



# County of San Diego

**HEALTH SERVICES ADVISORY BOARD**  
 1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, October 19, 2017 | 3:00-5:00 PM  
 Coronado Room, Health Services Complex  
 3851 Rosecrans Street, San Diego 92110

## MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1/Dist 1	Karrar Ali	Seat 3/Dist 2	Judith Shaplin	Dr. Thomas Coleman, Chief of Maternal Child and Family Health Services Branch	Dr. Wilma Wooten, Public Health Officer
Seat 5/Dist 3	Effron Harris	Seat 6/Dist 3	Elly Garner		
Seat 7/Dist 4	James Lepanto, Chair	Seat 9/Dist 5	(vacant)		
Seat 8/Dist 4	Kyle Edmonds, Vice Chair	Seat 10/Dist 5	(vacant)	Dr. Wilma Wooten, Public Health Officer	Dr. Liz Hernandez, Assistant Director
Seat 2/Dist 1	Paul Raffer	Seat 12/Cmty	Judith Yates (alt)		
Seat 4/Dist 2	LaVonna Connelly	Seat 12/Cmty	Dimitrios Alexiou	Jo-Ann Julien, Health Planning & Program Specialist	Nora Bota, Community Health Program Specialist
Seat 11/Cmty	Paul Hegyi	Seat 13/Cmty	Henry Tuttle		
Seat 16/Cmty	Leonard Kornreich	Seat 14/Cmty	Greg Knoll		
		Seat 15/Cmty	Phillip Deming		
		Seat 17/Cmty	(vacant)		Victoria Ollier, Admin. Secretary II
					Donna White, Office Assistant

Minutes	Lead	Follow-up Actions	Due
10/19/17	Liz Hernandez	Follow-up with County Counsel regarding ethics training	Prior to next HSAB meeting

Near Dates of Importance	
<b>Next Meeting:</b>	Friday, <b>December 1, 2017</b> , 11 AM - 1 PM – Rooms 302 and 303, 1600 Pacific Highway, San Diego, CA

Agenda Item	Discussion
I. Welcome & Introduction	James Lepanto called the meeting to order, and the Board and audience members were introduced. Introduction of the newest board member for District 1, Dr. Karrar Ali, who is an Emergency Room doctor at Sharp Chula Vista. Dr. Ali is been in San Diego for 10 years; he has been in practice for 13 years.
II. Public Comment	No public comment

Agenda Item	Discussion
<p>III. Action Items</p>	<p>A. Approval of September 21, 2017 meeting Minutes</p> <p>Paul Raffer motioned to approve; Paul Hegyi seconded. All voted Aye. James Lepanto abstained.</p> <p>B. Approval of Board Letter</p> <p>1) Accept Tobacco Tax Funds from the California Department of Public Health, Oral Health Program and Extend Tobacco Control Contract</p> <p>Presenter: Dr. Thomas Coleman, Chief of Maternal, Child and Family Health Services Branch</p> <p><b>Tobacco Tax Funds:</b></p> <p><u>Background</u></p> <ul style="list-style-type: none"> <li>• In 1990, the Health and Human Service Agency Tobacco Control Resource Program (TCRP) was established after the passage of Proposition 99 (the Tobacco Tax Initiative) in 1988. Voter-approved Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax of 2016, has increased the cigarette tax by \$2.00 per pack of cigarettes.</li> <li>• Propositions 99 and 56 funding allocations per fiscal year (FY) for the County of San Diego:             <ul style="list-style-type: none"> <li>▪ FY2017-18: \$2,872,729;</li> <li>▪ FY2018-19: \$2,221,738;</li> <li>▪ FY2019-20: \$2,104,584; and</li> <li>▪ FY2020-21: \$1,988,067.</li> </ul> </li> <li>• These allocations will be used to fund the TCRP for the next four years and to fund comprehensive tobacco control and prevention contracts via competitive procurement with an estimated start date of July 1, 2018.</li> </ul> <p>Maternal Child and Family Health Services (MCFHS) staff members met with the State last week as their expectations are to have the TCRP activities completed at the beginning of the next fiscal year and the funding would be carried over. There will be a lot of procurement planning over the next fiscal year, beginning July 1, 2018.</p> <p>MCFHS staff members are requesting a six month extension for one of the contractors, from Jan 1, 2018 to June 20, 2018. If this is approved, the community clinic will receive up to \$50,000 for this period to continue their efforts on smoke-free outdoor dining and tobacco retailer licensing.</p> <p><u>Funding Source:</u> California Department of Public Health</p> <ul style="list-style-type: none"> <li>• On February 9, 2017, the State notified the TCRP of its intent to allocate new funds up to \$2,872,729 for the one-year term of July 1, 2017 to June 30, 2018, with annual funding anticipated to continue at a similar level for the following three-year allocation term of July 1, 2018 to June 30, 2021.</li> <li>• As a result, the State required the development of a four-year plan for 2017-2021, with submission by August 24, 2017. Negotiations will commence on October 12, 2017 and final approval will be given by December 15, 2017.</li> <li>• TCRP will develop a Request for Proposal (RFP), which may result in contracts for up to five contractors to assist with tobacco control and prevention activities and evaluation of the program.</li> </ul> <p><u>Outcomes:</u></p> <ol style="list-style-type: none"> <li>1) Participated in community meetings;</li> <li>2) Provided technical assistance;</li> </ol>

Agenda Item	Discussion
<p>III. Action Items                      (continued)</p>	<p>(continued)</p> <p>3) Implemented smoke-free outdoor dining policy and Oceanside policy restricting Electronic Smoking Devices (ESD's); and</p> <p>4) Implementation of a local Tobacco Treatment Specialist Certification Training for County-contracted Behavioral Health Services contractors.</p> <p><u>Four Priority Areas of the California Tobacco Control Program:</u></p> <p>1) Limit tobacco promoting influences;</p> <p>2) Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products;</p> <p>3) Reduce the availability of tobacco; and</p> <p>4) Promote tobacco cessation.</p> <p><b>Adult Engagement:</b> Categorical funding streams limit cross-threading, and there is an assumption that medical and public health professionals should address the problems.</p> <p>1) <b>Solution:</b> Educate the public about the role of community advocates, benefits of community organizing, and mutually supportive benefits of policy.</p> <p><b>Smoke-free Outdoor Dining (SFOD):</b> Misperception that it's bad for business and there is an assumption that a law already exists.</p> <p>1) <b>Solution:</b> Educate with data, focus on customer preferences, and define benefits of policy.</p> <p><b>Tobacco Retailer Licensing (TRL):</b> Lack of enforcement and compliance monitoring; misperception that enforcement is the State's responsibility; dealing with a powerful industry that is organized, politically influential, and deep-pocketed.</p> <p>1) <b>Solution:</b> Inform with data, provide model policies, and assist with compliance checks and funding opportunities.</p> <p><b>Discussion (Q/A):</b></p> <p>Leonard Korneich – What will the money be funding at this community clinic?</p> <ul style="list-style-type: none"> <li>It will fund smoke free outdoor areas, partnership &amp; relationship building, and getting community groups and youth involve.</li> </ul> <p>LaVonna Connelly – Requested clarification on why the extension of the contract is needed.</p> <ul style="list-style-type: none"> <li>To ensure services don't lapse from, July 1, 2017 – June 30, 2018.</li> <li>Align and continue efforts.</li> </ul> <p>LaVonna Connelly –What happens when extension ends?</p> <ul style="list-style-type: none"> <li>The State provides guidance on what objectives should be included in the work plan, so as planning moves forward in the next six to ten months, there will be a continuation of services that Vista is currently conducting.</li> </ul> <p>Effron Harris – What's unique about Vista?</p> <ul style="list-style-type: none"> <li>The current contract is with Vista, which will help with a continuation of services for up to six months. An additional 6 months will be provided, if needed.</li> </ul> <p>Paul Hegyi – Are we expecting \$2.8 million in additional funds because of Prop 56?</p> <ul style="list-style-type: none"> <li>Yes, over the next 5 years.</li> <li>The oral health program begins January 1, 2018, so we have a year to spend the funding (\$ 840,000), which cannot be rolled over.</li> </ul>

Agenda Item	Discussion
<p>III. Action Items (continued)</p>	<p>(continued)</p> <p><b>Local Oral Health Program:</b></p> <p>This program is also funded by Prop 56. This is also focused on the integration of dental diseases. There has been a significant focus on oral health screenings for foster care and homeless youth. California has developed a 10 year oral health program from 2016 to 2025. The County coordinated the 5th San Diego County oral health forum. The next one is anticipated to happen in 2018, with focus on education. The signature event that occurs in February, Give Kids a Smile, is provided in collaboration with community dental providers.</p> <p><u>Overview:</u></p> <ul style="list-style-type: none"> <li>• May 17, 1994, the Board of Supervisors (BOS) authorized the Department of Health Services to apply for a grant in support of the Child Health and Disability Prevention (CHDP) Children’s Dental Initiative.</li> <li>• January 9, 1996, the BOS approved the establishment of the Dental Health Initiative.</li> <li>• Dental Health Initiative-Share the Care (DHI-STC) program is focused on providing information and education to parents, pregnant women, youth, educators, community-based organizations, and childcare providers in an effort to promote preventive dental care for children.</li> </ul> <p>Over the last five years, DHI-STC has achieved the following accomplishments:</p> <ul style="list-style-type: none"> <li>• Provided oral health screenings to 10,721 children including foster care and homeless youth.</li> <li>• Coordinated the fifth San Diego County Oral Health Forum, which convened about 150 oral health stakeholder and resulted in identifying future oral health strategies.</li> <li>• Educated 3,000 parents and primary caregivers on how to achieve good oral health of their children.</li> <li>• Implemented a countywide free sealant/varnish Give Kids A Smile event with community dental providers. This event has resulted in 1,672 youth 1-18 years of age receiving preventive services with a net value of \$186,450.</li> </ul> <p><u>Challenges:</u></p> <ul style="list-style-type: none"> <li>• Lack of dental services</li> <li>• Limited medical/dental care</li> <li>• Limited resources</li> </ul> <p><u>Solutions:</u></p> <ul style="list-style-type: none"> <li>• Conduct trainings at dental office</li> <li>• Connect pediatricians and pediatric dental providers</li> </ul> <p>Today’s action will allow for the expansion of oral health interventions, education, and activities to improve oral health in the community.</p> <p><b>Discussion (Q/A):</b></p> <p>Leonard Korneich - When you find a disease during your dental exam, how do you follow-up?</p> <ul style="list-style-type: none"> <li>• This is an ongoing challenge.</li> <li>• Try to focus on care and coordination.</li> <li>• Try to educate parents as well as pediatrician in the dental offices.</li> </ul> <p>Approval: All voted Aye with no oppositions or abstentions to approve the board letter.</p>

Agenda Item	Discussion
<p>IV. Updates/                      Presentations/                      Follow-up                      Action Item</p>	<p>A. Update on Hepatitis A</p> <p>Presenter: Dr. Wilma Wooten</p> <p>The purpose of this presentation was to inform and educate the board about the current Hepatitis A outbreak in San Diego County.</p> <p>Hepatitis A is caused by a virus, easily spread from person-to-person. The virus can cause liver disease lasting a few weeks to a serious illness lasting several months. In some cases, it can cause death. The Hepatitis A vaccine was introduced in the early 1990s. Following this date, the number of reported cases decreased drastically nation-wide. Routine vaccinations for all U.S. children began in 2006.</p> <p>In San Diego County, the Hepatitis A cases began to show an increase of incidence from prior years in 2016. Currently, there are 444 confirmed outbreak cases from November 22, 2016 to September 11, 2017. A local public health emergency was declared on September 1, 2017. The Incident Command System is in place to manage the current Hepatitis A outbreak. Meetings with core staff (public health, behavioral health, and integrative services) are convened on Mondays and Wednesdays and County of San Diego-wide meetings on Fridays. The implemented plan is focused on three strategies: 1) Vaccinate; 2) Sanitize; and 3) Educate. Notifications have been sent out in May, July, and August of 2017. Letters were sent out to specific food facility operators on September 15, 2017. Repeat letters were sent out the week of September 18, 2017. As of September 16, 2017, 28, 235 Hepatitis A vaccines were administered across the County.</p> <p>The at-risk population is homeless, intravenous/non-intravenous illicit drug users, travelers to countries with high or intermediate endemicity of HAV infection, men who have sex with men, people with chronic liver disease, persons with clotting factor disorders, and persons working with non-human primates or laboratory research.</p> <p>B. Advance Review – James Lepanto and Jo-Ann Julien</p> <p><b>Part 2 of the Strategic Review:</b>                      Health Services Advisory Board (HSAB) members were invited to select the top two emergent themes from the Advance (Part 1 of the Strategic Review) where they wanted to have an impact in the next six to eight months. They were also invited to identify a focus area leading to impact, and then propose the key tasks, actions, and/or activities. Three additional members who could not attend the October 19th HSAB meeting sent emails in advance indicating their vote for the top two emergent themes. Below are the top three scoring emergent themes, the suggested focus areas leading to impact, and proposed tasks, actions, activities:</p> <p><b><u>#1 Emergent Theme - Medi-Cal/ACA Scenarios (6 Votes)</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Medical Coverage and Expansion</li> <li>• Loss of Medicaid</li> <li>• Block Grants</li> <li>• Decrease in Medicaid expansion</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Strategy development to fill outreach gaps</li> <li>• Meet with Board to help identify ideas for implementation</li> <li>• Strategic reallocated funding (help write a strategy/make recommendations)</li> </ul>

Agenda Item	Discussion
<p>IV. Updates/                      Presentations/                      Follow-up                      Action Item                      (continued)</p>	<p>(continued)</p> <p><b><u>#2 Disease (5 Votes)</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Reduce cost of care for chronic conditions</li> <li>• Increase in Diabetes Rate</li> <li>• Obesity</li> <li>• STD Rates (because no one else is going to do it!) (x2)</li> <li>• Hep A</li> <li>• Opioids (discussion on where this fits best e.g., chronic disease or behavioral health)</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Education Plan on Nutrition, compliance</li> <li>• Continued Education</li> <li>• School Education</li> <li>• Develop Strategy to raise awareness and build community partnerships to target STD rates</li> <li>• Collaboration and Outreach with Education Campaign</li> </ul> <p><b><u>#3 Behavioral and/or Mental Health (4 Votes) – Agreed to Provide to the Behavioral Health Services Advisory Board</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Mental health access</li> <li>• Track need, resources and gaps</li> <li>• Availability of psychiatrists especially child psychiatrists</li> <li>• Overall behavioral health access</li> <li>• Juvenile mental health</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Improve salaries for County Psychiatrists, more inpatient mental health beds</li> <li>• Exploring/expanding tele-psych, psych-ER (x2)</li> </ul> <p><b><u>#4 Health Care/Access (2 Votes):</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• No doctor available or willing to accept reimbursement</li> <li>• Access to services especially specialist – workforce</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Media blitz to ask providers to “give back”</li> </ul> <p><b><u>#5 Information Technology (IT) (Data and Security) (2 Votes):</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b><u>#6 Aging (1 Vote):</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Aging Services</li> </ul>

Agenda Item	Discussion
IV. Updates/ Presentations/ Follow-up Action Item (continued)	<p>(continued)</p> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Assessing services to make sure they keep up with the growing 65+ cohort</li> <li>• Looking at access to dentures for low-income seniors</li> </ul> <p><b><u>#7 Affordable Housing/Homelessness (1 Vote):</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Social Determinants of Health, food, housing, homelessness</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b><u>#8 Miscellaneous (1 Vote):</u></b>                      Focus Areas Leading to Impact:</p> <ul style="list-style-type: none"> <li>• Relevance of Board</li> <li>• Opioids (could be combined with mental/behavioral health or disease)</li> </ul> <p>Tasks, Actions, Activities:</p> <ul style="list-style-type: none"> <li>• Regular meetings with Board of Supervisors representative</li> <li>• Follow leads of mid-west and north east states</li> </ul> <p><b>Part 3 of the Strategic Review:</b>                      Following the October HSAB meeting, all Board members will be asked via email to identify their preferred focus areas leading to impact, including proposed tasks, actions and activities.</p> <p><b>Part 4 of the Strategic Review:</b>                      After gathering input from the Board via email between October 19th and November 14th, data will be gathered and combined to determine the top two emergent issues for the strategic plan. The Board will confirm and discuss the issues identified at the next HSAB meeting.</p>
V. Chair’s Report	<p>A. Board Training Requirements Update – No updates</p> <p>B. Board Evaluation                      This was discussed at the last board meeting.</p> <p>C. Meeting Location – Hold until next board meeting</p> <p>D. Vacancies Update – No updates</p> <p>E. Nominating Committee - No updates</p>
VI. Informational Items	<p>A. Committee Reports - No reports were given</p>

Agenda Item	Discussion
VII. Public Health Officer's Report	A. Dr. Wooten reviewed new items in red text on the Public Health Officer's Report. 1) Communicable Disease Issues <ul style="list-style-type: none"><li>• Influenza</li><li>• Zika Virus</li><li>• Hepatitis A</li></ul> 2) Board Actions 3) Public Health Issues 4) Grants 5) Public Health Initiatives 6) Branch and Program Fact Sheets 7) Board Letter Forecast [See Attachment]
VIII. Agenda Items for Future Meetings	TBD
IX. Adjournment	This meeting was adjourned at 5:00 PM. Next meeting: December 1, 2017