



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES



2014-2015



ANNUAL REPORT OF Major Accomplishments

Including Research Efforts, Publications, and Quality Improvement Projects

Inquiries regarding this document may be directed to:
Performance Improvement Manager
County of San Diego
Health and Human Services Agency
Public Health Services
Health Services Complex
3851 Rosecrans Street, MS: P-578
San Diego, CA 92110-3652
(619) 542-4141

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www.LiveWellSD.org

Public Health Services

COUNTY OF SAN DIEGO



HHSA

HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL SAN DIEGO

PUBLIC HEALTH SERVICES ANNUAL REPORT OF Major Accomplishments

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Preface

Report Sections

- Major Accomplishments
- Quality Improvement Projects
- Publications and Presentations
- Research
- Awards and Staff Recognition/Development

The Public Health Services *2014-2015 Annual Report of Major Accomplishments* document presents a summary of the major accomplishments that the Division of Public Health Services (PHS) has achieved during this fiscal year. Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches: Public Health Services Administration; Emergency Medical Services; Epidemiology and Immunization Services Branch; HIV, STD and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health.

This document is divided into five sections—major accomplishments, quality improvement projects, publications, research projects, and awards and recognitions. Each section is described as follows:

- **Major Accomplishments**—Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria—specific, measurable, attainable, relevant and time-bound.
- **Quality Improvement Projects**—Each branch was required to work on at least one quality improvement (QI) project. This section includes a total of seven projects. Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

- **Publications and Presentations**—Each branch was required to publish at least one publication or presentation, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other publications, newsletters, or online communications. This section chronicles 26 such publications and presentations.
- **Research**—A brief description of 28 branch research projects are listed.
- **Awards and Staff Recognition/Development**—This section highlights 19 staff who received awards and/or recognitions for outstanding work. It also includes nine staff who completed staff development trainings during this time period.



Message from the Public Health Officer

Public Health's job of protecting the community's health is often taken for granted...

Until a major outbreak occurs.
That is when our staff shines.



Dear Reader,

I am pleased to present the *Public Health Services 2014-2015 Annual Report of Major Accomplishments* document. PHS is dedicated to community health, wellness and protection of residents in San Diego County. The Division works to: 1) prevent epidemics and the spread of disease; 2) prevent injuries, promote and encourage healthy behaviors; 3) protect against environmental hazards; 4) respond to disasters and assist communities in recovery; and 5) assure the quality and accessibility of health services throughout the county.

While managing approximately 485 employees with a budget of over \$106.4 million, and 200 contacts, several significant achievements were accomplished during fiscal year 2014-2015:

- Submitted required documentation to begin the application process for required public health accreditation.
- Completed the framework for a Five-Year Binational Border Health Improvement Strategic Plan, which will identify regional health priorities and define joint health improvement initiatives to improve the health of communities along the border.

- Ensured 96 percent (210 of 217) of tuberculosis (TB) cases were reported within one working day from start of treatment to prevent further transmissions.
- Ensured preparedness for disaster or public health threat by activating the public health emergency response system five times annually.
- Ensured that preventive health examinations were performed to identify and correct health issues for 91 percent (2,302 of 2,516) of children in out-of-home placement.
- Linked 100 percent (976) of individuals newly enrolling into Medical Case Management to HIV primary care, with a verified medical visit, within 90 days, increasing access to health care and reducing transmission of HIV.
- Investigated 98 percent (220 of 223) of reported selected communicable disease cases within 24 hours to reduce the spread of disease.
- Improved procedures for reporting availability and usage, of approximately 60,000 doses of flu vaccine to help community partners and public health centers meet the demand for vaccines and minimize waste.

- Expedited and improved the accuracy of 66 percent (27,868 of 42,224) of referrals for California Children's Services by processing them through eQuest, a web referral system for children with certain physical limitations, chronic health conditions and diseases.

These achievements align with the County's vision and mission; reflect the ten essential public health services; and embody *Live Well San Diego*, the County's wellness initiative to achieve the vision of healthy, safe and thriving communities. I invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

Sincerely,

A handwritten signature in black ink that reads "Wilma J. Wooten, M.D." The signature is written in a cursive, professional style.

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

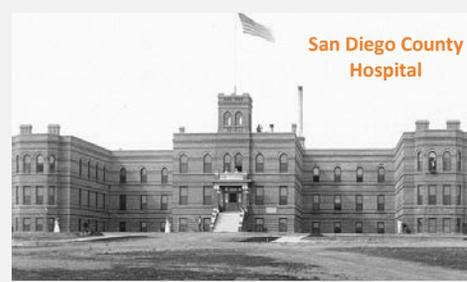
Public Health Services History

1850 to the Present

According to the San Diego History Center website, **San Diego's Board of Health was first established by the Common Council of the City of San Diego in 1850**, under authority of the first City Charter. There is no record of regular meetings of that board.

The Board of Trustees again established a Board of Health in 1869, in an attempt "to prevent the spread of smallpox and other contagious diseases in the City of San Diego." It does not appear that this Board remained active, and there is no record of its reappearance until the *San Diego Union* carried news of the "first regular meeting" of the Board of Health on June 12, 1876, when it was created by a charter ordinance. The "unhealthy condition of the water that was being delivered to the citizens of this city by the San Diego Water Company" was the first public health issue to be discussed by this new Board of Health. At that time, the City Board consisted of the City Trustees and an appointed Health Officer.

According to the Online Archive of California, in the early 1920's, the City formed a Health Department. A County Department of Public Health was organized in 1933. In 1953, the City and County departments were consolidated into one, and as such, it has remained. Now the County Health Department, Public Health Services, is a division of the Health and Human Services Agency, which was formed in 1998.



San Diego County
Hospital



San Diego Union
Tribune Building



5th and Broadway Street Car

Visit LiveWellSD.org



LIVE WELL
SAN DIEGO

Live Well San Diego...

Is San Diego County's long-term initiative for **healthy, **safe** and **thriving** communities.**

The accomplishments listed in this report support *Live Well San Diego*, which began in 2010, when the County Board of Supervisors adopted the 10-year plan to advance the health, safety and well-being of the region's more than three million residents. Based upon a foundation of community involvement, *Live Well San Diego* includes three components—*Building Better Health, Living Safely, and Thriving*.

Live Well San Diego is built on four strategic approaches:

1. **Building a Better Service Delivery System**

Improve the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities.

2. **Supporting Positive Choices**

Provide information and resources to inspire county residents to take action and responsibility for their health, safety, and well-being.

3. **Pursing Policy and Environmental Changes**

Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities.

4. **Improving the Culture Within**

Increase understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well.

Progress Through Partnerships

Live Well San Diego involves everyone. Only through collective effort can meaningful change be realized in a region as large and diverse as San Diego County. The County's

partners include cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans organizations; schools; and community and faith-based organizations. Most importantly, *Live Well San Diego* is about empowering residents to take positive actions for their own health, safety and well-being.

Every County department is committed to playing an active role and coordinating efforts to make the biggest impact. Annual reports, such as this one, highlight, highlight success stories of local communities, organizations and recognized partners who are making positive changes. These reports can be accessed on the *Live Well San Diego* website at LiveWellSD.org/about/live-well-san-diego-materials/. This website also includes resources for getting involved; best practice tools for organizations and recognized partners in every sector; and information about the *Live Well San Diego* Indicators, which measure our region's collective progress.

Regional Leadership Teams

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHS) service regions. These teams have been involved in community improvement planning and are working to address priority needs over the next few years to realize the *Live Well San Diego* vision.

Results

How will progress be measured? The Top Ten Live Well Indicators have been identified to capture the overall well-being of residents in the county. These indicators are part of a [framework](#) that allows the County to connect a wide array of programs and activities to measurable improvements in the health, safety and well-being of every resident.



Our Vision and Mission

Public Health Services

Vision

Healthy people in healthy communities.

Mission

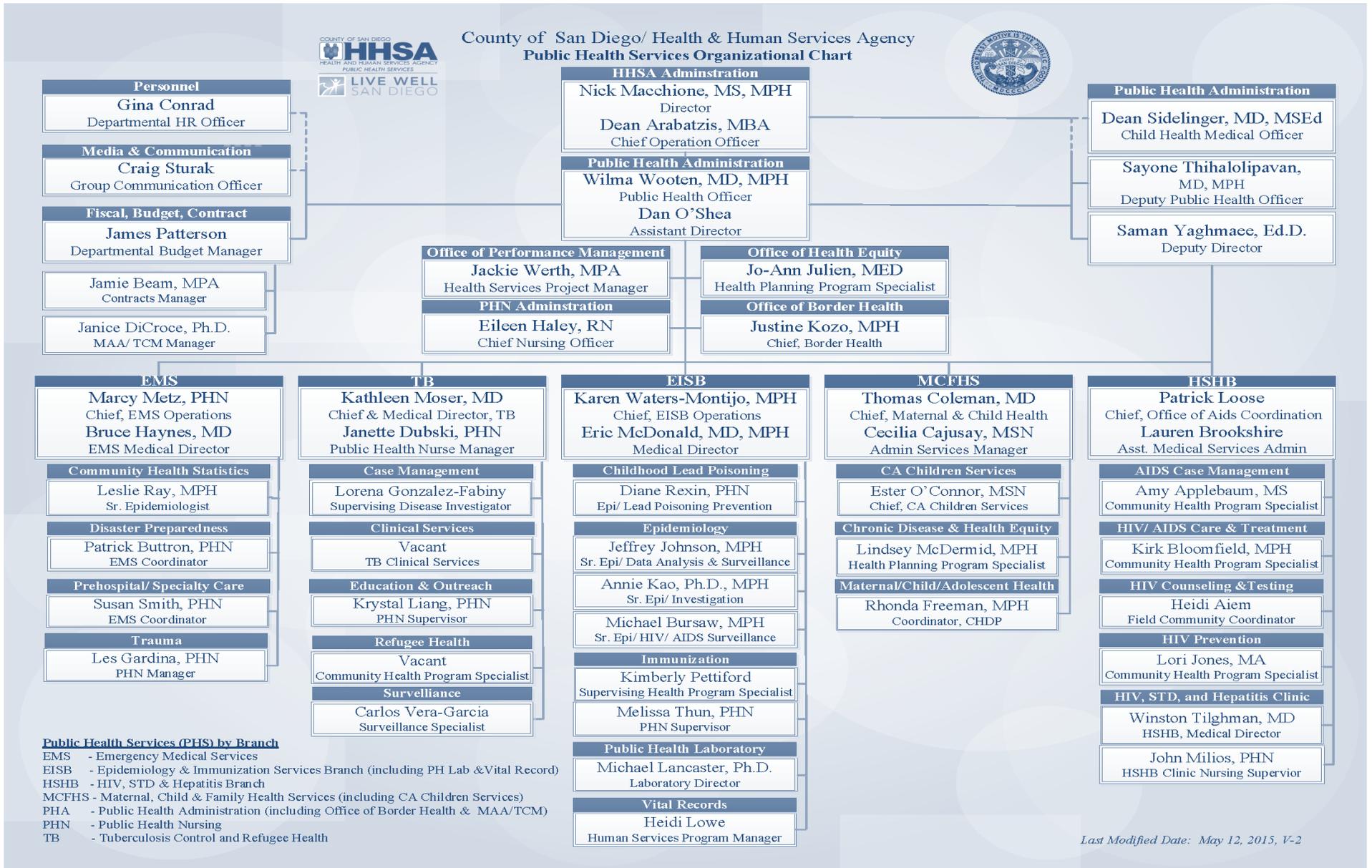
To promote health and improve quality of life by preventing disease, injury and disability and by protecting against, and responding to, health threats and disasters.





Public Health Services Organizational Chart, Administration, and Branches

Public Health Services Organizational Chart



Facts and Figures

Public Health Services

Public Health Administration Branch

Public Health Services Facts

Budget: **\$106.4 million¹**

No. of Employees: **485¹**

Population Served: **3,263,431²**

¹County of San Diego Operational Plan

²U.S. Census Population Quick Facts



Dr. Wilma J. Wooten
Public Health Officer



Dr. Eric McDonald
Deputy Public
Health Officer



Dan O'Shea
Public Health
Services
Administrator



Saman Yaghmaee
Deputy Director



**Location of Public Health Services
Administration**

About Public Health Services Administration

Public Health Services (PHS) Administration is located at the Health Services Complex, 3851 Rosecrans Street, in San Diego. PHS Administration program areas are the Executive Office, Office of Border Health, Medi-Cal Administrative Activities and Targeted Case Management, Budget and Fiscal, Contract Services, and Performance Management and Improvement.

Public Health Services

Program Branches

Public Health Services Chiefs

Marcy Metz, R.N.
Emergency Medical Services

Karen Waters-Montijo
Epidemiology and Immunization Services Branch

Patrick Loose
HIV, STD, and Hepatitis Branch

Thomas Coleman, M.D., M.P.H.
Maternal, Child Family Health Services

Sandi Thomas, P.H.N.
Public Health Nursing Administration

Kathleen Moser, M.D., M.P.H.
Tuberculosis Control and Refugee Health

Emergency Medical Services Branch

Ensures quality emergency medical services, is involved in community education, prevention activities and research, and provides planning and medical response activities for bioterrorism, natural and man-made disasters.

Epidemiology and Immunization Services Branch

Identifies, prevents and controls communicable diseases and conducts surveillance for various conditions. Works to reduce vaccine-preventable diseases by improving immunization coverage rates via case investigation, education, community collaboration, immunization record assessment, and an immunization registry.

HIV, STD, and Hepatitis Branch

Helps to assure the development and delivery of quality HIV prevention and treatment services. Controls the spread of STDs by treatment and partner services, screening and prevention, disease surveillance, and reporting. Viral hepatitis preventive services include screening of at-risk persons and protective vaccination.

Maternal, Child, and Family Health Services Branch

Works to promote health and to protect and support pregnant women, children, families, and communities. To prevent chronic diseases and obesity, the Chronic Disease and Health Equity Unit pursues policy, systems, and environmental change strategies that create healthy places, improve health equity, and make the healthy choice the easy choice. The California Children's Services program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with chronic medical conditions.

Public Health Nursing Administration Branch

Provides administrative support to Public Health Nurses who promote and preserve the community's health via education, outreach and collaborative activities. Also provides clinic and nursing quality assurance monitoring.

Tuberculosis Control and Refugee Health Branch

Detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. Provides basic health screening and referral services for refugees during their first few months in San Diego County.



Public Health Services Major Accomplishments (By Branch)



Administration, Public Health Services

Administration, Public Health Services

Departments

- Executive Office
- Border Health
- Budget and Fiscal
- Contract Services
- Health Equity, Climate Change, and Trauma Informed Care
- Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)
- Performance Management and Improvement

Executive Office

- Convened first Public Health Ethics Committee (April 27, 2015).
- Finalized the Public Health Ethics Policy and Procedure (May 2015).
- Finalized the Board of Supervisors Public Health Orientation Policy and Procedures (June 2015).
- Established the Office of Health Equity in (March 2015) and hired a Health Equity Coordinator.

Border Health

- As part of a project supported by the National Leadership Academy for the Public's Health, OBH, in partnership with the Office of Emergency Services and other key partners (California Department of Public Health Office (CDPH) of Binational Border Health, Health Initiative of the Americas, Project Concern International) planned quarterly Latino Emergency Preparedness trainings for FY 2015-2016. The first training (July 15, 2014) had the participation of over 30 agencies.
- Organized and convened, In partnership with the State Office of Binational Border Health, two binational symposiums on HIV (October 2, 2014—as part of the United States Conference on HIV/AIDS) and Obesity (June 29, 2015—as part of the 8th Biennial Childhood Obesity Conference). The purpose of both symposiums was to present an overview of issues in the California-Baja California Border region with a look at successful projects, partnerships and promising practices. Several presenters from the U.S. and Mexico shared data, strategies and engaged conference participants in a discussion around possible solutions and opportunities for binational collaboration.
- As part of Public Health Services' Audacious Goal of developing a Five-Year Binational Strategic Plan, the Office of Border Health (OBH) completed 19 key informant interviews (February 10 to July 7, 2015), with Branch Chiefs, Regional

Managers, and key government partners (from both California and Baja California) to collect input on specific goals and projects to be included in the plan.

- Successfully planned the 30th annual blood drive (April 2015). There were a total of 411 donors, including 73 first time donors.
- In partnership with the State Office of Binational Border Health, OBH planned and carried out six bimonthly Border Health Consortium of the Californias meetings in San Diego and one binational meeting in Tecate, Mexico (May 7, 2015). Sixty-eight individuals attended the meeting.

Budget and Fiscal

- Provided two financial literacy trainings (July 2014 and April 2015): Budget 101 and Trust Funds.
- Completed a Board Letter tracking document in order to provide status of any board letter submitted for approval (October 2014).
- Provided cost summary of Public Health Center services: Immunizations, Sexually Transmitted Disease Control, and Tuberculosis Control (December 2014).
- Completed federal funding and the County Health Executives Association of California (CHEAC) survey (June 2015).

Contract Services

- Formed a workgroup to standardize and streamline contract processes (January 2015).
- Implemented Article 14 review and amendment process and coordinated/ provided contractor training (February 11, 2015).
- Developed a new procurement action summary (PAS) form and introduced to Contract Leadership Management Team and Contract Threading (May 2015).

Administration, Public Health Services (continued)

Health Equity

- Develop a Health Equity educational curriculum for staff; featured one video, book reviews, etc. Featured a Health Equity video and engaged in health equity related activities with Public Health Leaders (January–February 2015).
- Conducted an Affinity Diagram Exercise with Senior Managers to identify the root cause of “What gets in the way of achieving health equity?” (March 12, 2015).
- Collaborated on a survey of Senior Staff with Maternal, Child, and Family Health Services regarding Climate Change and Public Health, which resulted in the need for education and training (March 2015–April 2016).
- Participated in two trainings as the PHS lead for HHSA’s Trauma-Informed Integration Team (Customer Service and Scan Facilitators) (April 2015) and related interdepartmental meetings (April, May and June 2015).
- Conducted nine scanning sessions (between May 15 and June 24, 2015) and included approximately 220 participants. Input from participants was analyzed and summarized in the Trauma Informed System and Services Action Plan and submitted to the Office of Strategy and Innovation (June 2015).
- Participated in Live Stories training with the goal of communicating with Public Health Leaders and Staff (May–June 2015).
- Finalized the 5-year Health Equity Plan (June 2015).
- Finalized the Health Equity Policy and Procedure (June 2015).
- Published seven articles in the PHS Newsletter on Health Equity (FY 2014-2015).
- Provided Health Equity two trainings through Policy Link to LWSD Ambassadors and policy staff (FY 2014-2015).

Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)

- Recovered \$16 million in federal MAA/TCM revenues to offset local costs (FY 2014-2015).
- Used Kronos for time collection system for MAA/TCM reimbursement, for each pay period (FY 2014-2015).
- Maintained audit readiness for all providers by completing on-going reviews of our MAA and TCM providers’ documentation, in order to ensure they will pass an external audit (FY 2014-2015).

Performance Management and Improvement

- Submitted required documentation to begin the application process for required public health accreditation (June 2014).
- Kicked-off the Quality Improvement Knowledge Hour series (September 2, 2014).
- Attended Public Health Accreditation Board (PHAB) Accreditation Coordinator training (January 2015).
- Finalized the Performance Management and Quality Improvement Policy and Procedures (May 2015).

Identified and developed over a thousand documents and assessed their conformity to the 100 PHAB measures across 12 standards.

- Identified and developed over a thousand documents and assessed their conformity to the 100 PHAB measures across 12 standards (March-June 2015).
- Assessed documentation with an accreditation consultant to ensure conformity to the PHAB 100 measures (June 2015).
- Completed the Public Health Services Workforce Development Plan, Health Equity Plan, Performance and Quality Improvement Plan, and Communications Plan (June 2015).

Public Health Services Administration

By the Numbers

\$16 Million 

Total recovered in federal MAA/TCM revenues to offset local costs.

3

Number of submitted, required documents to begin the application process for public health accreditation.



ONE

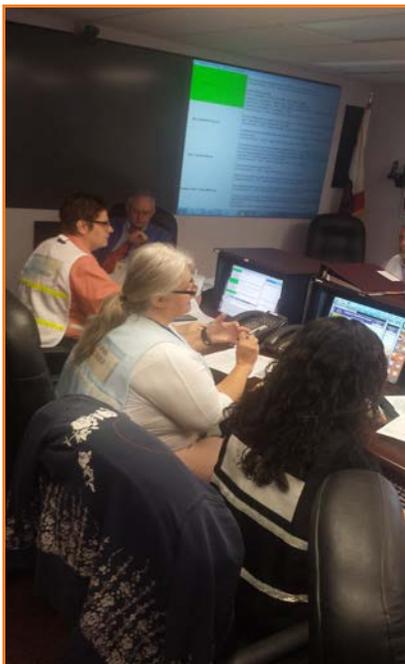
Health Equity and Climate Change Coordinator hired.

Life Empowerment
Information
Literacy
Individual Health
Understand
Use Community
Access
Decide
Acquire
People



411

Number of donors, including 73 first-time donors, that provided blood at the 30th annual blood drive, coordinated by the Office of Border Health.



Emergency Medical Services Branch

Emergency Medical Services

Programs

- Administration
- Community Health Statistics
- Disaster Medical
- Epidemiology and Surveillance
- Health Emergency
- Response and Hospital Preparedness
- Information Communication and Collection
- Prehospital
- Specialty Care

Administration

Emergency Medical Services (EMS) completed a new Quality Improvement (QI) Plan (May 29, 2015), and submitted it to the State Emergency Medical Services Authority (EMSA) as a major milestone for updating the local EMS Agency's (LEMSA's) EMS Plans with the State. The QI Plan highlighted the LEMSA's ongoing work with community organizations and providers to optimize the quality and timeliness of emergency medical services.

Community Health Statistics

- Redesigned the Community Health Statistics webpage (August 2014) to increase its ease of use and utility to the public.
- Hosted a *Live Well San Diego* data workshop (February 26, 2015) on the availability of online demographic, economic, health and behavioral data.

Disaster Medical

Participated in an Alternate Care Site (ACS) full scale exercise (March 2015) in which staff set up a mobile field treatment site. This full scale exercise was invaluable to staff should a disaster or Public Health emergency require the County to set up an ACS facility.

Epidemiology and Surveillance

The EMS epidemiology and surveillance unit automated and redesigned the Daily Situational Awareness Tool (DSAT) for Public Health Services daily surveillance allowing relevant information to be directly accessed by email (May-June 2015).

Health Emergency Response and Hospital Preparedness

The Hospital Preparedness Program hospitals (19 hospitals) participated with Public Health Services in a full scale exercise (November 2014) to simulate a local Ebola outbreak. The exercise helped hospital staff, as well as staff within the EMS Department Operations Center, better understand the numerous issues involved in caring for patients with Ebola or other infectious diseases.



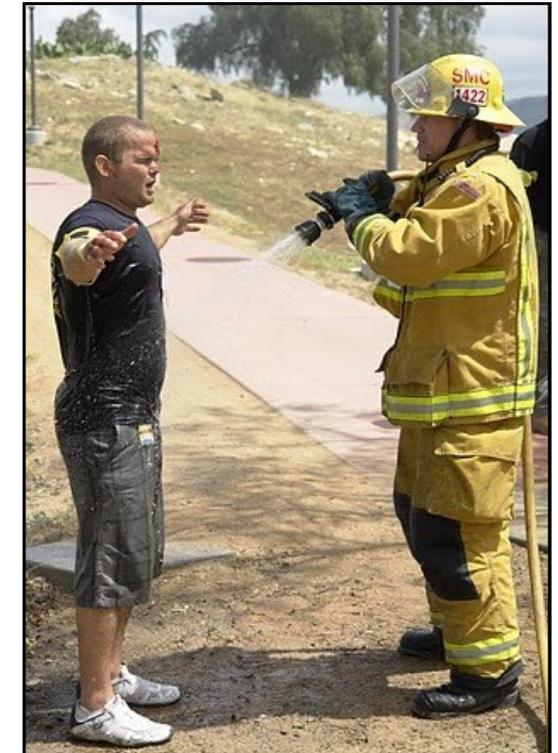
Emergency Medical Services (continued)

Prehospital

- Initiated a project (July 23, 2014) with the Sheriff's Department to administer the narcotic antidote, Naloxone, to overdose patients prior to paramedic arrival. Within days of implementing this new practice, an overdose patient's life was saved.
- EMS worked with Emory University to be granted access to the CARES (Cardiac Arrest Registry to Enhance Survival) registry. EMS prehospital staff worked with the County Service Area (CSA) 69 Advisory Committee, El Cajon Fire, Lakeside Fire and Santee Fire in order to begin entering CARES data into the registry (Calendar Year 2015). The CARES registry is considered to be integral to the "future of resuscitation" because of the critically important data captured in the registry.
- Over 3,000 or more emergency medical technicians, paramedics, and mobile intensive care nurses were certified or accredited by Emergency Medical Services (FY 2014-2015).

Specialty Care

Data from FY 2014-15 demonstrated that the stroke system is accomplishing significant improvement in patient stroke care. The County stroke receiving system surpassed the goal of at least 50 percent of ischemic stroke patients receiving the prescribed treatment (IV tPA) within 60 minutes of arrival at a stroke receiving center. Current data show that this goal was met 65.9 percent of the time, compared with 55.9 percent last year (both years were well above the 50 percent goal).



Emergency Medical Services

By the Numbers

600,000

prehospital care record bubble forms were processed and had their data captured in Fiscal Year 2014-2015.



19

Number of Hospital Preparedness Program hospitals that participated with Public Health Services in a full scale exercise coordinated by EMS, to simulate a local Ebola outbreak.

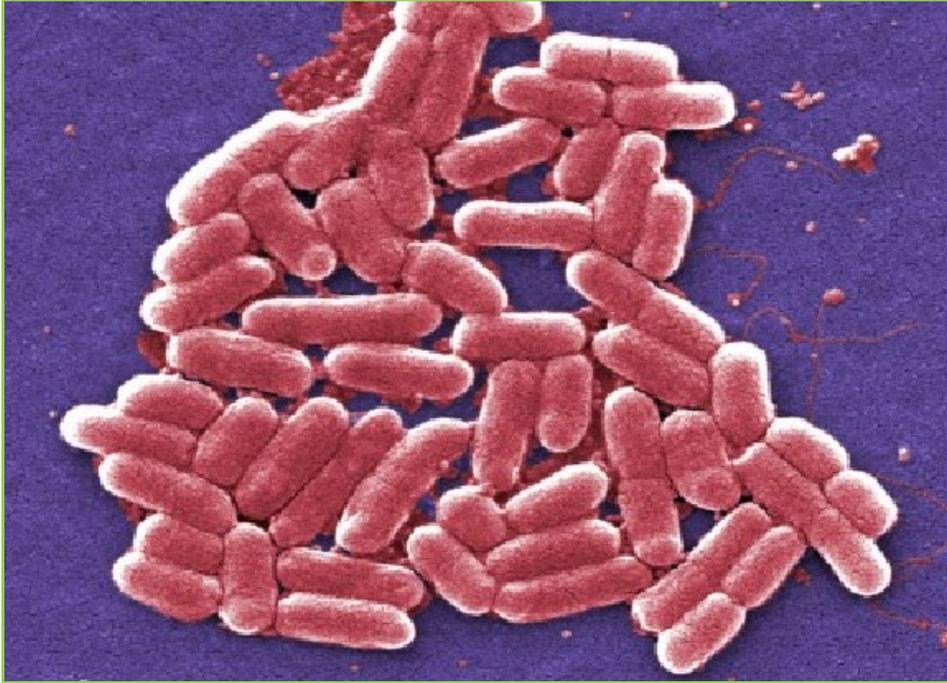
65.9

Percent of ischemic stroke patients receiving the prescribed treatment (IV tPA) within 60 minutes of arrival at a stroke receiving center, easily surpassing the 50 percent goal mark.



1

Number of Live Well San Diego data workshops that Community Health Statistics hosted on the availability of online demographic, economic, health and behavioral data.



Epidemiology and Immunization Services Branch

Epidemiology and Immunization Services Branch

- **Epidemiology**
- **Immunizations**
- **Laboratory**
- **Vital Records**

Epidemiology

- 1,286 families with children received outreach and education through the provision of print materials and presentations at childcare facilities, Head Starts, community centers, libraries, health fairs, and newsletters as part of the Childhood Lead Prevention Program (FY 2014-2015).
- 90.7 percent of all electronically received diseases cases were processed within 24 hours (FY 2014-2015).
- Investigations were initiated for 98 percent of Hepatitis A, Meningococcal disease, and Shiga toxin-Producing Escherichia Coli (STEC) case reports within 24 hours of receipt of report (FY 2014-2015).
- 92.6 percent of unduplicated newly identified HIV cases were reported with risk within six months of report (FY 2014-2015).
- 8,000 disease investigations conducted, 45,000 disease reports processed and 70,000 specimens requested for communicable diseases testing by the Epidemiology program (Fiscal Year 2014-2015).

Immunizations

- 65,120 doses publicly provided influenza vaccine were managed (FY 2014-2015).
- 18 collaborative mass vaccination events were completed with Public Health Centers staff and Bioterrorism Public Health Nurses (FY 2014-2015).
- 100 percent compliance rates among childcare centers, schools with kindergartens, and 7th grades that completed their mandatory CDPH immunization assessments was obtained from 891 preschools and childcare; 667 kindergarten classes, and 452 7th grade classrooms (FY 2014-2015).

Laboratory

63,924 patient specimens and 2,309 water specimens were processed (FY 2014-2015).

Vital Records

- 46,797 birth certificates were registered (Calendar Year 2014).
- 20,762 death certificates were registered (Calendar Year, 2014).
- Received two State Efficiency Awards (Calendar Year 2014), for average registration time for death certificates, 1.76 hours, compared to statewide average of 3.53 hours (May 27, 2015); and for registering 93.5 percent of birth certificates in under 10 days compared to state target of 80 percent (July 9, 2015).
- 623 Medical Marijuana Identification Cards were issued (FY 2014-2015).



Epidemiology and Immunization Services Branch

By the Numbers

100

Percent compliance rate obtained among childcare centers, schools with kindergartens, and 7th grades that completed their mandatory CDPH immunization assessments.



65,120

doses of publicly provided influenza vaccine were managed.

2

State Efficiency Awards were received by Vital Records for 1.76 hours average registration time for death certificates, compared to statewide average of 3.53 hours; and for registering 93.5 percent of birth certificates in under 10 days compared to state target of 80 percent.



63,924
laboratory specimens processed.

67,554

Number of birth and death certificates registered.



HIV, STD and Hepatitis Branch

HIV, STD and Hepatitis Branch

Programs

- **AIDS Case Management**
- **Contracts/Fiscal/Administration**
- **HIV/AIDS Care, Treatment, Education and Prevention**
- **STD Prevention and Surveillance**
- **STD Clinic and HIV Counseling and Testing, and STD Field Services**

AIDS Case Management

- Worked closely with Public Defenders Office to ensure all incarcerated clients who qualified for early release or change of status under Proposition 47 were identified (January-June 2015). Further worked to identify and outreach to formerly incarcerated clients who could qualify to have their felonies reduced to misdemeanors under Proposition 47.
- Placed over 150 clients into Intensive Case Management, a 10-month inpatient substance abuse treatment program. All clients in Intensive Case Management received at least one HIV primary care visit (FY 2014-2015).
- Screened over 300 HIV inmates in County jails through the Jail Case Management program (FY 2014-2015). Of those, 283 received reentry counseling due to their impending release from custody, which included development of a post-release plan with linkage to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California and medical case management.
- Continued to implement a comprehensive approach to access HIV medications for every inmate released into the county from jail (FY 2014-2015), ensuring over 250 inmates left custody with HIV anti-retroviral medications awaiting them.
- Worked with the Reentry Roundtable project to address obtaining California identification cards and/or birth certificates for individuals recently released from County jails. Roll-out of program began in June 2015, with birth certificate vouchers and will continue into early 2016, with vouchers planned for California identification cards.

Contracts/Fiscal/Administration

- Completed the Year 26 Ryan White Part A application (August-October, 2014), receiving an overall score of 98 out of 100 and a \$110,000 increase in funding, for total award of \$11.2 million.
- Successfully competed for funding under the Expanded HIV Testing program, procured by CDPH, Office of AIDS (November to December 2014). Awarded \$1,867,837 to continue funding routine, opt-out HIV testing in local federally qualified health centers.
- Successfully competed for funding under the HIV Prevention Demonstration Projects, procured by CDPH, Office of AIDS (November to December, 2014). Awarded \$1,867,837 over a 24-month period. San Diego was only one of three counties in California awarded under this opportunity and received 66 percent of the total funding available. Funding will expand services to include hepatitis C screening, couples-based HIV testing, and linkage to pre-exposure prophylaxis for HIV-negative individuals at high risk for HIV infection.
- Successfully competed for funding under the STD/HIV Integration Project, procured by the California Department of Public Health (CDPH), STD Control Branch (December 2014). Awarded \$100,000/year for four years to enhance disease investigation and partner services, with a focus on individuals co-infected with HIV and gonorrhea.
- Awarded \$80,000/year by CDPH, Office of AIDS (January 2015) to support routine, opt-out HIV testing in County jails.
- Managed 53 contracts with 5 Contract Analysts (FY 2014-2015).
- Executed four new contracts through the Request For Proposal process (FY 2014-2015).

HIV, STD and Hepatitis Branch (continued)

Contract/Fiscal/Administration (continued)

- Completed 61 program site visits and 31 fiscal site visits (Fiscal Year 2014-2015).
- Executed six revenue agreements providing \$5,817,111 in revenue (FY 2014-2015).
- Conducted internal reviews on 33 contracts to ensure compliance with Agency Contract Support's Quality Assurance Review requirements, resulting in no findings through two semi-annual reviews (FY 2014-2015).
- Successfully closed out 10 contracts (FY 2014-2015).
- Successfully combined three contract services categories, which reduced HIV, STD and Hepatitis Branch (HSHB) contracts by six (FY 2014-2015).
- Conducted Ryan White Part A fiscal standards presentation to over 20 contracting staff and discussed direct vs. indirect expenses and allowable vs. disallowed costs (FY 2014-2015).

HIV Care, Treatment, Education and Prevention

- Completed gap analyses (Calendar Year 2014) to guide planning and internal allocation decisions.
- Participated on the U.S. Conference on AIDS (October 2, 2014). Abstracts from prevention efforts were accepted to conduct a three-hour seminar (rated 23 out of 200 abstracts), two roundtable discussions and a poster session.
- In support of border health, began meeting with providers and health officials in Baja California to develop systems for binational case coordination for HIV and syphilis (November 2014).
- Coordinated the 26th A. Brad Truax Award ceremony (December 1, 2014). Many community members and HIV service providers were recognized for their exceptional contributions to fighting HIV/AIDS in San Diego County.
- Coordinated, with the HIV Health Services Planning Council, an ad hoc task force which developed recommendations for strengthening the County's response to the HIV epidemic (December 2014-June 2015).
- Began planning for unification of two separate advisory groups, the HIV Health Services Planning Council and HIV Prevention Group, into a single advisory body responsible for oversight and planning of HIV services provided by the HIV, STD and Hepatitis Branch (March-June 2015).
- Worked with Health and Human Services Regions IX and X to sponsor a day-long summit on informing federal policy on how to address the sexual health needs of gay, bisexual and other men who have sex with men (April 2015).
- Submitted three abstracts to the National HIV Prevention Conference on HIV

outcome monitoring, partner services and social media/marketing and evaluation efforts (May 2015).

- Ensured that 100 percent of Ryan White outreach contacts who were HIV-positive and out of care received referrals for HIV primary care (FY Year 2014-2015).
- Ensured that 100 percent of Ryan White outreach contacts who reported being HIV-negative or unaware of their status were referred to HIV counseling and testing (FY 2014-2015). A total of 2,973 were tested (March 2014-February 2015) and 99.8% were informed of their results.
- Ensured that 94 percent of over 5,000 clients were able to sustain engagement in HIV primary care (FY 2014-2015).
- Reached high-risk populations via 96,000 website hits (increase from 3,000 in 2009), 83,000 Facebook reach (increase from 28,500 in 2011), 72 events with approximately 1,400 contacts and a total of 5,214 one-time contacts (FY 2014-2015).
- 269 of 306 HIV positive participants completed multi-session interventions and sustained and/or realized improvements in their engagement in care between start and end of the program (FY 2014-2015):
 - ◆ 98 percent reported being engaged in care, 5% improvement (13 participants)
 - ◆ 78 percent reported taking HIV meds, 16 percent improvement (43 participants)
 - ◆ 76 percent unaware became aware of their viral load (41 participants)
 - ◆ 66 percent reported suppressed viral load, 18% improvement (49 participants)
- Of 43 HIV negative participants in multi-session interventions, two new positives (5 percent) were identified (FY 2014-2015).
- Over 2,300 contacts/participants received education about HIV disclosure assistance services (FY 2014-2015).
- Continued to support transition of persons living with HIV/AIDS into comprehensive medical care available through the Affordable Care Act (FY 2014-2015), ultimately reducing the number of individuals relying solely upon Ryan White for primary care by 70 percent.
- Developed, conducted and coordinated trainings for High Impact Prevention providers to deliver Effective Behavioral Interventions (EBIs) and improve service delivery including expanding and enhancing Partner Services (in FY 2014-2015).

HIV, STD and Hepatitis Branch (continued)

STD Prevention and Surveillance

- Exceeded the California Department of Public Health Office of AIDS Key Goals and Objectives for HIV Counseling and Testing as they related to one) informing newly identified HIV-positive individuals of their status (98 percent informed vs. 93 percent goal); 2) linking them into HIV primary care (100 percent linked vs. 74 percent goal); and 3) having patients accept HIV partner services (71 percent accepted vs. 37 percent goal) (Calendar Year 2014).
- Received 15,626 chlamydia lab results entered them into the California Reportable Disease Information Exchange (CaREDIE) (Calendar Year 2014).
- Received 3,391 gonorrhea case reports and/or lab results entered them into CaREDIE (Calendar Year 2014).

STD Clinic, HIV Counseling and Testing, and STD Field Services

- Increased efficiency and accuracy of patient specimen labeling by implementing the use of bar code labels (July 2014).
- Developed and implemented a plan to protect patient privacy (August 2014), that included an environmental scan as well as physical and procedural changes in the Rosecrans and regional clinics to protect the personal and health information of clinic patients.
- Decreased registration time by 67 percent and overall visit time by 32 percent for patients in the Rosecrans STD Clinic by implementing a same-day appointment system (December 2014).
- Provided services to 6 percent, 23 percent and 43 percent of the chlamydia, gonorrhea and primary/secondary syphilis cases respectively reported in the County of San Diego (Calendar Year 2014).
- Implemented new testing algorithm for syphilis in conjunction with the Public Health Laboratory and made available stat treponemal (confirmatory) testing for syphilis in the Rosecrans clinic (March 2015).
- Introduced new medications to the STD clinic, including moxifloxacin, metronidazole gel and levofloxacin, to ensure practice in accordance with the 2015 CDC STD Treatment Guidelines (June 2015).
- Intensified prevention efforts for congenital syphilis by increasing the maximum age for priority investigation of female syphilis cases from 39 to 45 (June 2015).
- Provided 18,753 visits to 12,301 patients in County of San Diego STD Clinics (FY 2014-2015).
- Provided 1,439 doses of hepatitis A and/or hepatitis B vaccines at the Rosecrans and regional STD clinics (FY 2014-2015).

- Provided 634 meningococcal vaccination to at-risk men who have sex with men (MSM) in response to reports of invasive meningococcal disease in this population in several cities (FY 2014-2015).
- Provided influenza vaccination to 280 patients in the Rosecrans STD clinic (FY 2014-2015).
- Conducted 6,810 risk-based HIV tests; 903 tests were conducted in community settings (FY 2014-2015).
- Diagnosed 55 individuals with HIV in HSHB's HIV Counseling and Testing program (FY 2014-2015); of those who were informed of their results and referred to HIV primary medical care, 52 (95 percent) were verified as having attended their first medical visit.

Conducted 6,810 risk-based HIV tests; 903 tests were conducted in community settings.

- Investigated 667 infectious syphilis cases, provided case management and ensured that appropriate treatment was provided (FY 2014-2015).
- Conducted 78 investigations for individuals exposed to HIV to offer HIV testing and other services, as needed (FY 2014-2015).
- Contributed to the development of the public health work force by providing training to 30 student nurses, 17 student nurse practitioners and 25 physicians (FY 2014-2015).
- Improved the quality of STD care in San Diego County by providing clinical consultation to outside providers treating STDs (FY 2014-2015).
- Conducted quality assurance reviews of 10 percent of all charts of patients served by the STD Clinics, and introduced evaluation criteria for CDIs conducting HCT and triage in the Rosecrans locations (FY 2014-2015).
- In response to increased demand for STD clinical services in the regional public health centers, increased clinician staffing levels in the Central and North Coastal regional STD clinics (FY 2014-2015).
- In alignment with *Live Well San Diego*, continued annual blood pressure screening for all clients and referrals to primary medical care for all clients with abnormal blood pressure readings (FY 2014-2015).

HIV, STD and Hepatitis Branch

By the Numbers

18,753

visits by **12,301** patients in County of STD Clinics.

*Investigated **667 infectious syphilis cases**, provided case management and ensured that appropriate treatment was provided.*

269

of 306 HIV positive participants completed multi-session interventions and sustained and/or realized improvements in their engagement in care between start and end of the program.



Provided **1,439 doses of hepatitis A and/or hepatitis B vaccines** at the Rosecrans and regional STD clinics.

300

Number of HIV inmates screened in County jails through the Jail Case Management program. Of those, 283 received reentry counseling due to their impending release from custody, which included development of a post-release plan with linkage to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California and medical case.





Maternal, Child, and Family Health Services Branch

Maternal, Child, and Family Health Services

Programs

- **California Children Services**
- **Chronic Disease and Health Equity**
- **Child Health and Disability Prevention Program**
- **Maternal Child and Adolescent Health**

California Children Services

- Conducted four “California Children Services (CCS) 101 Overview” presentations to various groups, including San Diego Regional Center, Rady Children’s Hospital, and Aging and Independence Services (AIS) In-Home Supportive Services staff (September 2014-June 2015).
- Contributed to surge capacity to assist the Immunization Branch during the response to the 2015 measles outbreak (January 2015).
- Supported the public health workforce pipeline by mentoring a social worker student (February 27-April 30, 2015) and participating in a career resource class (March 15, 2015) at the Alta Vista High School to encourage students to pursue social worker and therapist positions as career opportunities with the county.
- Raised over \$1800 for and participated in the March of Dimes/March for Babies Walk (April 25, 2015).
- Over 13,000 chronically ill, severely, and physically disabled children were enabled to obtain medical evaluations, treatment, and case management services through the California Children’s Services program (FY 2014-2015).
- Conducted three trainings to 35 Pharmacy providers to encourage greater use of the eQuest web referral application (FY 2014-2015).

CCS Medical Therapy Program

- Promoted Health Equity by conducting an Open House, at the El Cajon MTU with the purpose of educating CCS families on changing policies, CCS conditions, soliciting direct input (May 27, 2015).
- Promoted *Live Well San Diego* and Health Equity through participation in 8 community health events, including the San Diego “AccessAbility” Fair (March 29, 2015), the Chula Vista Elementary School District Resource Fair (May 13, 2015), hosting an afternoon MTU Open House in El Cajon (May 27, 2015) with the purpose creating positive relationships and resource sharing between families of clients, and partnering with Northgate Market (June 26, 2015), providing a presentation on healthy lifestyle choices (e.g., healthy eating, good food choices, reading labels), directed at the approximately 1,600 clients of the CCS Medical Therapy Program and their families.
- South MTU staff participated in a collaborative effort with the faculty of Kimbrough Elementary School to present a uniform message to CCS parents on how best to manage their child’s needs (FY 2014-2015).
- Supported the public health workforce pipeline by receiving 30 therapy student interns from nine educational institutions and mentoring 16 volunteer students requiring therapy setting experience for acceptance to therapy schools (FY 2014-2015).

Maternal, Child, and Family Health Services (continued)

Chronic Disease and Health Equity

- Received a four-year grant (Prevention Initiative), totaling \$14 million, from the Centers for Disease Control and Prevention (CDC) focused on diabetes, heart disease and stroke prevention (FY 2014-2015).
- Received a two-year grant (Sodium Reduction Initiative), totaling \$500,000, from the CDC focused on sodium reduction in County food service operations (FY 2014-2015).
- Highlighted by the United States Department of Agriculture as having the highest number (eight) of “noteworthy initiatives” under the Nutrition Education and Obesity Prevention (NEOP) program and for being a model program (FY 2014-2015).
- Advanced *Live Well San Diego* goals and Health in All Policies by working collaboratively with the Land Use and Environment Group to establish a Healthy Food Systems Task Force which created an action plan and is successfully moving key objectives forward (FY 2014-2015).
- Received another year of California Building Resilience Against Climate Effects (CalBRACE) funding from the California Department of Public Health. Helped coordinate input from key stakeholders and completed the first draft of the CalBRACE San Diego County Climate and Health Vulnerability Assessment for the region (FY 2014-2015).
- Worked closely with the Land Use and Environment Group, Board of Supervisors, and Unified Port of San Diego to establish an open air seafood market that provides residents with access to locally-caught fresh seafood. This innovative approach contributes to the local economy in addition to providing a unique experience for residents visiting the waterfront (FY 2014-2105).
- Advanced the County of San Diego policy restricting the use of electronic smoking devices where conventional cigarettes are already prohibited in all County facilities and workplaces, County parks and trails, as well as indoor facilities located in the unincorporated area (FY 2014-2015).
- Advanced the La Mesa policy to prohibit the use of e-cigarettes where smoking is already prohibited (FY 2014-2015).
- Advanced the Oceanside Smoke-free Outdoor Dining and Public Spaces policy making all outdoor dining patios in Oceanside restaurants smoke-free (FY 2014-2015). The policy was subsequently expanded to include the Oceanside Amphitheater, Pier Plaza Area and adjacent stairways.
- Developed the Live Well@Work Worksite Wellness Toolkit as a resource for small to mid-sized businesses to support healthier working environments in collaboration with the San Diego Regional Chamber of Commerce, the North San Diego Business Chamber, and University of California at San Diego Center for Community Health (FY 2014-2015).
- Engaged over 30 local businesses through the Live Well@Work program in implementing policies and environmental changes that increased access to physical activities opportunities and increased access to healthy food and beverage options for more than 4,000 employees (FY 2014-2015).
- As part of the Nutrition Education and Obesity Prevention (NEOP) program, the Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3) projects in Central, North Central, and North Inland HHSA Regions partnered with their local cities to make environmental changes that improved active transportation. This included installing sidewalks, crosswalks, a parklet, and a mural at various locations that benefitted low-income communities. Gardens were also installed or expanded in all of the HHSA regions, including four schools and three community centers.



Maternal, Child, and Family Health Services (continued)

Child Health and Disability Prevention

- 81,621 child health screenings were facilitated through the Child Health and Disability Prevention (CHDP) Program (FY 2014-2015).
- 15,169 referrals to health resources and programs, including Medi-Cal, CHDP, WIC, Family PACT, and Text for Baby, were facilitated through the Assessment and Case Management Services (ACMS) Unit (FY 2014-2015).
- Coordinated with community clinics and other organizations to conduct a six site county-wide Sealant/Varnish Event: 345 children were screened, 156 children

Approximately 81,621 child health screenings were facilitated through the Child Health and Disability Prevention (CHDP) Program.

received varnish and 185 children received sealants for a total value of \$44,000 (February 28, 2015).

- Developed Learning Management System (LMS) Training for the County's Family Resource Centers as a means to create efficiencies and streamline processes to ensure Human Services Specialists are informed and trained on the Child Health and Disability Prevention Program (CHDP) Federal mandate and to increase referrals to the CHDP program to ensure children receive preventive health services (FY 2014-2015).
- Ensured 91.5 percent of children in out-of-home placement received health exams according to CHDP periodicity (FY 2014-2015). The goal was 85 percent.
- Ensured 75 percent of children in out-of-home placement received dental exams according to CHDP periodicity (FY 2014-2015). The goal was 65 percent.
- Performed care coordination and helped resolve at least 3,368 identified medical needs (seizure disorders, heart problems, etc.,) for foster youth (FY 2014-2015).
- Provided trainings to 839 individuals about the health care needs of youth in foster care (FY 2014-2015).

- Ensured 100 percent of CHDP providers due for recertification scored 88 percent or higher on the facility and/or medical record review (FY 2014-2015). The goal was 75 percent.
- Coordinated with volunteer dentists to provide pro bono services to children with an oral health emergency who had no other source of care; over \$32,000 worth of treatment was provided (FY 2014-2015).

Maternal Child and Adolescent Health

- Received the Outstanding Poster Award for the Maternal Child and Adolescent Health (MCAH) Adolescent Health Awareness Project at the 2014 CityMatch Leadership and Maternal Child Health Epidemiology Conference (September 17-19, 2014).
- Presented the MCAH Adolescent Health Project at the 2014 American Public Health Association (APHA) Conference (November 2014).
- Ensured 90 percent (64 of 74) infants were born of normal birth weight (FY 2014-2015). The goal was 88 percent.
- No infant deaths occurred in the Black Infant Health program (FY 2014-2015).
- Ensured 96 percent (53 of 55) of infants completed well child visits at six months, 90 percent (27 of 30) of infants completed well child visits at 12 months, and 94 percent (17 of 18) of infants completed well child visits at 18 months (FY 2014-2015). The goal was 80 percent.
- Developed the MCAH Needs Assessment Five-Year Action Plan, which laid the groundwork for MCAH priorities (FY 2014-2015).
- 15,169 referrals to health resources and programs, including Medi-Cal, CHDP, WIC, Family PACT, and Text for Baby, were facilitated through the Assessment and Case Management Services (ACMS) Unit (FY 2014-2015).
- Health Care Program for Children in Foster Care worked with Child Welfare Services and Regional Public Health Nursing to provide health care coordination activities on behalf of approximately 3,100 youth in out of home placement (FY 2014-2015).

Maternal, Child, and Family Health Services

By the Numbers

91.5

Percent of children in out-of-home placement that received health exams according to CHDP periodicity (goal 85 percent).

MCAH ensured:

- 96 percent (53 of 55) of infants completed well child visits at six months
- 90 percent (27 of 30) of infants completed well child visits at 12 months
- 94 percent (17 of 18) of infants completed well child visits at 18 months.

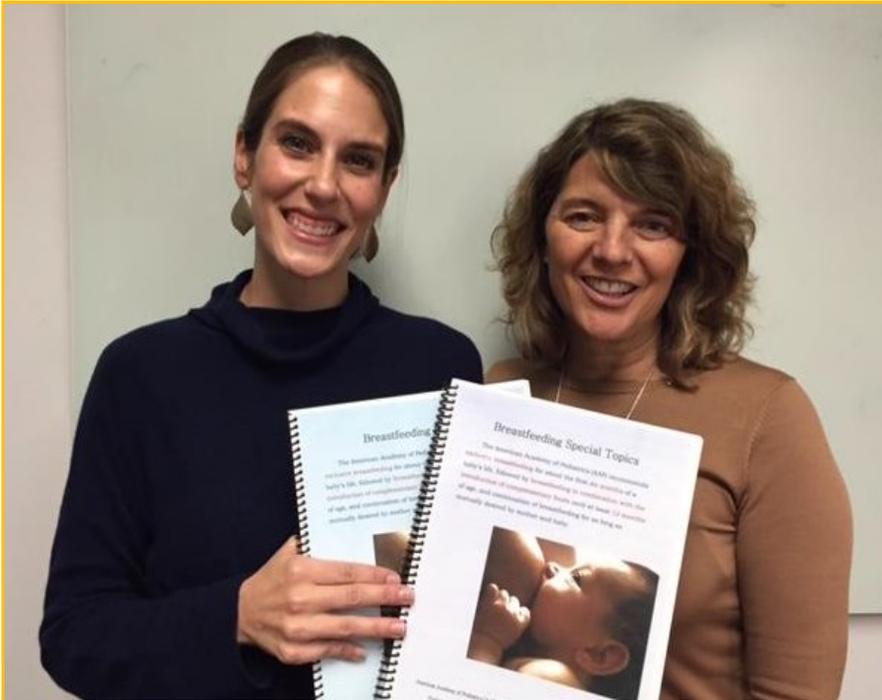
Over 13,000 chronically ill, severely, and physically disabled children were enabled to obtain medical evaluations, treatment, and case management services through the California Children's Services program.



CHDP Program staff performed care coordination and helped resolve at least

3,368

identified medical needs (seizure disorders, heart problems, etc.,) for foster youth.



Public Health Nursing Administration

Public Health Nursing Administration

Programs

- **Public Health Nursing**
- **Nurse Family Partnership**

Public Health Nursing

- Conducted eight disaster response trainings that included participation from 50 nurses, representing six regional health centers and the Health Services Complex. Trainings were conducted once each month (August 2014-March 2015).
- Approximately 50 nurses attended a Hazardous Materials training that included the basics of chemical, biological, radiological and explosive events (September 2014).
- Approximately 92 percent of Public Health Nurses were up to date with Fit Testing for N95 respirator masks (FY 2014-2015).
- Provided 77,227 vaccines to 29,507 individuals at the Regional Public Health Center clinics in order to protect against vaccine preventable diseases (FY 2014-2015).



Nurse Family Partnership

- 32,070 home visits, serving 4,154 families, were made through the Nurse Family Partnership and Maternal Child Health home visitation program (FY 2014-2015).
- 3,088 vaccinations were administered at 17 mass vaccination events by the Public Health Nursing program (FY 2014-2015).
- Approximately 57 percent of Maternal Child Health (MCH) and Nurse Family Partnership (NFP) clients continued to breastfeed until their infants were six months of age (FY 2014-2015).
- Approximately 50 percent of MCH and NFP clients reduced smoking (FY 2014-2015).



Public Health Nursing Administration

By the Numbers

63

Number of nurses certified in Emergency Oxygen Administration.

Fifty Seven

Percent of Maternal Child Health (MCH) and Nurse Family Partnership (NFP) clients that continued to breastfeed until their infants were *six* months of age.

77,227

Number of vaccines provided to **29,507** individuals at the Regional Public Health Center clinics in order to protect against vaccine preventable diseases.



Conducted **8** disaster response trainings that included participation from **50** nurses, representing **6** regional health centers and the Health Services Complex.



Tuberculosis Control and Refugee Health Branch

- **Tuberculosis Control**
- **CureTB**
- **Refugee Health**

Tuberculosis Control and Refugee Health Branch

Tuberculosis Control

- Met Year Three enrollment goals for the Centers for Disease Control and Prevention TB Epidemiologic Study Consortium (October 2014-September 2015).
- Rolled out data tracking system for patients beginning TB treatment for latent TB infection in South and Central Regions (November-December 2014).
- Provided QuantiFERON testing for over 70 percent of contacts to active cases (Calendar Year 2014).
- Exceeded the California average in the proportion of TB cases tested for HIV infection (91 percent), timely reporting (97 percent), and having genotype testing (100 percent), and exceeded the California average for contacts getting fully evaluated after exposure to active TB (90 percent) (Calendar Year 2014).
- Over 200 active tuberculosis (TB) cases and over 1,000 related contact investigations were managed by the Tuberculosis Control Program (FY 2014-2015).
- Partnered with University of California, San Diego (UCSD) Medical School on three initiatives to enhance patient-centered care; video Directly Observed Therapy (DOT) for patients with latent TB infection, wireless DOT for patients with active TB disease, and XPrize for advanced diagnostics (FY 2014-2015).
- With the International Community Foundation, Imperial County and Mexican partners, signed a Memorandum of Agreement for binational collaboration for TB control efforts (FY 2014-2015).

- Had one publication in peer reviewed journals and presented three posters at national meetings (FY 2014-2015).
- Offered over 75 TB presentations to community groups, reaching 1,900 individuals (FY 2014-2015).

CureTB

Performed over 300 U.S.-Mexico referrals, with a success rate of over 80 percent, for continuity of tuberculosis care through the CureTB program (FY 2014-2015).

Refugee Health

Provided over 2,500 refugee health assessments (FY 2014-2015).



Tuberculosis Control and Refugee Health Branch

By the Numbers

2,500

Number of refugee health assessments provided.

TB-free



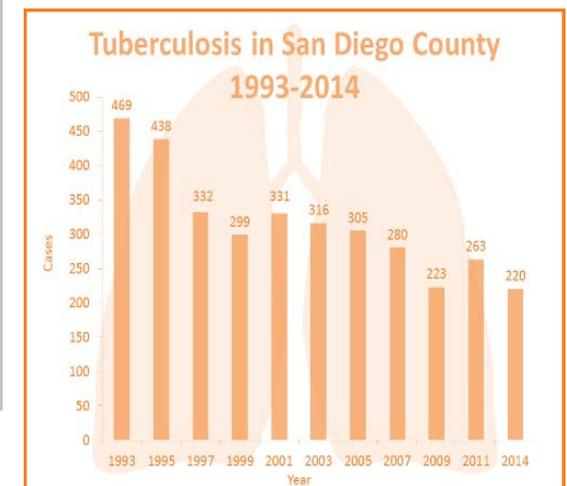
300

U.S.-Mexico referrals were performed, with a success rate of over 80 percent, for continuity of tuberculosis care through the CureTB program.

Offered over 75 TB presentations to community groups, reaching 1,900 individuals.



Provided QuantiFERON testing for over 70 percent contacts to active cases.





Public Health Services Branch Quality Improvement Projects

Emergency Medical Services Branch



STORYBOARD



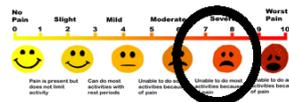
BRANCH NAME: Emergency Medical Services
ADDRESS: 6255 Mission Gorge Rd. San Diego, CA 92120
PHONE NUMBER: 619-285-6429
POPULATION SERVED: County population of 3.2 mil. EMTs work throughout the county in the 22 ambulance zones. Approximately 4,000 currently certified EMTs. Annual number of new applicants: 1400 (EMT, paramedic and Mobile Intensive Care Nurses).
PROJECT TITLE: **Investigator Pilot** - Use of professional investigator to improve process.

PLAN Identify an Opportunity and Plan for Improvement

1. Getting Started

Change in law (EMT 2010) created new investigative and administrative law responsibilities for County EMS. Investigations soon became so numerous that EMS staff diverted attention from assigned programs to the new activities mandated by EMT 2010. Staff satisfaction:

How is your Pain Today?

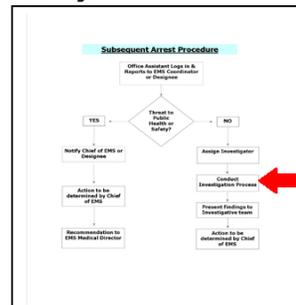


2. Assemble the Team

The team consisted of six EMS QA Specialists and one EMS Specialist. All completed the required training to become Council on Licensure, Enforcement and Regulation (CLEAR) certified in a best effort to ensure the necessary skills and to keep up with demand.

3. Examine the Current Approach

Steps of the investigative process - interviews, obtaining court or other pertinent documents. Time constraints and varied interview methods created challenges.



4. Identify Potential Solutions

The use of a seasoned law enforcement professional investigator to conduct interviews, obtain necessary court documents and organize necessary documentation.

5. Develop an Improvement Theory

Reduction in time between opening of investigation and resolution. Standardization of files (interview documents, official court documents, notes, etc.). Optimizing the use of EMS staff and management time.

DO Test the Theory for Improvement

6. Test the Theory

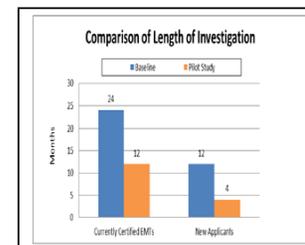
Through data analysis, determine whether the use of a seasoned law enforcement professional improves the time from opening a case to resolution.

- Conducting effective interviews
- Quickly obtaining necessary court and/or police documents
- Organizing and standardizing necessary documentation

STUDY Data to Study Results

7. Check the Results

Reduction in time from opening of a case to resolution from 24 months to 12 months for currently certified EMT. Reduction in time from 12 months to 4 months for new applicant with conviction history.

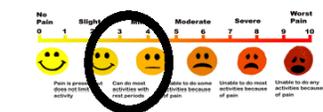


Reduction of EMS staff time spent on subsequent arrest investigations. Staff able to focus on additional areas of responsibility.



Staff satisfaction:

How is your Pain Today?



ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Reduction of EMS staff time spent on subsequent arrest investigations. Staff able to focus on additional areas of responsibility.

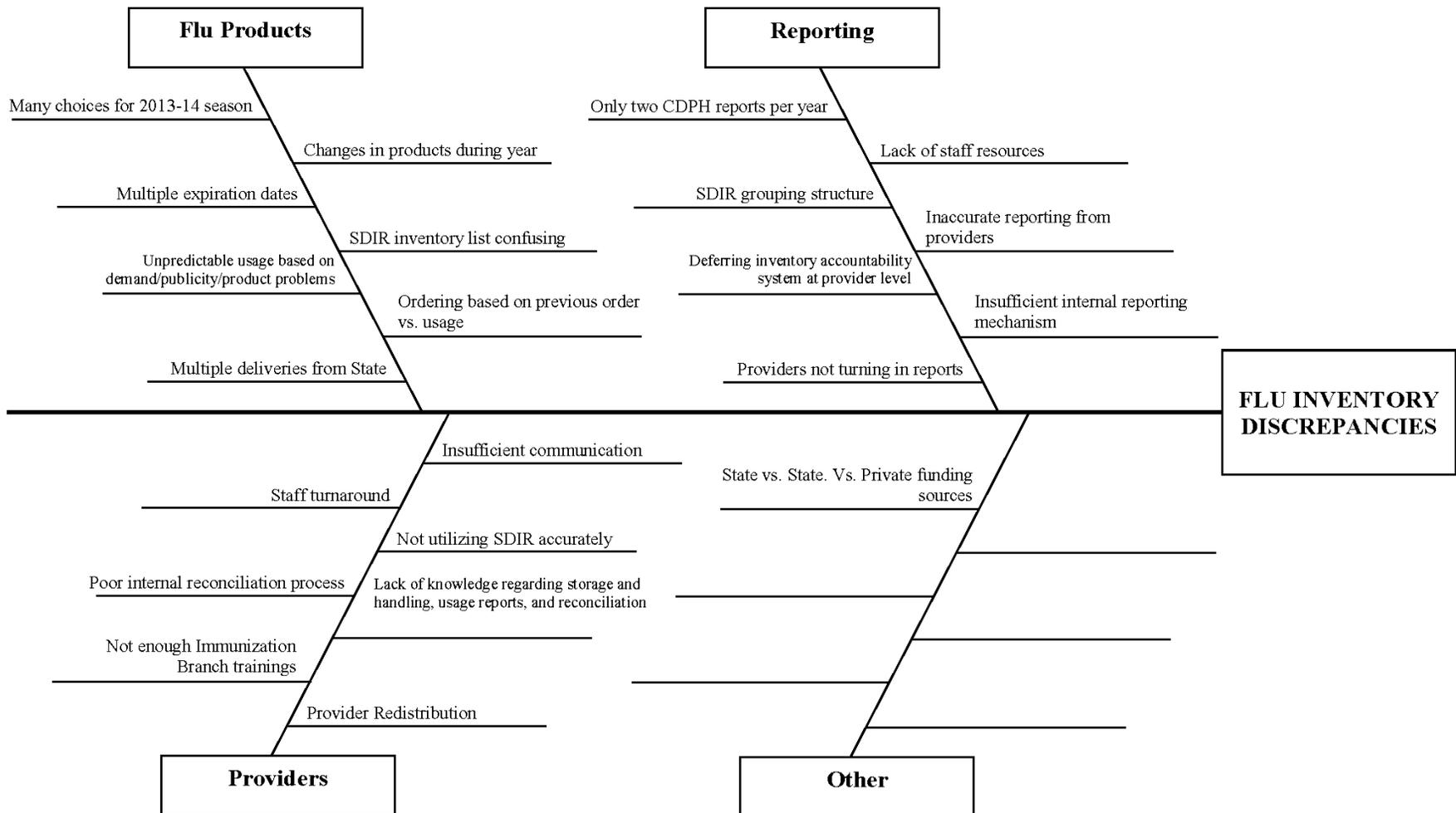
- Prescheduled "Interview Dates"
- Bimonthly investigator meetings
- Monitor Kronos

9. Establish Future Plans

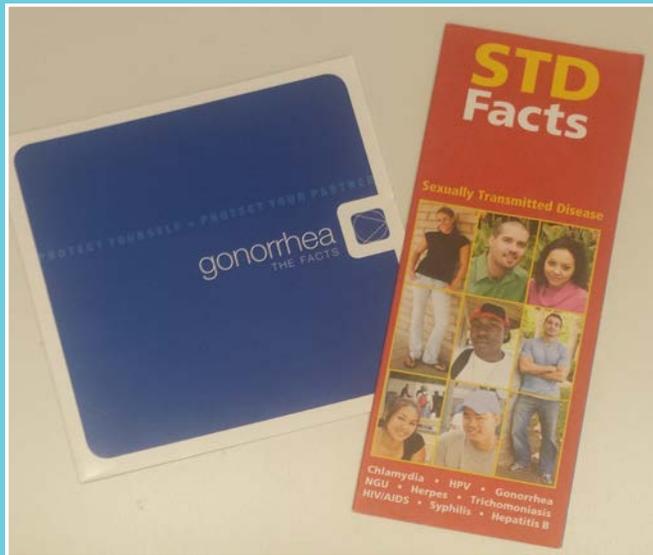
Continue current use of seasoned law enforcement professional.

Develop a sophisticated electronic database to more efficiently monitor, process and analyse investigative documentation.

Factors Influencing Flu Accountability



HIV, STD and Hepatitis Branch



STORYBOARD

LOCAL BRANCH:	HIV, STD, and Hepatitis Branch
ADDRESS:	3851 Rosecrans St, San Diego CA 92110
PHONE NUMBER:	619-293-4700
POPULATION SERVED:	3.2 Million
PROJECT TITLE:	Improve Patient Wait Times in STD Clinic



PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem

In January 2013, the Alternative Test Site (ATS) was merged with the STD Clinic. The role of the ATS was to provide rapid HIV testing, both anonymous and confidential, to persons who were seeking testing. Prior to the merger, rapid HIV testing and STD testing and treatment occurred in separate clinics, creating inefficiency for patients who would have to visit both clinics. Patient wait times were identified as a major, ongoing concern, so the team looked for ways to decrease patient wait times. During the merger process, the issue of triage was addressed, and it was hypothesized that moving triage from the front desk check-in area, which offered little privacy, to a meeting with Communicable Disease Investigators (CDIs), would improve patient wait time by reducing the amount of work required at registration. It was also hypothesized that it would decrease the wait time between registration and first contact with a clinical staff member (the CDI). That improvement did not work, other than to improve the efficiency of the registration process itself. Total patient visit times remained unchanged, and there was still the problem of patients having to wait several hours to receive services.

2. Assemble the Team

There is representation from several units within HSHB, including STD clinical staff, STD clerical staff, HIV

testing and field services staff, and HSHB administration.

3. Examine the Current Approach

The current approach for working with patients was to offer walk-in services. The STD Clinic would accept new patients up to the point where clinic capacity was reached for the day. There are no hard formulas for determining clinic capacity, other than to assess the types of visits being sought and comparing that with the number of patients waiting to be seen. In general, the STD Clinic would reach capacity within a few hours of opening, leading the clinic to turn away patients who were seeking services later in the day. On average, the STD clinic would turn away 10 patients per day.

4. Identify Potential Solutions

The QI team decided that implementing an appointment system would reduce the overall visit time for patients, since time studies indicated that the over half of patients' total visit time was comprised of waiting to receive services. The team did not want to completely eliminate walk-in capacity, and they were also concerned about the impact of no-shows on productivity for clinic staff. As a compromise, the team continued walk-in services for clients who arrived at the clinic at opening, and implemented a same-day appointment system, such that clients could call the appointment line in the morning and make an appointment for that day.

5. Develop an Improvement Theory

It was hypothesized that implementation of a same-day appointment system would improve patient wait times. Specifically:

1. There would be decreases in the time required for each step in the clinic flow; and
2. There would be a decrease in the overall visit time.

DO Test the Theory for Improvement

6. Test the Theory

An initial, pre-appointment system time study was conducted in June 2014, using a one-week period to measure the time required for all steps in clinic flow for all patients served. The number of patients turned away due to reaching capacity limitations was also recorded.

Between June and December, the team developed the operational plans for the appointment system, including development of the phone line system, development of a triage script to be used by CDI's to assess the amount of time each patient required for an appointment, and training for the staff on the appointment system.

In December 2014, the appointment system went live.



STUDY
Use Data to Study Results of the Test

7. Check the Results

A post-appointment system time study was conducted in June 2015, again using a one-week period to assess the amount of time required for patients to complete each step of the clinic flow, including total visit time. Again, the number of patients turned away due to the clinic's reaching capacity limitation was also recorded. The times for each of these steps were compared to the pre-appointment system time study.

The improvement theory was supported by the results. The time required for each step in the clinic flow process, including patient wait times, improved dramatically as a result of the appointment system.

	Before appt (2014)	After appt (2015)
Time to Reg	34.82 (0-99)	6.78 (0-45)
Time for Reg	11.89 (3-47)	8.74 (1-27)
Time Reg End to Triage	7.83 (1-47)	6.88 (-1-40)
Time for Triage	8.79 (1-70)	7.52 (0-42)
Time Triage End to Clinician	72.82 (1-369)	13.72 (-1-82)
Time for Clinician	35.78 (6-296)	31.59 (0-100)
Time for Entire Visit (All)	112.01 (0-513)	75.78 (2-338)
Time for Entire Visit (Comp)	132.72 (14-513)	78.42 (11-338)
Time for Entire Visit (Full Exam)	200.29 (60-513)	100.8 (17-338)

The table above represents the mean time for each step in the clinic flow, along with the range of times for all clients during each time

study. Mean times were compared with median times, and no significant difference was discovered.

Another significant improvement was in the number of patients who were turned away without being seen due to the clinic's having reached capacity. In the pre-appointment system time study, 57 patients were turned away due to capacity being reached. In the post-appointment system time study, only 11 patients were turned away.

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

The appointment system will be continued, as it has dramatically decreased wait times and overall visit times for patients seeking services at the Rosecrans STD Clinic.

9. Establish Future Plans

Because of the appointment system, the STD Clinic is now providing about 9% fewer patient visits than before the system was implemented. This is due to the fact that patients have to be scheduled in advance for certain amount of time with each clinician, which creates some inefficiency when the patient doesn't require the full amount of time that has been scheduled.

In FY 15-16, the QI team will explore ways to increase the efficiency of the appointment system.



Vital signs CDC
December 2010

HIV Testing in the US

HIV (human immunodeficiency virus) is a serious infection that, without treatment, leads to AIDS (acquired immunodeficiency syndrome) and early death. An estimated 1.1 million people are living with HIV in the US and as many as 1 in 5 don't know they are infected. About 25% of adults aged 18-64 have never been tested for HIV. Even among people at higher risk for HIV infection, 28% have never been tested. CDC recommends routine HIV testing in health care settings. People need to get tested so they can get treated and not infect others. Being tested will save their lives and the lives of other people.

Learn what you can do to get more people tested.
→ See page 4

Want to learn more? Visit
www.cdc.gov/vitalsigns
www.hivtest.org

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

Maternal, Child, and Family Health Services Branch



APPENDIX A: STORYBOARD

LOCAL HEALTH: Public Health Services (PHS) - Maternal, Child, and Family Health Services (MCFHS):
 DEPARTMENT NAME: Health Care Program for Children in Foster Care (HCPCFC)
 ADDRESS: 3851 Rosecrans St., Ste. 522
 PHONE NUMBER: (619) 692-8489
 SIZE:
 POPULATION SERVED: Approximately 3,000
 PROJECT TITLE: **Improving communication and coordination between foster care team members**

The HCPCFC obtains and documents health information and provides medical care coordination activities on behalf of youth in foster care.

analyzed. Decisions to continue with current interventions or to develop new strategies will be based upon results.

9. Establish Future Plans
 Future plan develop systems for effective communication and obtain access to electronic medical information to improve care coordination of youth in foster care.

PLAN
 Identify an opportunity and Plan for Improvement

1. Getting Started

Building from the fiscal year 2013-2014 quality improvement project (QIP) data, this year's project interventions have changed focus from medical providers to Social Workers (SWs) and Substitute Care Providers (SCPs). The goal is to develop and implement an effective system of communication between the foster care team members (SWs, HCPCFC Public Health Nurses [FC PHNs], SCPs and the medical community) which will provide a more immediate exchange of medical information and improve the care coordination provided to San Diego's youth in the foster care system.

2. Assemble the Team

The QIP team includes PHS, MCFHS, HCPCFC Administration, FC PHNs, and Child Welfare Services (CWS) staff. The team members were selected for their strengths, expertise, and roles related to HCPCFC: Anita Secor, PHN Supervisor; Claire Lynch-Dwight, PHN; Leela Joseph, PHN; Maria Eisenmann, PHN; Jackie Werth, Performance Management & Measurement; Melinda Verbon, CWS Policy Analyst; Renita Hall, Supervising Human Services Specialist (SHSS); Rhonda Freeman, Child Health and Disability Prevention (CHDP) Program Coordinator; and Dr. Thomas Coleman, MCFHS Chief.

AIM Statement:

By 10/30/15, increase from baseline (64.3%) by 10% to achieve 70.7%, of Social Workers (SWs) who prompt SCPs to return Health Visit Report Forms or provider supplied visit summaries from each medical visit to FC PHNs to ensure Health and Education Passports (HEPs) are up to date for youth in foster care.

3. Examine the Current Approach

The majority of information exchanged between members of the foster care team is

through the use of telephone and postal service mail delivery (USPS); it frequently takes several contact attempts before applicable information is obtained. The majority of SWs remind SCPs to return health information to the PHNs (see graph below). However, the current system does not meet the needs of foster care and community team members. This process remains inefficient in the conveyance of time sensitive information, pertinent data necessary for effective medical care coordination, and documentation of the youth's health status.



4. Identify Potential Solutions

Potential solutions are based on process flow charts, root cause analysis, SCP and SW surveys, and key informant interviews. Solutions identified include: 1) conduct training pertaining to health related requirements for youth in foster care and information sharing for all new incoming County of San Diego SWs and foster parents; 2) provide training relating to health care needs of youth in foster care at each regional CWS office; 3) identify new opportunities and methods of communication using technology which maintains confidentiality; and 4) coordinate all initial placements and ongoing placement changes of youth in foster care with Placement Unit SWs and FC PHNs to enhance preparation and communication of health requirements and information to SCPs.

5. Develop an Improvement Theory

If health information and requirement instructions are provided directly to a caregiver, when receiving a foster youth, rather than by USPS, the results will be: 1) improved communication between foster care team members; 2) prompt receipt of

medical documentation from caregivers; 3) improved care coordination among foster care team; 4) increased productivity and ability to focus on unmet, unaddressed needs; and 5) increased visibility of program effectiveness. Outcomes that will be measured include: 1) percent of SWs who remind SCPs to return health visit info; 2) rate of compliance with required outcomes; and 3) satisfaction with HEP and support provided to SCPs.

DO
 Test the Theory for Improvement

6. Test the Theory

The QIP lead met with East Region staff to plan the intervention. The intervention chosen to address the above challenges included arranging daily coordination between the FC PHN and Placement Unit SWs for all initial and placement changes.

- Activities accomplished to date:
- 1) FC PHNs met with Placement Unit Supervisor
 - 2) Established plan
 - 3) Intervention applied intermittently

CHECK
 Use Data to Study Results of the Test

7. Check the Results

Met with East Region Assistant Deputy Director, CWS Manager, and PHN Supervisor to review implementation of plan (September 8, 2015). Plan amended to include two scheduled meetings twice daily between Placement Unit and FC PHN. Program will reassess effectiveness of strategy through a survey of the Placement Unit by October 30, 2015.

ACT
 Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
 Data from surveys will be collected and





Maternal, Child, and Family Health Services Branch

California Children's Services

STORYBOARD

LOCAL BRANCH:	California Children's Services (CCS)
ADDRESS:	6160 Mission Gorge Rd, Suite 400
PHONE NUMBER:	619 528-4000
POPULATION SERVED:	13,300 children between the ages of 0 to 21
PROJECT TITLE:	Annual Renewals - Increase Time Efficiency



PLAN Identify an Opportunity and Plan for Improvement

1. Getting Started

San Diego CCS has had a long standing workflow process that included continual routing of hard copy client case files between the various work groups. As new staff entered the CCS workforce questions were raised about the viability of incorporating electronic processes and reducing this dependency, particularly with the annual renewal process, and therefore reducing process time.

2. Assemble the Team

The QI team consisted of representatives from all 3 work groups involved in the renewal process which included Senior Public Health Nurses (PHNs), Human Services Specialists (HSSs) and Office Assistants (OAs) along with a supervisor overseeing the team. A Team Charter was developed and regular meetings scheduled.

3. Examine the Current Approach

A Time Measurement Study was conducted from a random sample of experienced staff who provided an average in minutes of the 4 main renewal tasks:

HSS initiates process	85
PHN reviews	30
HSS renews case	45
OA Closes case	15

From the time study results, a baseline was established to be used to compare against the new business process and determine whether the solution would become permanent.

4. Identify Potential Solutions

The team determined the existing eligibility system, CMS, could be used to document parts of the renewal process that were currently hand-written into the case folder. A shared Excel spreadsheet and CMS Webmail could be used in lieu of the "hand-off" of the physical folder to track the progress of the renewal and facilitate communication while ensuring mandated timeframes were met.

5. Develop an Improvement Theory

Based upon early analysis it was anticipated the time reduction could potentially be extensive. To that end the team set a stretch goal of 50%:

AIM Statement
Decrease the time it takes to process Annual Renewals by 50% by incorporating electronic processes.

DO Test the Theory for Improvement

6. Test the Theory

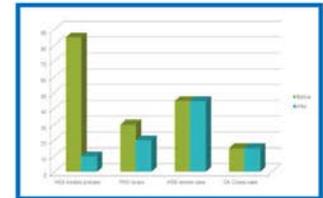
The team determined establishing test groups documenting time frames and compliance with program mandates for both processes would be the most effective way to test the validity of the proposed model:

- 5 Month Pilot
- 2 teams; control (current) and pilot (electronic)
- Monitoring established:
 - Excel spreadsheet tool
 - Supervisor and CCS Chief monitor control group
 - 4 Supervisors monitor pilot group

STUDY Use Data to Study Results of the Test

7. Check the Results

The team reviewed the time study data collected from the Excel tool comparing the current and electronic processes within the 3 work groups and 4 primary tasks:



The results demonstrated a clear reduction in time spent with 2 of the 4 tasks with overall processing time reduced from **155 to 88 minutes** and all program mandates fully met. While the stretch goal of 50% was not met, the reduction was very significant.

Overall processing time reduced by 43%



ACT
Standardize the Improvement
and Establish Future Plans

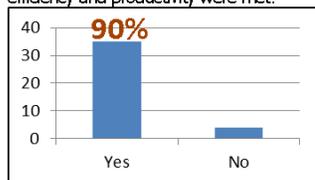
8. Standardize the Improvement
or Develop New Theory

Based upon the data results an action plan was initiated:

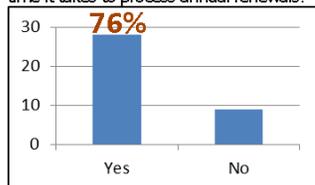
- Workgroups formed to develop Desk Aids
- Training material created and all staff trained
- Procedure implemented office-wide
- Survey Monkey used 4 months later requesting staff feedback

Survey Questions and Response Results:

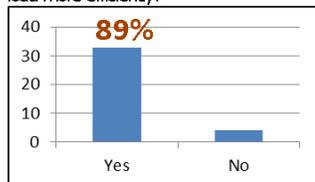
Do you feel the goals to increase efficiency and productivity were met?



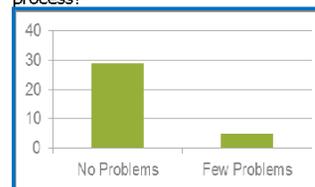
Has the online process decreased the time it takes to process annual renewals?



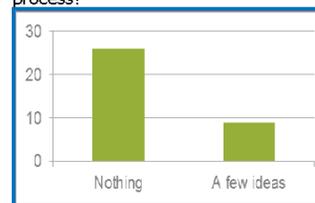
Do you feel the new electronic process has helped you to manage your case load more efficiently?



Do you have concerns things will be missed if the chart is not pulled? And if so what do you do to insure nothing is missed during the annual process?



Do you feel the process is as efficient as possible? Moving forward how could we further streamline the current electronic process?



9. Establish Future Plans

Based upon staff feedback from the survey and suggestions made, CCS will continue to improve the process and seek staff feedback.

Overall both the staff and management agree this project has been a great success and directly led to greatly increased time efficiency. The success of this project will help pave the way for other areas in which electronic processes can be implemented and paper dependency decreased.



Public Health Nursing Administration



APPENDIX A: STORYBOARD TEMPLATE



LOCAL HEALTH DEPARTMENT NAME: Public Health Nursing Administration (PHNA)
 ADDRESS: 3851 Rosecrans Street, San Diego, CA 92110
 PHONE NUMBER: 619-542-4192
 SIZE: _____
 POPULATION SERVED: 500 Public Health Services (PHS) Employees
Policy Tech: CQM P&Ps Reporting Process of Staff
Readership
 PROJECT TITLE: _____

PLAN Identify an opportunity and Plan for Improvement

1. Getting Started

In 2014, PHN Admin began implementation of Policy Tech across the PHS Branches, Regional Public Health Centers (RPHCs) and Aging and Independence Services (AIS). The implementation of this centralized policy management software system, creates the opportunity for the PHNA to assess and improve the ability to report on the "readership" of policies across PHS branches, RPHCs and other HHSA departments to ensure accountability among staff. In 2014, PHN Admin began deploying and assigning "readership" to several Clinical Quality Management (CQM) policies and procedures to various staff (i.e. PHNs, LVNs, RNs, OAs, SSAs, etc).

2. Assemble the Team

Team consists of the following staff from PHNA: Senior PHN (Team Leader), Interim Chief Nursing Officer (Program Oversight), PHN Manager, Senior PHN, Admin Sec II and Office Support Specialist (Document Oversight and Reporting Capabilities).

3. Examine the Current Approach

Prior to Policy Tech, PHNA asked that each Branch and RPHC distribute the CQM P&Ps and track "readership" via an excel spreadsheet. It was the responsibility of the Managers/Supervisors to monitor this process and report back to PHNA.

4. Identify Potential Solutions

The implementation of the centralized document management software system, Policy Tech, creates the opportunity for the PHN Administration (PHNA) to assess and improve the ability to report on the Readership of policies across PHS branches, RPHCs and other HHSA departments to ensure accountability among staff.

5. Develop an Improvement Theory

If a standardized process is developed for assigning policy and procedures within Policy Tech, PHS Branches can ensure employee readership compliance.

DO Test the Theory for Improvement

6. Test the Theory

By 9/30/14, PHN Admin will select 5 CQM policies to track staff Readership in Policy Tech.

Starting 11/1/14, PHNA Document Control Administrators (DCA) and Document Owner (DO) will run reports each month to assess staff Readership of assigned CQM policies.

By 5/1/15, PHNA will analyze report results and use those results to develop a process for the purpose of monitoring and tracking Readership.

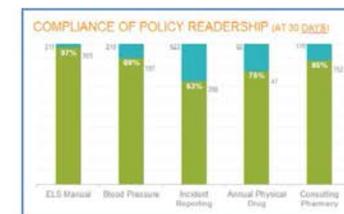
By 6/30/15, PHNA will develop the final process for monitoring and tracking Readership.

CHECK Use Data to Study Results of the Test

7. Check the Results

At the end of each month, PHN Admin Branch DCAs ran the Reader Task Report to review % of staff who read their assigned policies within 30 days (see graph below for results).

PHN Admin obtained anecdotal feedback from PHS Branches, RPHCs and AIS regarding report preference. Management preferred receiving the report which showcased both incomplete and complete reader tasks by staff.



ELS Manual

Number of Assigned Readers= 311
 Number of Readers who completed task= 303
 Percentage = 97%
 Ave # of Days to Complete Task= 16

Blood Pressure Screening

Number of Assigned Readers= 219
 Number of Readers who completed task = 197
 Percentage = 89%
 Ave # of Days to Complete Task= 12

Incident Reporting

Number of Assigned Readers= 623
 Number of Readers who completed task= 398

Percentage = 63%
Ave # of Days to Complete Task= 12

Med Handling- Annual Physical Drug

Number of Assigned Readers= 62
Number of Readers who completed task= 47
Percentage = 75%
Ave # of Days to Complete Task= 11



Med Handling- Consulting Pharmacy Inspection (amended: updated data at end of 30 days)
Number of Assigned Readers= 176
Number of Readers who completed task= 152
Percentage = 86%
Ave # of Days to Complete Task= 9

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

- At the beginning of each month, Branch DCA shall work with Document Owner to identify which PHS, RPHC and AIS staff need to read their policies.
- Confirm list of readers with Managers and Supervisors.
- Branch DCA(s) to develop Reader Group. May need to work with PHNA Global DCA to assign readership across multiple sites.
- Branch DCA or Document Owner shall assign readership of assigned policy in Policy Tech.
- Recommend two week time frame for staff to complete readership task. **July 2015: Amend time frame to 30 days- need to take into consideration the assignment of other PHS Branch policies in addition to CQM policies...** An increase in number of assigned policies each month may require additional days to complete reading tasks.
- After two weeks, Branch DCAs shall run Reader Task Report and distribute to Managers and Supervisors. **July 2015: Amend time frame to 30 days.**
- Recommend running monthly and quarterly reports.

9. Establish Future Plans

Share results with PHS Branch Managers and Supervisors and the CQM Committee.
Recommend offering orientation to staff to show them how to run their own Reader Task Report.

The implementation of the centralized document management software system, Policy Tech, creates the opportunity for the Public Health Nursing Administration staff to assess and improve the ability to report on the readership of policies across Public Health Services branches, Regional Public Health Centers and other Health and Human Services Agency departments to ensure accountability among staff.



TB CONTROL BRANCH STORYBOARD

LOCAL HEALTH DEPARTMENT NAME:	TB Control and Refugee Health Branch
ADDRESS:	3851 Rosecrans St. San Diego, CA 92110
PHONE NUMBER:	(619) 692-5521
POPULATION SERVED:	3.2 Million
PROJECT TITLE:	Develop System to Track Key Indicators in HHS LTBI Clinics.

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started

Among contacts to pulmonary Tuberculosis (TB) cases reported in 2012 by San Diego County, 57% (95/166) of persons found to have latent tuberculosis infection (LTBI) were started on treatment.

However, currently there is not a system to track all clients that start LTBI therapy at Health and Human Services Agency (HHS) clinics. Based on national and state goals and performance among contacts, our target goal is that at least 70% of clients who test positive for LTBI at an HHS clinic, and who are eligible for treatment, should start LTBI therapy, and at least 80% of those who started treatment, will complete therapy.

2. Assemble the Team

There is representation from TB Control Branch Public Health Nursing, Public Health Information System (PHIS/IT) staff, and regional Public Health Center staff. The selection of cross-departmental members promotes partnership to support the development and maintenance of successful interventions.

3. Examine the Current Approach

Currently, there is no routine and standardized data collection on LTBI treatment across all HHS TB clinic sites. Information on contacts to active cases is collected by TB Control through paper-based systems.

4. Identify Potential Solutions

- Engage the County's regional Public Health Centers (PHCs) in identifying standardized data collection elements on all patients starting LTBI therapy.
- Develop a standard data collection tool and procedures for decentralized collection.
- Provide technical assistance to analyze information and communicate results.

5. Develop an Improvement Theory

The team completed items 1-5.

- Evaluated potential of PHIS (Public Health Information System) and SDIR (San Diego Immunization Registry) compared with less formal information system developed from Microsoft Office to serve as data collection system.
- Selected Microsoft Access database for TB Control Program.
- Identified data collection elements.
- Revised/updated Access database, using current policy and clinic forms.
- Developed training materials and finalized database.

DO

Test the Theory for Improvement

6. Test the Theory

- Trained the two pilot sites, South and Central Region Public Health Centers.
- Data entry initiated for clinics occurring as of November 2014.
- Conducted quality assurance checks and requested issue review and/or updates from pilot sites.

CHECK

Use Data to Study Results of the Test

7. Check the Results

- Conducted pilot review meeting with each site to discuss feedback and preliminary report, based on data collected through March 2015.
- Identified areas for system and process improvement, including training.

ACT

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

- Completed system updates and training material revision.
- Completed training for 2 additional public health centers, to initiate system use for August 2015 clinics.

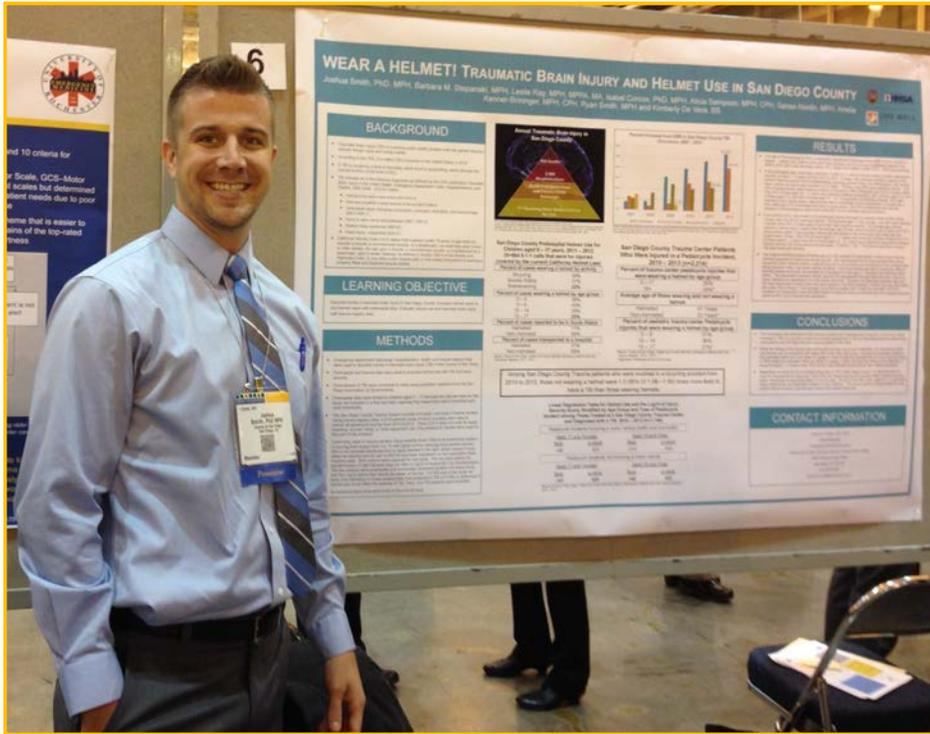
9. Establish Future Plans

- Generate preliminary treatment outcome report for clients on short course regimens.
- Conduct training for final health centers and initiate system use.
- Expand system to main TB clinic.
- Continue data management and reporting, to establish baseline treatment initiation and completion rates for all clinics.
- Use data system to track success after implementation of quality improvement measures in LTBI clinics.



Tuberculosis Control and Refugee Health Branch





Public Health Services Publications and Presentations By Branch

Requirements

Each Public Health Services Branch is required to generate at least one publication each fiscal year. There were 26 publications and presentations for fiscal year 2014-2015.

Public Health Services Publications and Presentations Branch

Administration of Public Health Services

Pezzoli, K, **Kozo, J.**, Ferran, K., **Wooten, W.**, Rangel Gomez, G., Al-Delaimy, W. *One Bioregion/One Health: An Integrative Narrative for Transboundary Planning along the U.S.-Mexico Border*. Global Society, October 2014. PUBLICATION.

Armenta, R.F., Kritz-Silverstein, D., Wingard, D., Laughlin, G.A., **Wooten, W.**, Barrett-Connor, E., Araneta, M.R. *Association of Breastfeeding with Maternal Visceral Adiposity Postmenopause Among Three Racial/Ethnic Groups*. Obesity (Silver Spring). Feb;23(2):475-80. December 17, 2014. PUBLICATION.

Shadyab, A.H., Kritz-Silverstein, D., Laughlin, G.A., **Wooten W.**, Barrett-Connor, E., Araneta, M.R. *Ethnic-Specific Associations of Sleep Duration and Daytime Napping with Prevalent Type 2 Diabetes in Post-Menopausal Women*. *Sleep Medicine*, December 12, 2014. PUBLICATION.

Larsen, B., Allision, M.A., Laughlin, G.A., Araneta, M.R., Barrett-Connor, E., **Wooten, W.**, Saad, S.D., Wassel, C.L. *Association Between Abdominal Muscle Mass and Type II Diabetes Across Weight Categories in Diverse Post-Menopausal Women*. *The Journal of Clinical Endocrinology & Metabolism*. Volume: 100, Issue: 1, September 2014. PUBLICATION.

Kozo, J. *Emergency Risk Communication—Targeted Outreach to Diverse Language Communities*. National Association of County and City Health Officials (NACCHO) Public Health Preparedness Summit, April 2015. ABSTRACT.

Emergency Medical Services

Abedin, S., Ray, L. *Estimating the Potential and Likely Number and Cost of the Uninsured Post-Affordable Care Act Enactment from a Local Health Department*

Perspective. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Corcos, I., Ray, L. *Linking Social Marketing Data to Health Outcomes at the Community Level*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

De Vera, K. *Pediatric Shopping Cart Injuries as Determined by an EMS Surveillance System*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

De Vera, K. *Projecting the Local Burden of Alzheimer's Disease: A Population-Based Model*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Kenner-Brininger, A. *Linking Stroke Patient Hospital Data to EMS Records: Potential for Using Prehospital Indicators to Improve Stroke Diagnosis and Treatment*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Kenner-Brininger, A. *Time Matters: Stroke Treatment in San Diego County's Stroke Receiving System*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Smith, J. *Thirty Years of Trauma: The Evolution of the Trauma Patient in the San Diego County Trauma System*. American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Public Health Services Publications and Presentations (continued)



Emergency Medical Services (continued)

Smith, J. *Wear a Helmet! Traumatic Brain Injury and Helmet Use in San Diego County.* American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Stepanski, B. , Kenner-Brininger, A. *A Time Analysis of Cardiovascular STEMI Events in a Large Metropolitan County.* American Public Health Association 142nd Annual Meeting and Expo, November 2014. PRESENTATION.

Epidemiology and Immunization Services Branch

Adam, J., **Kao, A.**, Varan, A., **McDonald, E.**, Waterman, S. *Fatal Influenza Outbreak Aboard a Sport Fishing Vessel in San Diego, California.* ScienceDirect, December 2014. PUBLICATION.

Tweeten, S., Freitas, L., Bursaw, M. *Undetectable, Suppressed, and Community HIV Viral Load in San Diego County.* U.S. Conference on AIDS, October 2014. PRESENTATION.

Tweeten, S., Freitas, L., Bursaw, M. *Characteristics of Older HIV/AIDS Cases in San Diego County.* U.S. Conference on AIDS, October 2014. PRESENTATION.

Tweeten, S., Freitas, L., Bursaw, M. *Simultaneous HIV and AIDS Diagnoses in San Diego County, 2009-2013.* U.S. Conference on AIDS, October 2014. PRESENTATION.

Tweeten, S., Freitas, L., Bursaw, M. *Cascade in Transition: Considerations in Measuring and Tailoring a Cascade for San Diego County.* U.S. Conference on AIDS, October 2014. PRESENTATION.

HIV, STD and Hepatitis Branch

Jones, L., Uhler, D. *Recording and Measuring HIV Partner Services [HIV Disclosure Assistance] High Impact Prevention (HIP), San Diego, California.* U.S. Conference on AIDS, October 2014. POSTER.

Jones, L. *High Impact Prevention (HIP) Risk Reduction Activities (RRA) Best Practices, Outcomes and Replicability: Implementation of HIP in San Diego County: Strategies to Deploy, Target and Evaluate Services with Consideration of Replication for Other Health Jurisdictions.* U.S. Conference on AIDS, October 2014. PRESENTATION

Jones, L. *Social Media and New Technologies to Effectively Reach, Engage and Recruit High Impact Prevention Participants, Along the HIV Continuum of Care.* U.S. Conference on AIDS, October 2014. ABSTRACT

Jones, L. *HIV Partner Services: Exploring How to Improve Client Willingness to Use Disclosure Assistance Services for Notifying Sexual and Needle-Sharing Partners of Potential HIV Exposure.* U.S. Conference on AIDS, October 2014. ABSTRACT

Jones, L. *Implementation of High Impact Prevention Services and Strategies to Deploy, Target and Evaluate Services with Consideration of Replication for Other Health Jurisdictions.* U.S. Conference on AIDS, October 2014. ABSTRACT

Public Health Services Publications and Presentations (continued)



Maternal, Child, and Family Health Services

Canias, J., Cureg, A., **Freeman, R., Hodge, K., Jariangprasert, S., Martinez, W., Nagatsuka, M., Tso, C.** *One Life, One Body, One You: Engaging and Empowering Girls to Make Positive Choices Throughout Their Lifespan.* CityMatCH Annual Urban Maternal Child Health Leadership Conference, September 2014. ABSTRACT.

Canias, J., Cureg, A., **Freeman, R., Hodge, K., Jariangprasert, S., Martinez, W., Nagatsuka, M., Tso, C.** *One Life, One Body, One You: Engaging and Empowering Girls to Make Positive Choices Throughout Their Lifespan.* American Public Health Association 142nd Annual Meeting and Expo, November 2014. ABSTRACT.

McDermid, L., Billups, N., Mei, A., Bragado, N. *Seeding Our Cities with Healthy Food System Policies to Fight Childhood Obesity.* 8th biennial Childhood Obesity Conference, June-July 2015. ABSTRACT-PRESENTATION.

Wright Bruno, S., Kleske, D. *Childhood Obesity Session Proposal on Lactation Supportive Environments: Improving Lactation Policy in Schools, Businesses, and Community Healthcare Centers.* 8th biennial Childhood Obesity Conference, June-July 2015. ABSTRACT-PRESENTATION.

Public Health Nursing Administration

(None).

Tuberculosis Control and Refugee Health

Garfein, R.S., Collins, K., Muñoz, F., **Moser, K.,** Cerecer-Callu, P., Raab, F., Rios, P., Flick, A., Zuñiga, M.L., Cuevas-Mota, J., Liang, K., Rangel, G., Burgos, J.L., Rodwell, T.C., Patrick, K. *Feasibility of Tuberculosis Treatment Monitoring By Video Directly Observed Therapy: A Binational Pilot Study.* International Journal of Tuberculosis and Lung Disease, June 2015. PUBLICATION.



Public Health Services Research Projects By Branch

Research Projects

Each Public Health Services Branch is involved in research projects in collaboration with community partners. A brief description of each of the 28 projects is listed.

Emergency Medical Services		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Community Emergency Medical Services (EMS) Response to Disaster (Surveillance study of non-disaster related chief complaints during community involved disasters)	Emergency Medical Services (EMS) staff	January 2006-present
Emergency Department Overcrowding: Community Determinants and Patient Outcomes	Dr. Benjamin Sun, University of California, Los Angeles (UCLA)/Dr. Bruce Haynes, EMS	May 2015
Surveillance tool study (Evaluation of surveillance methodology)	EMS staff	Nov. 2003-present
Epidemiology and Immunization Services Branch		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios. To model the impact the wildfire and air quality had on populations health.	Epidemiology and Immunization Services Branch (EISB)	December 15, 2009-present
Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients	Scripps HealthCare System, EISB	March 1, 2013-present
The Burden of Mental Illness: Impact on a Level I Trauma Center	Beth Sise, Scripps Mercy Hospital	February 11, 2014-present
Expanded Kindergarten Retrospective Survey/Disparities (Evaluation of levels of Immunization disparities in children)	Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten	April 5, 2007-present
Year-round Influenza Surveillance (Monitor flu-like illness at emergency departments)	Dr. Wilma Wooten	November 1, 1994-present

Public Health Services Research Projects By Branch (continued)

Epidemiology and Immunization Services Branch (continued)		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Quality Assurance/SDIRegistry (Program effectiveness; Data accuracy)	Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten	October 1, 2004-present
OTIS HPV Vaccine and Pregnancy Study	Dr. Christina Chambers, University of California, San Diego (UCSD)	June 2011-April 2015
Random Digit Dial Immunization Coverage Survey (Determine community immunization coverage levels, Program effectiveness/efficiency-future direction)	Dr. Wilma Wooten	July 1, 2006-present
Registry-based Outreach Component Evaluation (Program effectiveness/efficiency-future direction)	Sponsor: CDPH Immunization Branch. Principal Investigator: Dr. Wilma Wooten	July 1, 2002-2015
Vaccine Coverage and Timing Among US-Born Somali Children and Vaccine Knowledge, Attitudes, and Perceptions Among Somali Parents in Columbus, Ohio and San Diego, California	Clelia Pezzi, Public Health Advisor, Centers for Disease Control and Prevention (CDC)	June 6, 2012-Present
Evaluation of vaccination coverage, knowledge, and attitudes among Indigenous Mexican - Born Residents in San Diego County	Bonnie Bade, California State University San Marcos and Alfonso Rodriguez-Lainz, CDC	August 16, 2013-Present
Memorandum of Agreement for Dr. Karen Dobkins, UCSD, Vision and Research Studies (Use of Birth and Death Data)	Dr. Karen Dobkins, UCSD	June 1, 2012-Present
License Agreement, use of BSL3 in Public Health Lab for Dr. Antonino Catanzaro	Dr. Antonino Catanzaro, UCSD	To Be Determined

Public Health Services Research Projects By Branch (continued)

HIV, STD and Hepatitis Branch		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Gonorrhea Isolate Surveillance Project (GISP) Laboratory and Epidemiologic Investigation of Gonorrhea Isolates with High Levels of Azithromycin Resistance	CDC, CDPH STD Branch, HIV, STD and Hepatitis Branch (HSHB), Patrick Loose	1987-present
Performance Evaluation of the BioPlex 2200 System, Syphilis IgM (T. pallidum) (Evaluation of a multiplex flow immunoassay intended for the detection of Treponema pallidum)	BioRad Laboratories, Inc., HSHB, Bruce Coon	October 2011-present
Maternal, Child, and Family Health Services		
No research studies reported for this time period.		
Public Health Nursing Administration		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Maternal Child Health PHN Home Visiting	Mother and Infant Home Visiting Program Evaluation-California Home Visiting Program	July 26, 2013-Present
Tuberculosis Control and Refugee Health		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
TB Epi Consortium (Improvement of San Diego County Public Health System)	CDC, CDPH, Tuberculosis Control and Refugee Health	January 1, 2005-present
Effect of Drug Resistance on Transmissibility and Pathogenicity of M tuberculosis	Philip Hopewell, University of California, San Francisco (UCSF)	September 2012-September, 2014
Wireless Observation of Therapy	Sara Browne, UCSD	October 2012-October 2015

Public Health Services Research Projects By Branch (continued)

Tuberculosis Control and Refugee Health (continued)		
Title and Purpose of Study	Sponsor and Principal Investigator	Study Period
Cell Phone Video Directly Observed Therapy to Monitor Short-Course Latent Tuberculosis Infection Treatment	Richard Garfein, UCSD	October 2012-October 2015
Performance Evaluation of the GeneXpert Mycobacterium Tuberculosis/Rifampin Assay in the Diagnosis of Pulmonary Tuberculosis and Rifampin Resistance in a Low-Prevalence Setting	Jason Rice, UCSF	September 2012-Present



Public Health Services Staff Awards and Recognition/ Development

Public Health Services Staff Awards and Recognition/Development

Programs

Approximately 19 Public Health Services staff members were recognized for achievement during fiscal year 2014-2015, and nine staff completed development trainings.

Awards

Public Health Media

In August 2014, the County Communications Office was awarded silver and bronze awards from the National Public Health Information Coalition for two news releases issued in 2014. The silver award was in the breaking news category for the County News Center (CNC) story “Henry High School Student Dies of Suspected Meningococcal Infection,” published on February 14, 2014. **Epidemiology and Immunization Services (EISB) staff** were involved in the write up and investigations for this article. The news story was written by **Dr. Eric McDonald**, with input from **Jennifer Nelson** and **Jackie Hopkins**. **Whitney Pinto** and Dr. McDonald participated in the mass prophylaxis of cheerleaders as a result of this case. The bronze award received was in the general news release category for CNC story “Foster Parents Help Heal Invisible Scars” issued on May 30, 2014. It was the County’s first year entering this national competition.

Outstanding Poster for Program and Policy

Rhonda Freeman, **Sutida “Nid” Jariangprasert**, and **Cindy Tso** of Maternal, Child, and Family Health Services (MCFHS) won the Outstanding Poster Award for Program and Policy at the annual national 2014 CityMatCH Leadership and Maternal Child Health Epidemiology Conference, which took place on September 17-19, 2014, in Phoenix, Arizona. The award was for the presentation “One Life, One Body, One You: Engaging and Empowering Girls to Make Positive Choices Throughout their Lifespan.” Rhonda was also a CityLeaders mentor from September 2014 –April 2015.

Birth and Death Certificate Timeliness Awards

Heidi Lowe, **Elizabeth Virgen-Santos**, **Michael Alaysa**, **Lisa Castro**, **Patricia Novoa**, **Anabel Armenta Class** and **Hilda Lopez** of EISB Vital Records received the Death Certificate Timeliness Award from the California Department of Public Health (CDPH) in June 2015. San Diego County won a large county award for registering 20,000 deaths with an average turnaround time of 1.76 hours. The state average is 3.53 hours.

Heidi Lowe, **Tahaiti Tinsley**, **Sandra Cesena**, **Alicia Cante** and **Yvette Mauberis** of EISB Vital Records received the Birth Certificate Timeliness Award from CDPH in June 2015. Awards were given out to counties that registered at least 80 percent of their certificates within 10 days of the birth. San Diego County was among the 29 counties that made the 80 percent target, ranking 11th in the state, registering 93.46 percent of over 46,000 births within 10 days.

Dan O’Shea Day

On June 23, 2015, Public Health Services Assistant Director **Dan O’Shea** was presented a proclamation issued by the County Board of Supervisors, recognizing his achievements and proclaiming it “Dan O’Shea Day” throughout San Diego County. The proclamation was presented in honor of his service with the County, as well as his advocacy work with community-based organizations providing HIV/AIDS services.



Public Health Services Staff Awards and Recognition/Development (continued)

Staff Recognitions/Development

Finance Academy

Lisa Han and **Rodrigo Ibanez Diaz de Sandi** of EISB, graduated from the Finance Academy (July 2014).

Advanced Competencies for the Administrative Professional of the 21st Century Program

Anabel Armenta Class (July 2014), **Alicia Cante** (November 2014), **Eleanor Gatdula** (November 2014), and **Aline Diab** (May 29, 2015), of EISB, graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

The Exchange – Strategies for Managing Conflict in the Workplace

Marlene Goldstein of EMS completed The Exchange – Strategies for Managing Conflict in the Workplace (November 2014). This training specializes in promoting collaboration and effective communication practices for managers and supervisors. The training teaches participants how to help people feel understood, respected, included, and appreciated, and in return, will build trust with co-workers.

Great Leadership Academy

Dr. Winston Tilghman of HSHB graduated from the Great Leadership Academy (November 2014).

Kristina Pinto of EISB completed the Health and Human Services Agency (HHSA) Financial Support Services Division Fiscal Unit Clerical Academy (April 27, 2015).

Department of Human Resources Professional Enrichment Seminars

Tahiti Tinsley (November 2014) of EISB and **Marlene Goldstein** (April 2015) of

Emergency Medical Services (EMS), completed the Department of Human Resources Professional Enrichment Seminars, a five-week training experience designed to prepare the County's top front line employees for the important role they play in the organization's future.

National Leadership Academy for the Public's Health

Justine Kozo graduated from the National Leadership Academy for the Public's Health training program (January-December 2015). Justine was provided training to advance her leadership skills and achieve health equity.

U.S.-Mexico Border Health Commission's Leaders Across Borders

Patrick Loose completed the U.S.-Mexico Border Health Commission's Leaders Across Borders advanced leadership development program (March-October 2015), aimed at building the binational leadership capacity of public health, health care, and other community-sector leaders working to improve the community health in the U.S.-México border region.

Administrative Support Academy

Rodrigo Ibanez Diaz de Sandi of EISB graduated from the Administrative Support Academy (April 2015). The Academy is designed to prepare the County's administrative support staff for the important role they play in the organization's future. The program allows support staff to enhance skills in communication, business writing, customer service, time management, team dynamics, and professionalism.

County Mentor Partnership Program

Grace Anggrainy of MCFHS participated as a mentee and graduated from the County Mentor Partnership Program (April 9, 2015). The Mentor Partnership Program is designed to help coach and inspire employees participating in the program to pursue their chosen career-oriented goals within County government.

Public Health Services Staff Awards and Recognition/Development (continued)

Staff Recognitions/Development (continued)

Essentials of Supervision Program

Marlene Goldstein of EMS (May 2015) and **John Milios** (May 2015) of the HIV, STD, and Hepatitis Branch (HSHB), **Leticia Arellanes** (June 2015), and **Amy Applebaum** (June 2015) of HSHB graduated from the Essentials of Supervision Program. This program provides skills needed for growth and development as a supervisor.



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County of San Diego

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Public Health Services

P.O. Box 85222, MS P578

San Diego, CA 92186-5222