



# County of San Diego

## HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, October 20, 2016 | 3:00-5:00 PM

1600 Pacific Highway, Room 302/303

### MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHS Support
Seat 7 James Lepanto, Chair Seat 8 Kyle Edmonds, Vice Chair Seat 9 Adriana Andrés-Paulson Seat 10 Michelle Davis Seat 11 Paul Hegyi Seat 12 Judith Yates (alternative) Seat 13 Henry Tuttle Seat 14 Greg Knoll Seat 16 Leonard Kornreich	Seat 1 (vacant) Seat 2 Paul Raffer Seat 3 Judith Shaplin Seat 4 Jack Rogers Seat 5 Jeff Griffith Seat 6 (vacant) Seat 12 Dimitrios Alexiou Seat 15 Philip Deming Seat 17 Bob Prath	Lauren Brookshire, Assistant Medical Services Admin, HSHB  Tina Zenzola, Health Planning & Program Specialist, MCFHS  Jo Ann Julien, Health Planning & Program Specialist, PHS Admin	Liz Hernandez, Assistant Director, PHS  Sayone Thihalolipavan, Deputy Public Health Officer, PHS  Saman Yaghmaee, Deputy Director, PHS  Tamicha Husband, Secretary, PHS Admin  Kay Collier, Secretary, PHN Admin

Minutes	Lead	Follow-up Actions	Due
9/15/16	Jim Patterson	Provide information on how MTS is earning MAA revenue.	11/17/16
10/20/16	Lauren Brookshire/ Saman Yaghmaee	Invite HIV contract providers and/or the newly formed "HIV Planning Group" to an HSAB meeting to weigh in on the multi-service procurement model recommended by the State HSRA for Ryan White funding.	11/17/16
10/20/16	Liz Hernandez/ Saman Yaghmaee	Send the Epidemiology Surveillance Report to James Lepanto, HSAB Chair.	11/17/16
9/15/16	Tina Zenzola	Provide information about the NEOP Program and Healthy Works strategy going forward in rural East County.	Completed (Presented 10/20/16)
9/15/16	Dr. Wilma Wooten	Send a DEH video to board members about the Zika virus that can be posted on websites and social media.  Video: "County on Front Lines to Stop Zika Spread": <a href="http://www.countynewscenter.com/county-on-front-lines-to-stop-zika-spread/">http://www.countynewscenter.com/county-on-front-lines-to-stop-zika-spread/</a>  County DEH Vector Control Program information: <a href="http://www.sandiegocounty.gov/deh/pests/vector_disease.html">http://www.sandiegocounty.gov/deh/pests/vector_disease.html</a>	Completed  (See links in column to the left)

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order.
2. Public Comment	No public comment.
3. Action Items	A. Approval of September 15, 2016 meeting Minutes  Greg Knoll motioned to approve; Adrianna Andrés-Paulson seconded. All voted Aye, with one reminder that not all who voted were in attendance at the last meeting.

Agenda Item	Discussion
<p>3. Action Items                      (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) HIV Multi-Service Procurement</p> <p>Presenter: Lauren Brookshire – Assistant Medical Services Administrator, HSHB, PHS</p> <p>This Board Letter will be presented to the Board of Supervisors on 11/15/16, requesting authorization to issue “multi-service procurement” in the amount of \$8,418,128, which changes the way Ryan White Act funding is currently contracted out by the County to provide care and treatment services to people living with HIV and AIDS.</p> <p><u>Approval</u></p> <p>Henry Tuttle motioned to approve HSAB support of this Board Letter on condition that changing how services are contracted does not result in loss of services or efficiency, and there is no rise in administrative costs; Greg Knoll seconded. Seven (7) voted Aye; Adriana Andrés-Paulson voted Nay; Judith Yates abstained.</p> <p><u>Background</u></p> <p>During a 2015 site visit, the State Health Resources Services Administration (HRSA) made a recommendation that the County revise how it contracts for Ryan White funded services. Currently, 14 providers hold more than 50 different contracts for individual service categories. Because each contract is on a different 5-year cycle, a single provider may hold several Ryan White contracts, causing the County to expend a great deal of time each year in procurement processes, monitoring, and mandatory contract orientation, redundant for some vendors holding multiple contracts. The proposed change in procurement would affect 35 of the current Ryan White contracts.</p> <p>The County proposes to streamline its current system in this way:</p> <ul style="list-style-type: none"> <li>(a) One contract would cover 7 integrated treatment/care service categories in each of the 6 Regions, resulting in 6 contracts, instead of the current 22 contracts.</li> <li>(b) One contract would be for coordinated HIV services countywide for “Women, Children and Families” (these services must be contracted separately under Ryan White); and</li> <li>(c) Six (6) smaller service categories that provide life assistance (housing, legal, nutrition, financial, psychiatric, residential substance abuse treatment) would be contracted out individually or under multi-source contracts as countywide services, available as options to cover under any Region treatment/care services contract.</li> </ul> <p>[See <b>Attachment A, pages 8-9</b>, for service category detail.]</p> <p>On 5/10/16, the Board of Supervisors extended current Ryan White contracts to give time for the new multi-service procurement package to be developed and implemented, but it also shortened the implementation timeline: the RFP should be posted January-April, 2017. New contracts should be in place in September 2017, in less than one year.</p> <p>The number of resulting County contracts is unknown, but it is anticipated that County contractors will subcontract services and be responsible for monitoring those subcontracts.</p> <p><u>Concerns</u></p> <ul style="list-style-type: none"> <li>a) HSAB members were hesitant to approve this Board Letter without input from the HIV Health Services Planning Council, HIV experts within the community.</li> </ul> <p>Lauren Brookshire explained that the HIV Health Services Planning Council met twice in July and voted on service prioritization and funding allocations, which is the legally mandated function of this group, but this Council is now being combined with the</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) HIV Multi-Service Procurement</p> <p><u>Concerns</u> (continued)</p> <p>County HIV Prevention Group to form the “HIV Planning Group.” This new planning group has not yet met, and because of the shortened timeline by Supervisors for implementation of multi-source procurement, it was not possible to obtain the new HIV Planning Group’s approval of procurement changes prior to the meetings of HSAB and the Board of Supervisors.</p> <p>b) There was concern about whether a multi-source procurement package would provide efficiency or easy access to services.</p> <p>Lauren explained that this was discussed at length, centered on the goals of providing medical care, retaining patients in care, and virally suppressing HIV.</p> <p>Additionally, 6 forums were held between July 25 and August 11, one in each HHSA Region, to obtain community feedback and identify potential problems. A broad array of stakeholders, providers, and consumers attended these forums. Dates were advertised widely, to current Ryan White contractors, all vendors through the Purchasing Department’s BuyNet site, and contact lists of both the San Diego County HIV Prevention Group and HIV Health Services Council, which has a legally mandated composition of 33% consumers who use HIV services.</p> <p>Stakeholders are a tight-knit group in San Diego. There will be no loss in the number providers, and most will probably remain in place. County providers have a history of working together, and the County would not have proposed this multi-service procurement model if they did not think it was feasible. The change will be in the administrative burden to the County, and subsequently to State HRSA oversight.</p> <p>c) It was asked if analysis had been conducted on the administrative overhead and service costs between the two contract approaches.</p> <p>There has been no detailed cost analysis. This was not a question brought up at community forums. Ryan White allows 10% funding for administrative overhead on all services, and that allotment would not be affected by a change in contract delivery.</p> <p>d) There was a question about whether monitoring of services would suffer if the County only monitors its main contractors, who would, in turn, each be responsible for monitoring their own subcontractors.</p> <p>Lauren explained that Ryan White has extensive and stringent monitoring guidelines, hundreds of pages that pertain to all services, so this should not be a problem.</p>
	<p>2) Sexually Transmitted Diseases (STD) One-Time Funding</p> <p>Presenter: Lauren Brookshire</p> <p>This Board Letter authorizes the Clerk of Board to accept a one-time State grant in the amount of \$427, 649 to assist in STD prevention and control in San Diego County through June 30, 2019. It additionally authorizes application for any additional funding.</p> <p><u>Approval</u></p> <p>Greg Knoll motioned to approve HSAB support of this Board Letter; Adrianna Andrés-Paulson seconded. All voted Aye.</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p> <p><u>Spring Agenda Item:</u> STD Control budget</p> <p><u>Priority Focus:</u> STD Control &amp; Prevention?</p>	<p>2) STD One-Time Funding (continued)</p> <p><u>Background</u></p> <p>Since 1996, the County has received funding from the STD Control Branch of CDPH. This is the first time in many years that funds from the State’s general budget are being allocated per formula to local jurisdictions for STD prevention and control. This additional funding can be spent locally over 3 fiscal years, but cannot supplant existing funding, which would preclude spending on staff salary/benefits or lab services.</p> <p>Locally and nationally, STD rates have risen dramatically. The West Coast is distinct in that 80% of syphilis and gonorrhea cases were reported for gay and bi-sexual men, and the County is responding to this accordingly. Lauren Brookshire shared statistics for San Diego (see <b>Attachment B, page 10</b>, for graphic representation):</p> <p>Cases in 2015: Chlamydia = 17,418 (11.5% increase in 1 year)                  Gonorrhea = 3,695 (100% increase in 7 years, since 2009)                  Early syphilis = 829 (33% increase in primary/secondary cases in 1 year)</p> <p>Out of a State list of acceptable spending categories, the County chose four, which includes (1) office equipment and skills training for the 3 STD CDIs (Communicable Disease Investigators)--the first time training has been available in the budget to improve CDI skills; (2) community engagement efforts that would inform media campaigns and program services; (3) and home testing kits sent free to Latina and African-American women, with results available via a secure website, and follow-up contacts if results are positive.</p> <p><u>Discussion</u></p> <p>It was agreed that the increase in STD rates locally and nationally is shocking. STD Control budget should be calendared as a topic for discussion in the spring, when Nick Macchione will invite input from HSAB on the HSA resources. This issue could also be chosen as a 3-year priority focus for HSAB.</p> <p>Note: Following this meeting, Dr. Kyle Edmonds forwarded the quote and link below to HSAB members:</p> <p>"The (STD) rise coincides with budget cuts in more than half of state and local programs for STD prevention. Officials reported that more than 20 health department STD clinics closed in a single year. Half of the estimated 20 million new STD cases infecting Americans each year strike people aged 15 to 24. Most of these cases go undetected and untreated, which places people at risk of severe health consequences, some of which are irreversible. The CDC reported that the deluge of STD cases costs the U.S. health-care system nearly \$16 billion."</p> <p><a href="https://www.washingtonpost.com/news/to-your-health/wp/2016/10/20/std-rates-hit-record-high-in-u-s-as-screening-clinics-close">https://www.washingtonpost.com/news/to-your-health/wp/2016/10/20/std-rates-hit-record-high-in-u-s-as-screening-clinics-close</a></p> <hr/> <p>3) HIV Prevention Demonstration Project</p> <p>Presenter: Lauren Brookshire</p> <p>This Board Letter authorizes extension of 2 service provider contracts to 9/30/18, to align with terms of additional funding that was provided by the State for the HIV Prevention Demonstration Project.</p> <p>[See <b>Attachment C, pages 11-12</b> for project detail.]</p>

Agenda Item	Discussion
<p>3. Action Items                      (continued)</p>	<p>3) HIV Prevention Demonstration Project (continued)</p> <p><u>Approval</u></p> <p>Dr. Leonard Kornreich motioned to approve HSAB support of this Board Letter; Michelle Davis seconded. Henry Tuttle abstained, due to possible conflict of interest; all others voted Aye.</p> <p><u>Background</u></p> <p>The County was awarded funding from CDPH in 2015 for participation in the California HIV Prevention Demonstration Project, which required single source agreements with specific program partners. These partner contracts are due to expire in conjunction with the terms of the original CDPH funding.</p> <p>CDPH later submitted a proposal to CDC for HIV Demonstration Project funding that targets transgender women. In June 2016, CDPH awarded this additional funding to San Diego County for a media campaign and HIV PreEP navigation services.</p> <p>Two contracts for PreEP navigation services under the original funding source need to be extended to coincide with the terms of the additional grant funding awarded in June: Family Health Centers of San Diego; and the San Diego LGBT Community Center, which both meet the new funding criteria of experience in working with transgender women.</p> <p><u>Discussion</u></p> <p>None</p>
<p>4. Follow up                      Actions</p>	<p>4) NEOP grant activity in East County – Tina Zenzola</p> <p>On 9/22/16, Tina Zenzola presented a Board Letter to HSAB regarding Nutrition Education and Obesity Prevention (NEOP) funding, and was questioned at that time about NEOP activities in rural East County going forward. Tina returned to bring information back to the board about NEOP activities in East County and North Inland Region (see <b>Attachment D, pages 13-16</b>).</p> <p>Although funds have been reduced by 12%, the NEOP grant is proving to be a long-term resource for chronic disease prevention in San Diego County. The grant has expanded beyond nutrition education for CalFresh recipients, and now addresses health equity and broader issues layered at the community level.</p> <p>Moving forward, bids will be going out for active transportation and food access interventions to be implemented in 3 additional cities, and San Marcos and other cities have begun leveraging NEOP grant efforts with additional funding, such as CalTrans grants.</p> <p>One board member contributed that she has begun seeing attitudes changing within the schools because of work being accomplished through this grant.</p>
<p>5. Annual Plan</p>	<p>James Lepanto, Kyle Edmond, and Saman Yaghmaee have been meeting regarding the Annual Plan.</p> <p>A report of HSAB activity and accomplishments will be generated quarterly. Progress is being made in establishing systems that facilitate obtaining information for these reports.</p>

Agenda Item	Discussion
<p>6. Chair's Report</p> <p><a href="#">Agenda Item: Select HSAB priorities</a></p>	<p>A. Strategic Planning and Board Priorities – Jo Ann Julien</p> <p>Jo Ann Julien and Jackie Werth, PHS Administration, took on the task of identifying priorities that could be accomplished by HSAB this year. These priorities should contribute to the board’s impact, and would be in addition to its other work, such as Board Letter review and concern for issues that arise, such as today when the board was made aware of a drastic rise in STD rates.</p> <p>Committees could be formed, but these priorities could also be realized in other ways, such as making recommendations for County budget, or inviting experts to educate the board.</p> <p>Jo Ann Julien performed content analysis of HSAB documents to identify the frequency of specific words or ideas that identified areas of priority already expressed in the Vision Statement, Mission Statement, Guiding Principles, Strategy Plan, and June Retreat, then sorted them into 6 key themes (see <b>Attachment E, pages 17-18</b>).</p> <p>James Lepanto was given permission by the board to add this topic to the 11/17/16 meeting Agenda, so that 3 areas of impact can be chosen for FY16/17, and several others for FY17/18 which could be more complicated and long-termed, given the advanced notice.</p> <p>B. Jack Rogers submitted his resignation from the board, effective January 2017.</p> <p>C. The board agreed not to meet in December.</p>
<p>7. Informational Items</p>	<p>No Committee Reports.</p> <p>Committee Chairs were approached about implementing the structure discussed at the Retreat in June 2016. Progress will be discussed at the November meeting.</p>
<p>8. Public Health Officer’s Report</p> <p><a href="#">Priority Focus: Surge Capacity Plan?</a></p> <p><a href="#">Agenda Item: Surge Capacity Plan</a></p> <p><a href="#">Agenda Item: Epidemiology Surveillance Report</a></p>	<p>See <b>Attachment F, pages 19-21</b>, for the complete Public Health Officer's report. Liz Hernandez reviewed the report and two items were discussed.</p> <p>A. Activation of Health Services Capacity Plan (under “Public Health Issues”)</p> <p>Judith Yates spoke with Dr. Sayone Thihalolipavan, who confirmed that Dr. Wilma Wooten will be signing off on the current plan, and it will be available to the community by the end of October.</p> <p>The Capacity Plan was initially developed as a flu capacity plan, but years ago it was changed to include any surge within the community. Providers depend upon it for many different reasons. The board is encouraged to read the plan, because it addresses issues in the community that have to do with services in Emergency departments experiencing unprecedented volume, resulting in delay of patient access to care.</p> <p>This is a community issue that the board may want to adopt as priority. It is more of a systems issue, but the provider community is connected to it. Members agreed that this topic should be put on the Agenda for presentation so they can learn more about it, since service capacity is also an issue of patient access.</p> <p>B. Epidemiology Surveillance Report</p> <p>Flu cases are being reported earlier this year than in many others. Community providers feel the County’s weekly surveillance report is the best report they’ve received, because it’s so close to real time. It is considered the best report in California and one of the best in the nation. With improvements in HIE (Health Information Exchange), content will have even more meaning for clinics, physicians and hospitals, in terms of how best to meet the needs of the community.</p> <p>James Lepanto requested that HSAB receive the Surveillance Report, and asked that it be put on the Agenda so that more could be learned about it.</p>

Agenda Item	Discussion
9. Agenda Items for Future Meetings	November 2016 - Suicide Prevention Long-Term Care Integration Project, AIS (Aging and Independence Services)  January 2017 - Cultural Competence Plan <i>Eat Well</i> Standards Invite Dr. Nick Yphantides to talk about the new Medical Care Services Division  TBD 2017 - Surge Capacity Plan Epidemiology Surveillance Report  Spring 2017 - Budget for STD Control branch
10. Adjournment	Next meeting: November 17, 2016 <u>No meeting in December 2016</u>  This meeting was adjourned at 4:55 PM.

**ATTACHMENT A**

Approval of Board Letter:  
HIV/AIDS Multi-Service Procurement

**RYAN WHITE SERVICES**  

**COORDINATED HIV SERVICES**

**Regional**

- Medical and non-medical case management
- Mental health
- Referral for health care/supportive services
- Outreach
- Substance Abuse Services – Outpatient
- Medical transportation services
- Minority AIDS Initiative

**Women, Children and Families**

- Medical and non-medical case management
- Mental health
- Referral for health care/supportive services
- Outreach
- Substance Abuse Services – Outpatient
- Medical transportation services
- Child care services

**ATTACHMENT A**

Approval of Board Letter:  
HIV/AIDS Multi-Service Procurement

# RYAN WHITE SERVICES



## COUNTYWIDE SERVICES

Psychiatric services

Nutritional Support Services

- Home delivered meals
- Medical Nutrition Therapy

Emergency Financial Assistance

Housing

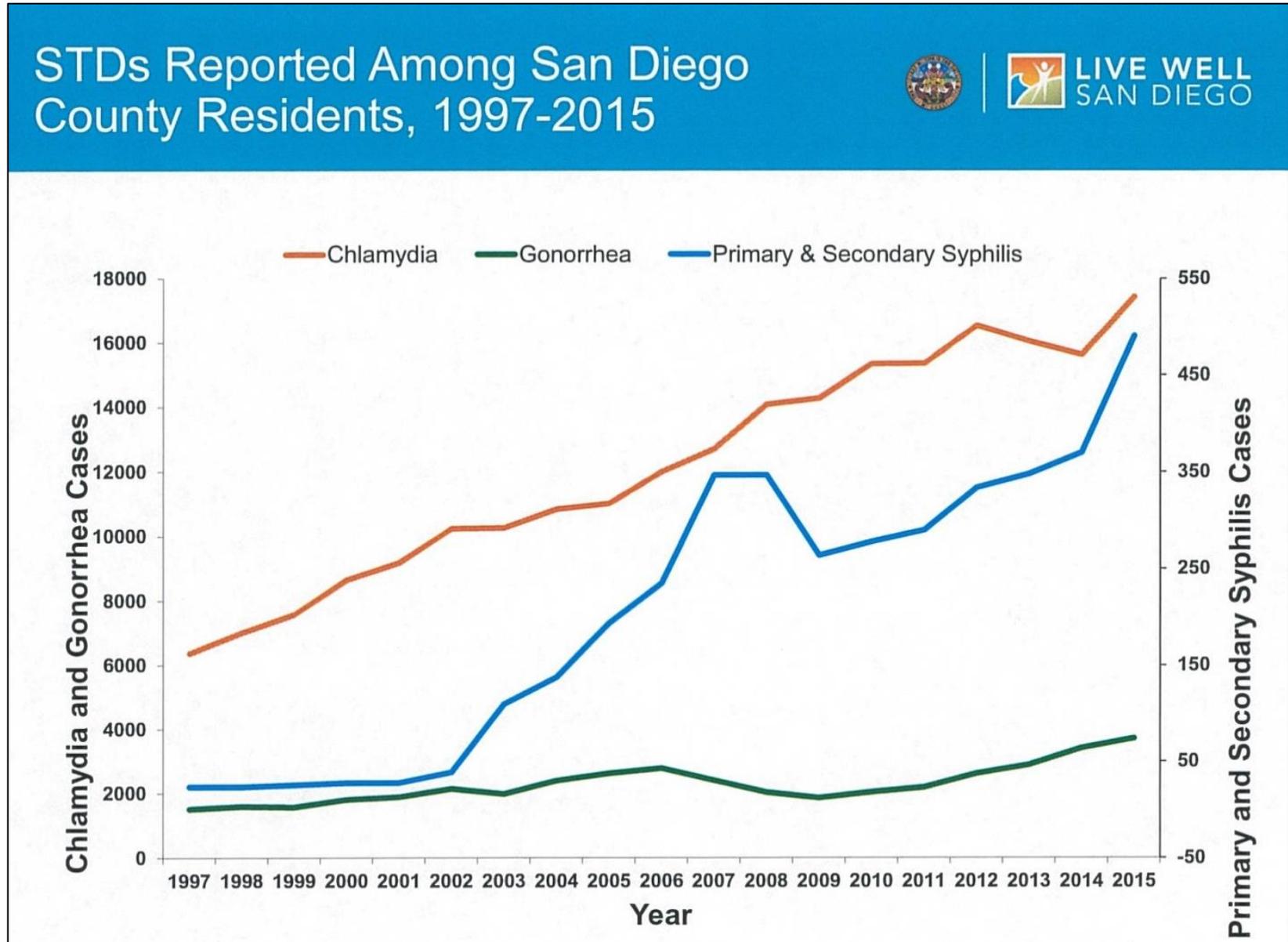
- Emergency Housing Assistance
- PARS

Legal Services

Substance Abuse Services--Residential

ATTACHMENT B

Approval of Board Letter: STD One-Time Funding



**ATTACHMENT C**

Approval of Board Letter:  
HIV Prevention Demonstration Project Contract Extension

# HIV PREVENTION DEMONSTRATION PROJECT



LIVE WELL  
SAN DIEGO

## PrEP DATA – JUNE 1, 2015 – AUGUST 14, 2016

357 enrolled in PrEP navigations services

221 completed their appointment with a PrEP medical provider

182 obtained prescription for PrEP

162 filled prescription

153 started taking PrEP

**ATTACHMENT C**

Approval of Board Letter:  
HIV Prevention Demonstration Project Contract Extension

# HIV PREVENTION DEMONSTRATION PROJECT



## ALIGNMENT WITH GETTING TO ZERO

Goal 1.1: Develop and implement campaign(s) to promote awareness of pre-exposure prophylaxis among high-risk populations

Goal 3.1: Incorporate PEP and PrEP education into County HIV prevention and HIV testing programs.

Goal 3..5: Provide PrEP education to all HIV-negative individuals seeking services at the County's STD Clinics and provide referrals to PrEP navigation assistance for individuals who are seeking PrEP.

Goal 3.6: Work with community partners to promote PEP and PrEP awareness and access

Goal 5.6: Implement transgender-specific HIV education and prevention programming.

ATTACHMENT D

NUTRITION EDUCATION AND OBESITY  
PREVENTION (NEOP) PROGRAM

*EFFORTS IN EAST AND NORTH INLAND REGIONS*



**East Region**

- Unincorporated Communities
  - Mountain Empire School District: Provided nutrition education services and provide technical assistance to improve the school wellness policy
  - Lakeside: assisted the Garden Farms Market with improving external and internal signage and assisting with social media
  - Spring Valley:
    - Established four recognized child care Wellness Champions
    - Evaluating a five series nutrition education class with students at Mt. Miguel High School (as part of the NEOP Impact and Outcome Evaluation-IOE)
    - Monte Vista High School is the comparison school and they will receive nutrition education services after the evaluation is complete
  
- El Cajon
  - Funded Little House for four years to implement the Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3) program
  - Supported development of an intergenerational garden with refugee seniors and Little House and provided nutrition education conducted in conjunction with the garden efforts
  - Provided nutrition education at the Southern California American Indian Resource Center
  - Partnered with farmers and the Rema Halal Market to bring in fresh produce from community garden; provided retailer with signage and other technical assistance and training; plan to provide produce displays for store exterior
  - Supported City of El Cajon in developing their first citywide Active Transportation Plan to increase bicycling, walking, and use of transit
  - Provided healthy food microenterprise training and technical assistance to the Chaldean refugee community
  - Established four recognized child care Wellness Champions
  
- La Mesa
  - Providing extensive support to the Helix Charter High School to improve healthy food offerings and the cafeteria environment
    - Development of a mural on cafeteria exterior walls
    - Will be providing artwork signs to install above cafeteria service areas
    - Planning a Smarter Lunchrooms Assessment
  - Assisting Grossmont Union High School District with establishing a wellness council to work on school wellness policies

ATTACHMENT D

NUTRITION EDUCATION AND OBESITY  
PREVENTION (NEOP) PROGRAM

EFFORTS IN EAST AND NORTH INLAND REGIONS



**North Inland Region**

- Unincorporated Communities
  - Julian: provided technical assistance to Julian Elementary School on school wellness policies
  - Fallbrook: worked with Fallbrook Elementary School to establish water stations
  - Valley Center: assisted Harrah's Casino with adopting worksite wellness policies and practices
  - Ramona: assisting Pepe's Produce and the Ramona Market with improving healthy retail
  
- Escondido
  - Funded Education COMPACT for four years to implement the Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3) program with youth
  - Assisted the CX3 team and youth and the Garden Pick Market with identifying healthy retail changes to pursue, provided retail signage materials, assisting with development of healthy grab and go section at the market
  - Assisted CX3 team with getting city to make crosswalk improvements near school
  - Established a garden at Mission Middle School
  - Will continue to provide services to San Pasqual Academy, including: nutrition education to students/staff/house parents/grandparents groups; conducting grocery store tours and cooking demos; and working with the social worker and recreation therapist on Independent Living Skills for students
  
- San Marcos
  - Supported the City in developing their first Safe Routes to School plan that targeted three low-income elementary schools
  - Continuing to assist the City with securing funding to implement the plan
  
- Vista
  - Funded Vista Community Clinic for four years to implement the (CX3) program in Bobier neighborhood
  - Provided extensive technical assistance to CX3 team in working with the La Salsa Market to improve healthy retail: conducted an assessment and identified ideas on store improvements and assisted with street lighting issues with City; currently establishing a new list of healthy menu items for in-store prepared foods section (*Healthy Cocina*)
  - Established and worked with one new recognized child care Wellness Champion
  - Worked with the city to adopt a model crosswalk policy

ATTACHMENT D

Nutrition Education  
& Obesity Prevention

# Fact Sheet



## What We Do

The Nutrition Education and Obesity Prevention (NEOP) Program strives to create environments that encourage healthy living for SNAP-Ed\* eligible families and communities, with the goal of reducing obesity and associated chronic diseases. Through education along with policy, systems, and environmental changes, the NEOP program empowers this group to consume healthy food and beverages and be more active in settings where they live, learn, shop, and work.

### Health Equity

NEOP is the largest *Live Well San Diego: Healthy Works*\*\* program working specifically with low-income communities to reduce the burden of obesity and chronic disease and promote health equity among all San Diegans.



Your zip code can influence your health more than your genetic code. People who live in low-income neighborhoods have a significantly higher risk of developing a chronic disease compared to people who live in high-income neighborhoods.



## What We Have Accomplished

In 2015, the NEOP program and its partners made the following impacts in San Diego County:

### LIVE

Six active transportation and eight healthy food systems policies or improvements, giving more than 8,300 residents greater access to healthy foods or safe active transportation opportunities in their communities.

### LEARN

Six school wellness policies and 16 healthy childcare policies or improvements, resulting in over 14,500 students having increased access to healthy food choices or safer routes for walking and biking to school.

### SHOP

Twenty healthy retail improvements, resulting in over 63,500 residents having better access to healthy retail options in their communities.

### WORK

Twenty-six worksite policy and environmental changes, resulting in more opportunities for healthy nutrition and physical activity for nearly 2,000 employees throughout the County.

\*Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Eligible: SNAP participants and low-income individuals who qualify to receive SNAP benefits (known as CalFresh in California) or other means-tested Federal assistance programs, such as Medicaid or Temporary Assistance for Needy Families. It also includes individuals residing in a census tract where more than 50% of the households earn below 185% of the Federal Poverty Level.

\*\**Live Well San Diego: Healthy Works* is a collection of programs and interventions carried out by the County and contracting partners that advance the regional *Live Well San Diego* vision by addressing chronic disease and promoting health equity in San Diego County.

**ATTACHMENT D**  
**NEOP Fact Sheet**

**Place Matters**

The NEOP program is going beyond educating individuals and families on how to eat healthy and be physically active; we are also shaping neighborhood settings to foster health by multi-layering a combination of individual, environmental, and community level interventions.

**LIVE**

Partnering with residents, cities, and community and faith-based organizations to **advance city policies and neighborhood environment changes** that foster active transportation and healthy food systems.

**LEARN**

Promoting the Wellness Champion Program that helps child care providers **improve the nutrition and physical activity environments** in child care settings. Providing resources and support to teachers to increase nutrition and physical education opportunities; support school cafeterias to **increase sales and consumption of healthy food**; and support safe routes to school projects.

**WORK**

Helping employers establish wellness policies and programs that support healthy behaviors among their employees and **create healthy workplace environments**.

**SHOP**

Building relationships between neighborhood retailers and produce growers, distributors, and farmers markets to develop business models that **increase access to and affordability of healthy food and beverages**, and reduce food waste.



## Attachment E

### Chair's Report Analysis of HSHP Priorities and Emerging Issues

#### **BACKGROUND:**

Health Services Advisory Board (HSHB) is seeking to identify approximately 3 key priorities to focus on in fiscal year 2016 - 2017 and 2017 - 2018. Below is a content analysis of themes emerging from the HSHB Strategic Plan, and HSHB Retreat to identify priorities and emerging issues. From the analysis, 6 key themes emerge ranked in order of the number of times they are referenced:

- 1.) **Integration**
- 2.) **Access**
- 3.) **Community Health Needs**
- 4.) **Expertise/Advice**
- 5.) **Population Health and related topics**
- 6.) **Quality**

1. **Integration** was mentioned most often and cited in the mission, guiding principles, goals, duties and responsibilities, objectives and a few times in the priorities and emerging issues.
2. **Access** was referenced second most often and cited in the mission, guiding principles, duties and responsibilities, objectives and a few times in the priorities and emerging issues.
3. **Community health needs** was identified in the goals, duties and responsibilities, objectives and a couple of times in the priorities and emerging issues.
4. **Expertise/advice** was referenced in the vision, goals, duties and responsibilities, objectives and many times in the priorities and emerging issues.
5. **Population Health** including social determinants of health and related topics were mentioned in the vision, guiding principles, objectives and a variety of times in the priorities and emerging issues.
6. **Quality** was mentioned in the mission, guiding principles, duties and responsibilities and a number of times in the priorities and emerging issues.

These themes were mutually exclusive and all of which were referenced numerous times in the vision, mission, guiding principles, duties and responsibilities, objectives and priorities and emerging issues report. Reflecting on these themes one can see that integration, access and quality are all related to **services (HSA services)**:

- 1) Integration (most commonly referenced and often accompanied by coordination);
- 2) Access (referenced next most frequently and includes topics such as ACA and insurance); and
- 3) Quality (referenced a few times and in key places like the mission but the least number of times).

## Attachment E

### Chair's Report Analysis of HSAB Priorities and Emerging Issues

After Integration and Access, the third most commonly cited theme was **community health needs** and their identification. This included seeking input from the community on their needs and liaising with the Board of Supervisors (BOS) to represent those community needs and/or priorities to the Board of Supervisors.

**Population Health including Social Determinants of Health (SDOH)** and related topics is the third emergent theme. Many of the topics bundled under this category have a population health focus but the topics cross from public health into the mandates of other departments including Behavioral Health Services, Aging and Independent Services, Child Welfare Services and others:

- Housing
- Education
- Poverty
- Transportation
- Chronic Disease
- HIV
- Aging Population e.g., Dementia, Alzheimer's
- Mental and Behavioral Health
- Substance Use Disorder
- Opioid Epidemic
- Gun and Family Violence
- Foster Care

The notion of **expertise**, advising, providing credible advice as subject matter experts was also an emergent theme and can be seen as a foundational role which supports all three pillars of the emergent themes. Whether fiscal or legislative impact, there was a desire to strengthen the role and advisory function of serving the Board with value-added and credible expertise on the three pillars or emergent themes.

**Attachment F**  
Public Health Officer's Report



**Health and Human Services Agency  
Health Services Advisory Board (HSAB)  
Public Health Officer's Report  
October 20, 2016 \* 3-5PM \* 1600 Pacific Highway, SD 92101**

**I. Communicable Disease Issues**

**A. Infectious Disease Issues**

**1. Zika Virus**

- **San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)**
- Total Zika Testing referrals to EPI Program for consultation of potential cases: **580 cases (445 in September)**, with **397** cases ruled out for Zika.
- Confirmed Zika cases (all travel-associated): **60 (36 in September)**
- Cases pending lab results or submission: **114 cases pending results.**
- **Travel associated cases:** Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (1), Central America (1), Columbia (2), Costa Rica (4), Dominican Republic (2), Grenada (1), Guatemala (3), Haiti (1), Jamaica (2), Kiribati (1), Mexico (17), Nicaragua (7), Puerto Rico (3), Saint. Lucia (1), Singapore (1), Trinidad (3), Venezuela (3), and sexual transmission from a traveler (1).
- Again, all reported cases are imported; **0** cases confirmed in pregnant women.
- **There are now 19 Mexican states with documented local Zika transmission, but documented outbreak in Sonora, but NOT in Baja California.**
- CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments
- **To date, none of the invasive Aedes species detected have tested positive for Zika.**
- Focus in on education and outreach, case reporting, and prevention of mosquito breeding
- [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/zika\\_virus.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html)
- [http://www.sandiegocounty.gov/deh/pests/vector\\_disease.html](http://www.sandiegocounty.gov/deh/pests/vector_disease.html)

**2. Invasive Meningococcal Disease (IMD) among Southern California Men Who Have Sex with Men (MSM)**

- **No cases have been reported to date in San Diego County.**
- Outbreak of serogroup C *Neisseria meningitides* in Los Angeles and Orange Counties, as well as Cities of Pasadena and Long Beach. 25 cases were reported between 03/04/2016 and 08/11/2016, primarily among MSM, with two deaths.
- San Diego CAHAN alert recommendation MenACWY vaccine for all HIV-positive individuals and all MSM was released on 07/27/2016.
- HSHB and EISB partnered to offer the MenACWY vaccine Menactra at CityFest in Hillcrest on 08/14/2016. A total of 75 MSM received the vaccination.

**II. Board Actions**

**A. Go back to the Board of Supervisors with LEUG on Eat Well Standards on Dec 13, 2016**

**III. Public Health Issues**

**A. Activation of Health Services Capacity Plan – back to Level 1**

**1. Core Operational Group continuing to meet on 1<sup>st</sup> and 3<sup>rd</sup> Thursdays.**

- Exploring replication of Washington State Education Campaign with focus on best practices related to:
  - IT
  - Public Education and Outreach (public and physicians)
  - Surveillance
  - Case Management
    - **Transition of Care (TOC) module from First Watch has been procured by the County. Roll-out being planned.**

**Attachment F**  
 Public Health Officer's Report

**IV. Grants**

**A. Application**

1. March of Dimes - \$10,000-\$15,000
2. Dental Transformation Initiative - \$94,645 for 5 years

**B. Funded**

**3. Refugee Health Assessment Program**

- Support surge in recent entrants - \$500,000

**4. Sodium:**

- Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years. **AWARDED**

**5. SNAP-ED:**

- **Submitted** next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA

**6. Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke):** funded to work in the City of San Diego geographic area

▪ **Components**

**1:** For implementing food sodium standards and environment and **lifestyle changes** (DPPs) – excited about the development of the Diabetes Prevention Programs

**2:** Diabetes prevention and **community clinical linkages**; health system interventions – Chronic Disease Surveillance via EHRs

- **Summited Year 3 application and work plan on April 30<sup>th</sup>.**

**V. Public Health Initiatives**

**A. Major Initiatives Updates and Highlight**

- 1) Public Health Accreditation Board – conducting strategic planning for implementation**
- 2) Branch and Program Fact Sheets – updating for FY16/17**

**VI. Board Letters Forecast –**

<b><u>November 15, 2016 – See presentations</u></b>		
1. HIV/AIDS Multi-Service Procurement - Lauren Brookshire	HSHB	Patrick Loose
2. STD Funding: Accept one-time grant funding- Lauren Brookshire	HSHB	Patrick Loose
3. Contract extensions for the HIV Prevention Demonstration Project- Lauren Brookshire	HSHB	Patrick Loose
<b><u>December 13, 2016</u></b>		
1. Request to non-competitively procure HIV primary medical services	HSHB	Patrick Loose
2. RHAP Revenue Agreement	TB	Christine Murto

**VII. Announcements**

**A. Personnel - 4 Key Positions**

- 1. EMS Medical Director – vetting candidate**
- 2. TB, Chief – announcement posted, looking for candidates**
- 3. EMS Chief – announcement will be posted soon**
- 4. Chief Nursing Officer – announcement will be posted soon**

**Attachment F**

**Public Health Officer's Report**

**VIII. Site Visits - None**

**IX. Legislation**

**A. Tobacco Leg effective on June 9**

**X. HSAB Annual Report – HSAB Chair's Report**

**XI. Suggested Future Agenda Items**

**A. Prevention Grant**

**B. HIV/AIDS Task Force Recommendations – Getting to Zero**

**C. Eat Well Standards**

**Submitted by Elizabeth Hernandez, Ph.D., Assistant Director, Public Health Services for Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, October 20, 2016**