 p.m.	

**RESPECTFULLY SUBMITTED BY:**

Victor Rodriguez, *Board Specialist II, Board Services*  
Malou Balones, *Board Specialist III, Board Services*  
Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**

Fatima Vasquez (due to public health orders the document will be signed when it is possible)  
Fatima Vasquez, *ECAC Chair*  
Date 3/10/21