Board of Governors
Executive Community Advisory Committee
Meeting Minutes – May 12, 2021
1055 W. 7th Street, Los Angeles, CA 90017

ECAC Members | RCAC Members/Public | L.A. Care Board of Governors/Senior Staff
---|---|---
Russell Mahler, RCAC 1 Chair **
Estela Lara, RCAC 2 Chair
Cynthia Conteas-Wood, RCAC 3 Chair, ECAC Vice-Chair
Silvia Poz, RCAC 4 Chair
Maria Sanchez, RCAC 5 Chair
Andria McFerson, RCAC 6 Chair
Fátima Vázquez, RCAC 7 Chair, ECAC Chair
Ana Romo, RCAC 8 Chair
Tonya Byrd, RCAC 9 Chair
Damares O Hernández de Cordero, RCAC 10 Chair
Maria Angel Refugio, RCAC 11 Chair
Lluvia Salazar, At-Large Member
Deaka McClain, At Large Member
Pablo De La Puente, Interpreter
Isaac Ibarlueca, Interpreter
Eduardo Kogan, Interpreter
Alex Mendez, Interpreter
Ruth Nuno, Interpreter
Stephanie Webb, Interpreter
Hilda Pérez, Member, Board of Governors ***
Layla Gonzalez, Advocate, Board of Governors ***
John Baackes, Chief Executive Office, L.A. Care ***
James Kyle, MD, M.Div., Director of Quality, L.A. Care ***
Marina Acosta, Program Director of Health Equity, Health Services
Brigitte Bailey, Quality Improvement Project Manager II, Quality Improvement Department
Idalia De La Torre, Field Specialist Supervisor, CO&E ***
Auleria Eakins, Manager, CO&E ***
Joseph Gonzales, Unified Communication Mobility Engineer I, IT Operations & Infrastructure***
Nicole Justo, Community Outreach Liaison CO&E ***
Linda Merkens, Senior Manager, Board Services ***
Nicole Moussa, Manager, Technical Information, Pharmacy & Formulary ***
Cindy Pozos, Community Outreach Liaison CO&E ***
Victor Rodriguez, Board Specialist, Board Services ***
Martin Vicente, Community Outreach Field Specialist, CO&E ***

* Excused Absent    ** Absent
*** Via teleconference (with technical issues)
Fatima Vazquez, *ECAC Chair*, called the meeting to order at 10:00 a.m. She read the instructions on today’s meeting agenda.

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:

**Teleconference Call – In information/ Site**
- Call-in number: 1-415-655-0002 Participants Access Code: 187 165 0896 (English)
- Call-in number: 1-415-655-0002 Participants Access Code: 187 112 9738 (Spanish)

meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COEpurepubliccomments@lacare.org or by sending a text or voicemail to (213) 503-6199.

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 IX Public Comment on the Agenda.

Comments received by voicemail, email, or text by 10:00 a.m. on May 12, 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.

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 & Engagement staff prior to the meeting for assistance by text (213) 503-6199 or by email to COEpurepubliccomments@lacare.org.
| APPROVE MEETING AGENDA | Chairperson Vazquez asked any members having issues obtaining health care services to please reach out to L.A. Care Health Plan Member Services at 888-839-9909. She informed the committee of the changes to the order of agenda items.  
(Russel Mahler, RCAC 1 Chair, was not able to cast a vote due to connection issues.) | Approved by roll call.  
11 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, McClain, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez), 1 Abstention McFerson |
| --- | --- | --- |
| APPROVE MEETING MINUTES | Andria McFerson, RCAC 6 Chair, stated, “There is improper verbiage, but I’m not going to say anything against that.” Idalia De La Torre, Field Specialist Supervisor, CO&I, thanked Member McFerson for her comment. | Approved by roll call.  
12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, Refugio, Romo, Poz, Salazar, Sanchez, and Vazquez)  
1 Abstention McFerson |
| STANDING ITEMS | Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:  
Good morning, madam chair and members of the ECAC committee, my name is Elizabeth Cooper. Good morning, Mr. Baackes, as a member of RCAC 2, I would like to welcome you to ECAC today. I would like to address the following issue and would like your attention on addressing the issue of not having an item on the ECAC agenda for each meeting, a section for members who represent the disabled. I feel that the disabled members are underrepresented on the ECAC agenda and their issues are not addressed accordingly.  
Public Comment submitted by Carolyn Rogers Navarro: |  |
Carolyn Rogers Navarro  5-12-21 ECAC meeting , agenda item  CEO report: LA Care , hiding behind their other name Local Joint Powers Authority has 60 + enforcement actions listed at the DMHC webpage with fines adding up to about $400,000 to $500,000 at least( the way it’s listed online is confusing ) over the years for failure to properly address and resolve grievances and other enrollee rights issues, $63,500 in bulk enforcements for grievances in 2021 so far, and $350,000 for lack of oversight over Synermed fraud which affected a lot of enrollees, not “a few” as claimed and the affected people have not been notified their care was tampered with and LA Care doesn’t respect enrollees enough to inform them or “follow up with them” as ordered by the DMHC.

LA Care doesn’t elaborate that LA Care contracted with Synermed while Synermed used a bogus name to contract with LA Care for years .

LA Care repeatedly being fined for lack of regard for grievances attests that they are not capable of servicing so many enrollees , but they keep soliciting more and more of them , then people complain they can’t get appointments and care in a timely manner! Ask LA Care what Synermed did to enrollees, better yet look it up ( Synermed DMHC Calif) people were harmed while LA Care ignored their complaints and they don’t even know who harmed them! In 2021 I still see the same complaints I saw with Synermed, all while LA Care management has their heads up their you know what’s!

John Baackes, Chief Executive Officer, gave the following report:

As of May 2021, enrollment at L.A. Care has grown to 2,415,000 members.  Almost 2,250,000 enrolled in Medi-Cal and the rest in L.A. Care Covered, the PASC-SEIU plan, and Cal-MediConnect.  One reason for the increase in enrollment is the suspension of determination of Medicaid eligibility.  L.A. Care is outperforming competitors in voluntary enrollment, as more people are selecting L.A. Care as their Medi-Cal plan.  He stated that this demonstrates that people have confidence in L.A. Care.  In regard to Ms. Cooper’s comments, he stated that if ECAC would like to add a topic, they can do so.  He noted that many members would count themselves among the disabled community.  He noted that he has responded to Ms. Navarro at previous meetings.

For the fiscal year ending on September 30, 2020, L.A. Care lost $138 million.  L.A. Care’s reserves have sustained operations, and L.A. Care did not reduce services for members or cut payments to providers.  L.A. Care adopted a new budget for the current fiscal year.  For the first six months through March 2021, L.A. Care’s financial performance was ahead of
financial projections. This was a result of extensive administrative work to improve efficiency.

At the end of the public health emergency California will begin to do Medi-Cal eligibility redeterminations. There is concern that there is a significant backlog to work through. If redeterminations are processed retroactively, there will be 21 months of redeterminations to do. A statewide workgroup was formed that includes two Medi-Cal health plans, with L.A. Care selected to participate. The goal is to reduce the burden for Medi-Cal beneficiaries who will be going through the redeterminations. He would like to hear member’s thoughts on the issue. He believes that redeterminations should be done going forward and not going back.

L.A. Care organized a series of 16 COVID-19 vaccine events to distribute the vaccine to people in vulnerable communities. L.A. Care was able to host four, and then the Johnson & Johnson vaccine was suspended by the CDC. After the suspension was lifted, L.A. Care hosted two more events. Approximately 800 appointments were scheduled, but only 150 people showed up, mainly due to hesitancy to receive the Johnson & Johnson vaccine. L.A. Care will not hold anymore vaccine clinics, because there are other vaccination sites and there is adequate distribution throughout Los Angeles County. The vaccines are distributed by the USC School of Pharmacy, and 3,500 vaccine doses will be redistributed to other agencies. Through the Community Health Investment Fund, L.A. Care awarded grants to twenty agencies that operate in communities most vulnerable to infection to support vaccine distribution.

Mr. Baackes stated that the 135,000 masks have been mailed to L.A. Care members and additional masks are available at community resource centers (CRC). As the CRCs begin to reopen this month the masks will be distributed on a first-come first-served basis. He asked members to help spread the word about the mask distribution. At the last meeting an idea was proposed that ECAC should perhaps devote a meeting to discuss In Lieu of Services (ILOS), a new Medi-Cal program that will start on January 1, 2022. There are 13-14 benefits that L.A. Care could offer through ILOS. An information session to solicit feedback from members is scheduled on June 2, and will include ECAC and RCAC members enrolled in Medi-Cal. The Equity Council member committee will have a presentation in English and Spanish to discuss the benefits that could be available.

Member McFerson, RCAC 6 Chair, stated, “I would like to acknowledge the fact that I appreciate our CEO, John Baackes, for actually listening and carrying out some necessities that the community needs like masks.” She asked if there would be hand sanitizers as well. Ms. Baackes responded that L.A. Care could not get hand sanitizer. Member McFerson stated that they can definitely work on that next. She would like to be part of the separate meeting so they can work together and make sure something happens for the community.
She said that unfortunately she is not part of the task force that she had asked for, but would like to be part of this meeting and asked for the information needed to participate. Ms. Baackes responded that he asked for her to be invited. Member McFerson responded that he is doing good job, the best that he can considering the circumstances. Ms. Baackes stated that he has never been more satisfied than the time he spent at L.A. Care. The mission of the organization and the energy of the staff is unique. He believes the organization is making a change in the community. He thanked her for her contributions.

Deaka McClain, *Member At-Large*, thanked Ms. Baackes for joining and doing a wonderful job and being their voice. She would like to make a comment about Ms. Cooper’s comment. Before COVID-19, she had asked for there to be an agenda item for disabled member issues. She believes it is important and asked to add it back to the agenda. She has had issues with getting transportation to her doctor appointments. If the partnership with Call the Car is an issue, then it is a problem. They do not have enough beds with wraps. They are only used for people in a wheel chair. She asked for a grant to be given to them so they have enough beds for people in wheel chairs, and she is in a walker. Mr. Baackes responded that it is ECAC’s meeting and asked that an item for disabled members be added to future meeting agendas. He stated that Call the Car is a for-profit company and does not receive grant money. He will ensure Call the Car adheres to the contract. He noted that Call the Car has been an improvement over services provided by the previous vendor. He will ask staff that works with the vendor to reach out to Member McClain.

Estela Lara, *RCAC 2 Chair*, stated that Ms. Baackes gave a great report. She asked if the June 2 meeting will have a working title, and asked if it will be an all-day event. Ms. Baackes responded that it will not be an all-day event. There is no working title, but they will create one.

Ms. De La Torre stated that more details will be provided at a later time. She stated that the meeting on June 2 will start at 10 a.m. and will last two hours. Members that are assigned to L.A. Care through Medi-Cal will meet with the Consumer Health Equity Council. CO&E will reach out to those individuals so they can participate in the focus group.

**UPDATE ON COVID-19 AND L.A. CARE’S EQUITY COUNCIL STEERING COMMITTEE**

James Kyle, MD, MDiv

**PUBLIC COMMENT**

(*Submission source, time, date or name of the submitter may not have been read during the meeting or disclosed by the submitter.*)

Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:

*Dr. Kyle, about the COVID 19 vaccine and the providers, I would like to thank all the providers that have delivered the shots to the communities. My son and I received the COVID 19 vaccine and those clinics have been very caring. They deserve a special acknowledgement from your department and ECAC.*
Public Comment submitted by Ismael Maldonado, RCAC 2 Member:
Dr. Auleria Eakins Ed.D., MPA, Manager, Community Outreach & Engagement, I have a comment we need a disability etiquette for other member on the Equity steering committee to understand person with disability like myself and disability languages and how to accommodate person with disability like myself the independent living center of Southern California does a good job at this training Kurt Balwin ADA system change Advocate.

James Kyle, MD, MDiv, Medical Director, Quality, Diversity, Equity and Inclusion, Quality Improvement, gave an update on COVID-19 and L.A. Care’s Equity Council Steering Committee (A copy of the presentation can be obtained from CO&E.).

COVID-19 Update
• Ongoing declining trends locally and improving trends nationally
• Concerning increasing trends globally
• Vaccine Demand Rapidly Changing
  ➢ Demand now declining
  ➢ J&J vaccine suspension now lifted, but may have increased vaccine hesitancy
  ➢ Equity efforts ongoing

Worldwide COVID-19 cases

![COVID-19 cases reported weekly by WHO Region, and global deaths, as of 2 May 2021](image-url)
<table>
<thead>
<tr>
<th>L.A. County</th>
<th>L.A. County – Blueprint for a Safer Economy</th>
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<tbody>
<tr>
<td>• 1,235,651 Total Cases</td>
<td></td>
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<tr>
<td>➢ 248 New, down from nearly 16,000 per day in January, 2021</td>
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<tr>
<td>• 23,999 Deaths</td>
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<tr>
<td>➢ Five New</td>
<td></td>
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<tr>
<td>➢ Seven-day average of three decreased from a high of 274</td>
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<tr>
<td>• Hospitalizations</td>
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<td>➢ 400 per day</td>
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<tr>
<td>➢ Was over 8,000 at the peak of the surge</td>
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<tr>
<td>• Testing continues around 60,000 tests per day</td>
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<tr>
<td>➢ Percent positive peaked at over 20% in late December, now down to 0.7%</td>
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<tr>
<td>• Yellow Tier</td>
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<tr>
<td>➢ Least restrictive tier</td>
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<tr>
<td>➢ Lots of businesses, schools and activities reopening</td>
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<tr>
<td>➢ Still need to comply with recommended precautions (masking and social distancing)</td>
<td></td>
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<tr>
<td>➢ Get vaccinated as soon as you can</td>
<td></td>
</tr>
<tr>
<td>➢ Most people in Los Angeles County still not fully vaccinated</td>
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<tr>
<td>➢ All of our surrounding Counties remain in the Orange Tier</td>
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<tr>
<td>➢ Nearby States are experiencing an increase in cases and hospitalizations</td>
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<tr>
<td>• Beyond the Blueprint</td>
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<tr>
<td>➢ The State is preparing to move beyond the blueprint on June 15th</td>
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<tr>
<td>➢ Requires equitable vaccine availability AND consistently low disease activity</td>
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<tr>
<td>• L.A. Care COVID-19 Numbers</td>
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<tr>
<td>• Total Cases</td>
<td></td>
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<tr>
<td>➢ 129,816* (10% of cases in Los Angeles)</td>
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<tr>
<td>➢ 59% female, 41% male</td>
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<td>➢ 55% 35+</td>
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<td>➢ Highest rates among LatinX, Native Americans/Pacific Islanders and it East Los Angeles, Metro and South L.A., and the San Fernando Valley</td>
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<tr>
<td>• Hospitalizations</td>
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<tr>
<td>➢ 20,851</td>
<td></td>
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<tr>
<td>• Deaths</td>
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<tr>
<td>➢ 4,074, (17% of deaths in Los Angeles County, a more accurate count)</td>
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<tr>
<td>➢ Vaccinations</td>
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570,100 at least partially vaccinated (33% of members 16+)*
324,894 fully vaccinated (19% of members 16+)*
Women getting vaccinated at higher rates than men
Asians getting vaccinated at higher rates than other race and ethnic groups
Lowest vaccination rates in South Los Angeles and the Antelope Valley

Vaccines
• Three COVID-19 vaccines authorized for emergency use
  ➢ Pfizer 12-11-20
    – Applied for authorization for children 12+ on 4/9/21
  ➢ Moderna 12-18-20
  ➢ Johnson and Johnson (J&J, Jansen)
    – Initially authorized 2-27-21, temporary suspension lifted 4/23/21
• AstraZeneca approved in other countries, Phase 3 trial ongoing in the U.S.

COVID-19 Vaccine Recommendations (Current – since April 15)
  ➢ Everyone 16+ is now eligible to receive the vaccine
    • No appointment necessary at some locations
  ➢ Clinical trials in the works for younger children
  ➢ Anticipate approval of the Pfizer vaccine for children 12 and over imminently

Vaccine Distribution and Administration
• 152 million people at least partially immunized
• 8114 million people are fully vaccinated
• Daily vaccine numbers down to 2 million/day from a high of over 3 million/day
• Percent of population partially/fully vaccinated
  ➢ 46%/34% national average
  ➢ High of 61%/43% in Vermont to a low of 32%/25% in Mississippi
  ➢ California – 51%/35%

Equity Council Steering Committee
The goals of the Steering Committee are to:
• Address and improve diversity, equity, and inclusion at L.A. Care for employees, members and with our business practices.
• Ensure L.A. Care is a safe space, physically, emotionally and intellectually, for employees, where inclusion is a core value.
• Advocate for diversity, equity, inclusion in a climate of social justice.
Equity Council Steering Committee
• Meeting weekly since July 2020, after the announcement of this Committee
• Activities include:
  ➢ Ongoing learning on the subject of equity and social justice
  ➢ Engaged in implicit bias tests, book, and article reviews
  ➢ Authored a number of statements that impact equity i.e. USPS and Executive Order on Diversity and Inclusion trainings
  ➢ Establishing a partnership with L.A. County Commission of Human Relations
  ➢ Empowering L.A. Care’s internal Councils (Member, Network & Vendor, and L.A. Care Team) to set and prioritize goals and metrics to measure their change efforts

Constituency Councils
• Member Equity Council (MEC) Activities:
  ➢ Council goals are:
    – Ensure that the services we provide to members promote equity and are free of implicit racism
    – Implement programs that address the causes of inequity that our members and their communities experience, including racism and poverty (social determinants of health)
    – Reduce health disparities among our members by implementing targeted quality improvement programs
  ➢ Efforts(metrics will be focused on:
    – Ensuring effective member input
    – Establishing and leveraging partnerships to advance equity
    – Maintaining resources to community partners
    – Focusing on social determinants of health, specifically food security
    – Implementing Consumer Equity Council composed of diverse members to provide guidance to MEC

Provider & Vendor Council Activities:
Prioritizing efforts on provider concordance and diverse vendor’s/suppliers opportunities at L.A. Care
• For provider concordance: ensuring network is reflective of the language and ethnicity of the community they serve and offer member options and choices based on their preferences
• For diverse vendor/supplies: ensuring, when possible, L.A. Care contracting efforts provide opportunities for minorities, women, and disabled veteran-owned businesses to participate in our procurement (RFI & RFP) processes
Currently, gathering and reviewing internal data to establish baselines and goals for these efforts

Sharing and disseminating learning at Equity Council Steering to counsel members

Member Lara thanked Dr. Kyle for sharing this information. She stated that LatinX is not a small population and has many subgroups. There is an immigrant population that is trying to get acquainted with the way things are done in this country. Many times they need more help and more information. The Mexican population in the U.S. also has subgroups, some are bilingual and others are monolingual. In California, the LatinX community is diverse. There are sign languages and many other indigenous languages. She recommended that there be messaging in those languages as well.

(Member Lara lost her connection to the meeting.)

Dr. Kyle responded that Member Lara made great suggestions. He noted that physicians are not required by state law to provide ethnic or racial identification. It is difficult to identify doctors that can speak indigenous languages. Providers are encouraged and incentivized to provide the information, but they do not have to. He recommended that members look up providers in the directory.

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<th>BOARD MEMBER REPORT</th>
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<tr>
<td>Layla Gonzalez</td>
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<td>Hilda Perez</td>
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PUBLIC COMMENT

Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:
Board members Hilda Perez and Leila Gonzalez, I would like to thank you for the kind words addressed to me and all the mothers wishing us Happy Mother’s Day at the last Board meeting, I hope that you and board member Hilda Perez continue to advocate for support for the members and L.A. Care staff to find ways and information for us to address the board members and ECAC.

Public Comment submitted by Carolyn Rogers Navarro:
Carolyn Rogers Navarro 5-12 ECAC board members report, it is impossible that LA Care had no idea that Synermed was harming patients, too many people reported the issues, LA Care maintained contracts for years with Synermed who contracted under a different name but was Synermed, another questionable issue, I obtained copies, the DMHC verified patients rights were violated but who is telling enrollees that their rights to care were purposely blocked by Synermed? (Google Synermed 2019 DMHC Calif, United States v. Synermed ). Enrollees were harmed and denied due process and don’t know who denied their rights and how LA Care was not paying attention! Enrollees have the right to be educated about how their rights were violated and make their own decision about LA Care! Enrollees, ask LA Care about this, it didn’t just affect a few people as claimed, the DMHC report doesn’t even begin to address the harm caused
because they were not paying attention to or probably enabling Synermeds abuses! It's alarming that in 2021, Synermed type abuses are still being perpetrated against enrollees and LA Care keeps getting fined by the DMHC because they are denying enrollees grievance due process, LA Care is incapable of handling all of their enrollees and pays fines instead of acting in the best interest of the enrollees they have, then they keep soliciting more enrollees!

Layla Gonzalez, Member Advocate, Board of Governors, provided the following updates:

The Board of Governors met virtually on May 6.

- She thanked all of the RCAC members that listened to the Board and ECAC meetings this month and thanked them for their comments and questions. She reminded everyone that May is Mental Health Month. She stated that total health is not complete without Mental Health.
- Dr. Seidman gave an update on the COVID-19 pandemic and the status of the COVID-19 vaccine events held at L.A. Care CRCs.
- She thanked L.A. Care staff for all their hard work at the L.A. Care COVID-19 vaccine clinics held at the CRCs. She also thanked the countless workers and health promotors for all of their work to make the events possible.
- Cherie Compartore, Senior Director, Government Affairs, reported that the Governor will release an update on the State Budget on Friday, May 14. This will inform legislators about his vision. State Legislators will meet and will hold hearings on the language for the final Budget Bill, which must be passed into law by mid-June.
- The Board approved a motion to provide funding to Charles Drew University in the amount of $5 million, to support development of a new Independent Medical Education Program (IMEP). The new medical school will open up 60 more training opportunities for new doctors in South Los Angeles. This is not a scholarship program and L.A. Care will not be funding individuals to attend medical school. The funding will go to creating the program. There are many other funders involved in raising the $75 million needed to open the IMEP.

- She gave her condolences to the thousands of families that have lost someone due to COVID-19. She encouraged everyone to get vaccinated. Please try to make your appointment as soon as you can. It is so much easier to get an appointment now. You can visit the website myturn.ca.gov or call 1-833-422-4255. You can go to a walk-in clinic at the Long Beach Convention Center, Our Lady of the Valley or College of the Canyons. No appointment is needed at these locations. L.A. Care also has information on its website at www.lacare.org.
Hilda Perez, Consumer Representative, Board of Governors, stated that she had to take her child for a COVID-19 test, and apologized for joining the meeting late. School-age children must be tested every two weeks to continue to attend hybrid classes. The pandemic affected her son in different ways. On the day of the last Board meeting she took her son to get his second vaccination dose. She stated that mothers have the role to take care of their families and provide for their wellbeing. She stated that she sees many people struggling with their families. She got to meet families through Zoom meetings. She would like to thank the interpreters that participated at the vaccine events. The Health Promoters were also invited to the vaccine events. Unfortunately, the events were cancelled, but people have other options to get a vaccine. She noted that L.A. County is in the yellow tier of the state’s Blue Print for a Safer Economy, and there are many businesses opening. She thanked Ms. Gonzalez for giving the Board report and giving her condolences to families. She stated that she has a heart of service. It is important to her to be at ECAC because now it is a way to communicate with members due to the public health emergency. She encouraged everyone to continue working hard and reach out to their Field Specialist if necessary. She said she has questions for Dr. Kyle, but will not ask due to time limitations.

(Member McFerson was having technical difficulties and submitted a question via text, which is included below.)

Tanya Byrd, RCAC 9 Chair, wished everyone a Happy Mother’s Day. She would like someone to assure her that L.A. care is doing something to make sure they reach out to the Cambodian community to make sure that they are also getting vaccinated or receiving information in regards to the vaccination. Ms. Gonzalez responded that she does not have an answer, but she will ask Board Services to assist with answering her question. She asked Ms. Eakins if she is able to provide an answer. Auleria Eakins, EdD, Manager, CO&E, responded that it is a question for the Communications staff, and she will follow up with Ms. Byrd after she confirms if there is specific communication for that population. Ms. Perez stated that Misty De Lamare, Director, Communications, was at the last ECAC meeting. She said they can speak to Ms. De Lamare about the communities that they are reaching out to. She thanked Member Byrd for her comments.

Ms. Lara stated that at RCAC 2 there are members that are Cambodian speakers. She thanked staff members for everything they do. She asked Ms. Eakins to add it to her list and have someone follow up with them. She noted that they are stakeholders and she appreciates that messages are passed on to the right people. Ultimately it’s all about the health plan members and their families.

Member McFerson comment received via text:
“I just want to know how to reach the community that is least likely to get vaccinated? Who is this community and how can we reach these people effectively”

(Some dialogue was not captured due to background noise.)

Member Lara stated that she would like to share information she received from Ms. Gonzalez. There is a program that gives people a $50 credit for internet bills and $100 credit for a laptop. The program starts today and goes on until funds run out. She believes it is an important program. She noted that everyone can use the $50 credit for their internet bill.

<table>
<thead>
<tr>
<th>COMMUNITY OUTREACH &amp; ENGAGEMENT DEPARTMENT UPDATES</th>
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<tr>
<td>Auleria Eakins, Ed.D</td>
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**PUBLIC COMMENT**

(Submission source, time, date or name of the submitter may not have been read during the meeting or disclosed by the submitter.)

Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:

*Dr. Eakins I hope that you Idalia De La Torre continue to support the RCACs and their representation of issues and concerns that are addressed through the RCAC chairs, ECAC chair and RCAC representatives.*

Ms. Eakins stated that a representative from Human IT will give a presentation at the June ECAC meeting. There will also be more information about the work plan at that meeting.

Auleria Eakins, EdD, Manager, CO&E, provided the Community Outreach & Engagement updates (*a copy of the written report can be obtained from CO&E.*).

**Stipend Increase**

During the February ECAC meeting there was a request from committee members for a follow-up on the request for a stipend increase for consumer attendance to RCAC meetings.

- Dr. Eakins responded to the request by stating during the January 2020 ECAC Meeting, ECAC asked that the issue of stipends be discussed with RCAC members for input.
- During February 2020, CO&E reported that only six RCACs were able to have this discussion. Due to COVID-19, March RCAC meetings could not be held. Members of five RCACs have yet to give input about stipends.
- Since RCAC meetings can’t be held, CO&E does not have a complete picture of the next steps regarding the stipends.
- The conversation will be revisited at the restart of RCAC meetings.

**COVID-19**

- Dr. Seidman agreed to provide monthly COVID updates to members.
• Last month’s COVID discussion was a huge success with more than 84 RCAC members attending a virtual meeting.
• This month’s COVID-19 update is scheduled for May 18, 2021, at 2pm. Members are asked to please speak with a Field Specialist for information about participating.
• We can expect Dr. Seidman to lead a discussion on current COVID trends throughout L.A. County, testing and the COVID vaccines.

Cal MediConnect (CMC) Update
• There is no update for the month of May. CO&E will continue to work with CMC staff to provide updates as they become available.

Anti-Asian Hate Dialogue
• In response to a request from ECAC, CO&E staff will host an event titled “Stop Asian Hate: Ending Hate Crimes against Asian Americans”.
• ECAC Chairs, Vice Chairs and members of the Consumer Health Equity Council (CHEC) are required to attend. The date for this important dialogue is May 19, 2021 at 11:00 a.m. Please save the date on your calendars.

In Lieu of Services (ILOS)
• The ILOS options focus group will take place June 2 from 10 a.m. to 12 p.m., and will include feedback from L.A. Care Medi-Cal consumers, representatives of ECAC and CHEC.

Voice Project
• There have been inquiries regarding stipend for the Voice Project, where members are asked to participate by voluntarily sharing photos of their vaccine experience, in an effort to encourage peers to get the vaccine and deter vaccine hesitancy.

Government Affairs
• During the April ECAC, Ms. Cooper inquired about election information and recall efforts. There is a vast amount of information on the internet, and after researching this further, the best resource for accurate and up-to-date information is the California Secretary of State’s website.
• L.A. Care hesitates to provide a summary of the issue or a perspective, as it is ever changing and also wants to avoid appearing to provide inaccurate information and the perception of steering people in their opinions. As result, CO&E is providing this link so that ECAC members can obtain more information: http://www.sos.ca.gov/elections/recalls/current-recall-efforts

CO&E Budget Update
• Finance has scheduled a meeting with CO&E Staff to discuss this request and a plan to respond. CO&E will schedule a presentation based on the staff’s availability.

Ad-hoc Committee – Black History Month
• There has been a request from an ECAC member regarding early planning of Black History events in 2022. This topic will be added to the July ECAC agenda and an ad hoc committee could potentially be created.

Pharmacy Feedback
Dr. Eakins stated that she wanted to end her report on a good note, she read a note received from pharmacy regarding RCAC participation in last summer’s focus group on Asthma. It reads “We hope both Idalia, you, and members are doing well. To give you a brief update, the asthma material turned out to be a success! Based on preliminary four-month data, we were able to see a reduction in the number of rescue inhalers used and an increase in the number of controller inhalers! We couldn’t have done it without your help.” CO&E would like to thank the members who participated in this feedback and will continue to ensure that members continuously receive the outcomes of their efforts to help L.A. Care understand its health programs and services.

Member McClain thanked Ms. Eakins for her report. She pointed out that when members had issues with transportation in the past, they were able to bring it up to Francisco Oaxaca, Chief of Communications and Community Relations. She is putting out this information in case she is sitting at the table and is part of the discussion. She is going to go into more detail. This is not just happening to her it is happening to other people as well. Call the Car is the current vendor. It has caused stress for her. When it gets to the point that she is stressed, because she is not able to get what she needs it becomes a problem. She does not know who else is going through this. She does everything she has to do. She specifically asked for accommodations that she needs due to COVID-19. Sometimes her requests are met and sometimes they are not and that becomes a problem. She would like for there to be an agenda item where ECAC members are able to discuss these issues. She would like this back on the agenda. Ms. Eakins responded that she will follow up and thanked her for her comments.

Ms. Perez thanked the Pharmacy Department for letting the committee know how helpful their input was. She would like to remind all RCAC members that they have credit for things that they’ve done. Helping provide easier access to low income communities. He noted that every time that a department comes and does presentation or ask for input, this is the first time they come back and tell us the result. She invited all other departments to present their outcomes at ECAC.
Ms. Perez asked Ms. Eakins if members can make suggestions towards the CO&E budget. Ms. Eakins responded that CO&E is working to be fiscally responsible during COVID-19. She stated that members are free to share any ideas they have with their Field Specialists. She is unsure when the budget will be finalized.

### OLD BUSINESS

<table>
<thead>
<tr>
<th>ECAC AD HOC COMMITTEE – PUBLIC COMMENT</th>
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<tbody>
<tr>
<td>Auleria Eakins, EdD</td>
<td>(Submission source, time, date or name of the submitter may not have been read during the meeting or disclosed by the submitter.)</td>
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**Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:**

> I would like to recommend that public comments should be done at the beginning and the end of the meeting, so the public can have more access and more opportunities for comments. I also would like to applaud the member who initiated this concern to ECAC.

Auleria Eakins, Ed.D, Manager, CO&E, gave the following updates regarding an ad hoc committee that recently discussed public comment at ECAC meetings:

**Ad-hoc Committee Purpose**

To make a recommendation to ECAC members on when public comments should be heard during discussion of an agenda item.

**Ad-hoc committee recommendation:**

- Members of the public shall have the opportunity to directly address the ECAC on any item of interest to the public during the legislative body’s consideration of the item.
- ECAC members will hear public comments after the agenda item has been presented and before ECAC members discuss the agenda item.
- Example: The Chair will introduce Mr. Baackes and ask him to provide his update. Once Mr. Baackes finishes his update, public comments for that particular agenda item will be read, then ECAC members will be able to ask questions or make comments to Mr. Baackes.

**Pilot recommendation:**

If the recommendation is approved by ECAC, ECAC will pilot the recommendations for the next two ECAC meetings.

Ms. De La Torre asked the Chair to ask for a consensus so that these recommendations can be implemented.
Ms. Perez asked if the recommendations would be implemented at ECAC for the months of June and July. Ms. De La Torre responded that if ECAC moves forward with the recommendations it will be implemented for June and July. Ms. Perez asked is staff will make a decision to implement the rules moving forward or will they take input from ECAC and RCAC members. Ms. Eakins responded that ECAC will be asked to provide guidance.

Ms. De La Torre asked Chairperson Vazquez if she can call for a roll call vote to approve the ECAC ad hoc committee recommendations.

**NEW BUSINESS**

### COLORECTAL CANCER SCREENING AWARENESS PRESENTATION

Brigitte Bailey, MPH, CHES

**PUBLIC COMMENT**

*(Submission source, time, date or name of the submitter may not have been read during the meeting or disclosed by the submitter.)*

**Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:**

*I would like to thank you for this presentation as so many members need to be aware of this issue.*

Brigitte Bailey, MPH, CHES, Quality Improvement Project Manager II, Quality Improvement Department, gave a presentation on Colorectal Cancer Screening Awareness *(A copy of the presentation can be obtained from CO&E.)*.

Colorectal cancer, also called colon cancer, starts with a growth (polyp) that is not yet cancer. Screening helps find polyps early before they become cancer. If polyps are found at an early stage, they can be successfully treated.

Colorectal cancer is the third leading cause of cancer-related deaths in the United States. It is the third most common cancer in men and in women. Over 2,700 people are newly diagnosed with colon cancer every year in Los Angeles County. The American Cancer Society’s estimates that there will be 104,270 new cases of colon cancer in the United States in 2021.

Screening for colorectal cancer is recommended starting at age 50 years and continuing until age 75 years. Individuals younger than 50 or older than 75 should still talk with their healthcare provider about colorectal cancer screening if they have family history or colon related issues. Screening types will be discussed on the next slide in detail.

*Early detection is still important.* Catching cancer at an early stage leads to easier treatment options. There may be a delay to go in person to get a colonoscopy due to COVID-19. However, colorectal cancer screenings may also be done in the comfort of your own home.
with stool tests. Talk with your healthcare provider to learn which screening test is right for you.

Topics to bring up with your healthcare provider:
• Family history of Colorectal Cancer
• Change in bowel habits, blood in your stool, stomach pains or cramps
• Scheduling a colorectal cancer screening test

Addressing Concerns
• Remind family and friends to talk with their healthcare provider about whether they are due for their colorectal cancer screening.
• Let family and friends know that preventive screenings are free! If their colorectal cancer screening is done as a preventive screening, there is no cost associated to the screening!
• Let family and friends know that early detection leads to treatable outcomes!

Member Lara asked if men are less likely to get screened due to their gender identity. If men get married their wives are likely to encourage them to get this procedure. They bring out the taboo of men getting themselves screened. Ms. Bailey thanked her for comments.

Cynthia Conteas-Wood, RCAC 3 Chair, stated that she agrees with Member Lara. She noted that anything below the waist, people are afraid of being hurt by people inserting cameras into them. She stated that people don’t feel anything during the procedure and have no memory of it because of the anesthesia. Her husband is from a different culture and was hesitant. He got a colonoscopy and cancer was detected. The procedure prevented a disaster later on in life. Ms. Bailey responded that personal stories help people understand the importance of the screening, and thanked her for sharing.

Ms. Perez thanked Ms. Bailey for her presentation. She stated that colorectal cancer affects all communities, and demographics don’t matter. She noted that Hispanic and Black communities are more likely to be impacted by this due to many factors, including fear. Most health plans approve the cost of the testing until 45 or 50 years old. She recommended that people talk to their doctors. Ms. Bailey thanked Ms. Perez for her comments.

Member Byrd thanked Ms. Bailey for her presentation. She recommended educating people on the subject. She noted that there are some individuals that don’t even have three bowel movements a day. Even children have unsteady bowel movements. She has participated in colorectal events while she has been a RCAC member. When it was time for her to have a colonoscopy, she didn’t feel comfortable dealing with it. She has told her doctor before that
she does not want the test. Blood in feces is not the only indicator that someone has a problem. Ms. Bailey thanked her for sharing.

FUTURE AGENDA ITEMS

PUBLIC COMMENT

/Public Comment submitted by Elizabeth Cooper, RCAC 2 Member: /I would like a presentation on the services and approvals that board initiates like housing (tenants and homelessness), scholarships for medical students. I hear a lot of these initiatives but no reports or follow ups, as well as on how members can access these programs."

Member Byrd stated that she wanted to bring up the issue of more sensitivity for individuals with disabilities as related to the recent transportation issues that members are having with Call the Car. She would like to see this on the next agenda so that they can look into this issue more. She reminded everyone that they need to be sensitive to seniors and members with disabilities.

Maria Angel Refugio, RCAC 11 Chair, stated that she would like ECAC to have a presentation on kidney disease. She has seen that it is very common in vulnerable communities.

Member McClain stated that she would like to bring back the section of the agenda on member issues called SPD Issues and Access to Health Issues. She noted that there may be others having those member issues.

PUBLIC COMMENTS

/Public Comment submitted by Ismael Maldonado, RCAC 2 member: /I would like to bring up a problem with call the car. There is issues with the provider not fully using accessible vans like van with ramps, I had to missed important appointment I had to use my IPA to provide Uber for me so they send them to me or I can make that appointment. I spoke to a member at Large Deka McClain we would like to put in a motion for there could be grievance complaints heard at the meetings at bog or at ecac so that advocates can help us with these issues of La care and we can work out the kinks in the problems with these providers. National suicide hotline every one take out your cell phone 1800-273-8255
<table>
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<tr>
<th>The men of color and Hispanic Latino Mexican American men don't want to get this test gender identity and macho man do this. We need to make a poster for men to get test people of color and brown community</th>
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<tbody>
<tr>
<td>Public Comment submitted by Elizabeth Cooper, RCAC 2 Member: My son received a letter on April 13, 2021 from the health education team from L.A. Care regarding a new program for members who have asthma. I called the number provided on the letter and I haven't received any follow up or call backs, please have someone from that department respond.</td>
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<tr>
<td>Public Comment submitted by Sender Not-Self Identified: my public comment was not read as I said it, further affirming my right to comment live. Synermed was mispronounced and a couple of words were changed, may not be intentional but I heard different words than I wrote. I will review the minutes and make sure my words are quoted as I wrote them. Yes, you keep soliciting more members while failing existing ones! For those who are following the British Royal Family. His Royal Highness Prince Philip, Duke of Edinburgh has passed away on Friday April 09, 2021. A moment of silence for our neighbors across the pond a.k.a. the other side of the Atlantic Ocean. Thank you. General comment, Question, why is a hostile comment made against a member of the public making a comment with a remark stating this person has commented before and it’s just going to be “let go”, that’s an attempt to intimidate a public commenter and is unprofessional! Why is an individual ever commenting before even brought up. ECAC general comment, you can’t impose a quota on how often and how someone comments by sarcastically saying you’ll just “let go” the comment when the personal take and derogatory commentary of the officiator was not solicited. ECAC general comment. It’s suggested members actually look up Synermed before making a decision they were not affected by Synermed’s conduct. He also referenced me and my prior comments saying he’s just going to “let them go” very inappropriate! And harassing a commenter</td>
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<tr>
<td>ADJOURNMENT</td>
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Malou Balones, Board Specialist III, Board Services
Linda Merkens, Senior Manager, Board Services

Fatima Vasquez, ECAC Chair ______________________________

Date  6/9/21 __________________________