



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, July 20, 2017 | 3:00-5:00PM

Coronado Room, Health Services Complex
3851 Rosecrans Street, San Diego 92110

MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 7/Dist 4 James Lepanto, Chair Seat 6/Dist 3 Elly Garner Seat 8/Dist 4 Kyle Edmonds, Vice Chair Seat 2/Dist 1 Paul Raffer Seat 3/Dist 2 Judith Shaplin Seat 5/Dist 2 LaVonna Connelly Seat 11/Cmty Paul Hegyi Seat 12/Cmty Judith Yates (alt) Seat 14/Cmty Greg Knoll	Seat 1/Dist 1 (vacant) Seat 4/Dist 2 (vacant) Seat 9/Dist 5 (vacant) Seat 10/Dist 5 (vacant) Seat 12/Cmty (vacant) Seat 13/Cmty Henry Tuttle Seat 15/Cmty (vacant) Seat 16/Cmty (vacant) Seat 17/Cmty (vacant)	Patrick Loose, Chief HIV, STD, Hepatitis Branch (HSHB), Public Health Services Susannah Graves, Chief TB Control, Public Health Medical Officer Winston Tilghman, Senior Physician, HHSA	Dr. Wilma Wooten, Public Health Officer Saman Yaghmaee Deputy Director, PHS Victoria Ollier, Secretary PHS Administration

Minutes	Lead	Follow-up Actions	Due
7/20/17		No Action Items	

Near Dates of Importance	
Annual Form:	Friday, June 23 – Form submitted to Saman Yaghmaee for Clerk of the Board [see sample Incompatible Activities Form, Appendix G, page 16]
Biennial Training:	Friday, June 23 – Confirmation of training submitted to Saman Yaghmaee for Clerk of the Board [see Ethics Training Notice and web address for online course, Appendix F, page 15]
Next Meeting:	Thursday, August 17, 2017 , 3-5 PM – Coronado Room, 3851 Rosecrans St., San Diego, CA 92110
Board Advance:	Cancelled until further notice

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order, and the Board and audience members were introduced.
2. Public Comment	No public comment
3. Action Items	A. Approval of July 20, 2017 Meeting Minutes Paul Raffner motioned to approve; Elly Garner seconded, LaVonna Connelly abstained. All voted Aye.

Agenda Item	Discussion
<p>3. Action Items</p>	<p>B. HIV AIDS Revenue Agreement & Single Source Procurement Presenter: Patrick Loose, Chief; HIV, STD & Hepatitis Branch (HSHB)</p> <p><u>Background</u> The Funding is offered by the state of California using California general funds. There were 21 local health jurisdictions invited to apply for the funding. San Diego County was the only public health department that was funded. We received 1/3 of the funding. One month was provided to turn the application around. There was a request for Statement of Qualifications, for which we felt met the qualifications:</p> <ol style="list-style-type: none"> 1. Family Health Centers of San Diego 2. San Ysidro Health Center 3. Vista Community Clinic 4. San Diego LGBT community Center 5. MJE Marketing <p><u>Four Primary Activities:</u></p> <ol style="list-style-type: none"> 1. Linkage to Care – People who were diagnosed with HIV and those individuals who are at high risk for HIV infection that we can effectively link them to pre-exposure to prophylaxis (PrEP). 2. Deploy rapid ART – There is research in San Francisco that when someone is newly diagnosed with HIV, the individual should be linked to care that day. What was discovered was that 98% of people newly diagnosed agreed to take medication that day and retention in care was astonishingly high as 89% of people were still taking medication as prescribed 3 months later. Under the conventional protocol people will become virally suppressed in about 160 days. Under this new protocol the mean time to viral suppression is 52 days. Once someone is virally suppressed for 6 months they are no longer infectious; they can no longer transmit HIV. We’re going to be deploying it for individuals who are uninsured because this is where we have the most control in the health department as we can deploy the Ryan White resources to make this happen. 3. Deploy rapid PrEP – What we want to do is when we encounter someone that is at high risk for HIV infection, we want to make sure they get linked to PrEP as quickly as possible. The first thing that will need to take place is to make sure that they are HIV negative and the second is to do some Kidney function test. We can’t deploy rapidly, but we want to make sure they get to that point within 7 days. 4. Reduce HIV-related Stigma - This is where MJE Marketing comes in as we want to create a campaign to begin tackling HIV related stigma. This remains to be one of the largest obstacles to get to zero on the implementation plan. <ol style="list-style-type: none"> i. It is a stigma the people at risk don’t want to talk about it. ii. People don’t want to talk about taking PrEP because they may be afraid of the judgement. People who have HIV are afraid of taking medication because they don’t want their families to find out. We want to address this issue.

Agenda Item	Discussion
3. Action Items	<p>The overall goal for this funding is that we want to reduce new infections, increase the number of people who know their serum status, increase the number of people with HIV who are in care, and decrease the number of people with HIV who are virally suppressed. This funding will address 6 of the goals from the implementation plan. Please see Appendix A.</p> <p>Approval: All voted Aye.</p> <p>C. TB Revenue – Susannah Graves MD, MPH, Chief & Medical Director</p> <p><u>Background</u> The purpose is to accept revenue through the combination of federal and state funding to further enhance TB control in the region.</p> <p>A number of improvement opportunities that we have been engaged in the last fiscal year were to expand our electronic Directly Observed Therapies, now called EDOT (Electronic Directly Observed Therapies). We’ve just started a new contract with a company called eMocha, which can be downloaded to smart phone or tablet. With this they can transmit a video of themselves taking their medicine which can be viewed by our staff securely. This way Directly Observed Therapy can be observed without staff having to travel to the location of the patient.</p> <p>For clients across the border, we have a binational observed program; this is done with Project Concern International. With this the workers will be able to visit patients in their homes. This will cover all of Tijuana and Rosarito.</p> <p><u>Goals</u> Our goal with the refugee population is to enhance the cultural understanding. We are providing them with training and written materials. The next training is scheduled for early August.</p> <p>Please see Appendix B</p> <ul style="list-style-type: none">a. More than 3,000 high risk individuals were screened for TB throughout the County.b. Housing was provided for 49 infectious and on-infectious patients.c. TB exposure investigations were conducted for more than 800 individuals.d. Conducted EDOT for 250 individuals who are TB cases or suspected cases.e. Provided health screening, referral, and follow-up to 2,879 refugees that attended the PHAP health screening. <p>Approval: All voted Aye</p>

4. Updates/
Presentations/
Follow-up Action
Items

A. The Rise of Syphilis in San Diego County – Winston Tilghman, Medical Director; HIV, STD, & Hepatitis Branch

Overview

Recap – Sexual transmission requires contact with lesions of primary or secondary syphilis, which may not be recognized in early latent syphilis, after one-year people are not considered infectious.

This is a California wide problem with the largest areas being San Diego, Los Angeles and San Francisco. We rank #6 with respect to primary and secondary syphilis rates and #7 if you combine all early cases. Nationwide between 2011-2015 every state had some increase, in some areas it has increased by 201%. Please see Appendix C.

B. Live Well Communities – Dale Fleming, Strategy Director, Health & Human Services Agency
To achieve the Live Well San Diego vision it is important to align strategies across all sectors: County government, cities, businesses & media, schools, and non-profit organizations which include community and faith based organizations.

Each sector is making an effort to impact the same residents we have in common, in their respective “lanes” by: changing policies, systems, and environments for residents, conducting activities that impact outcomes, collaborating and sharing knowledge, and learning.

Working together allows the County to plan and implement innovative and creative projects to bring to life the Live Well San Diego vision.

How are we measuring progress? The Live Well San Diego Indicators are part of a framework of Indicators spanning five Areas of Influence that track progress towards one vision. They have been carefully selected with input gathered from community representatives. With this framework, the County can track whether collective efforts are truly making a difference, as reflected in changes in one or more Indicators.

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Live Well Communities, a new Program launched in 2016, aligns with the vision by addressing population health and health equity in historically underserved areas of the county - the communities of Southeastern San Diego, as well as nearby locations in Lemon grove, Spring Valley, and National City.

The goal of Live Well Communities is to address long-standing inequities, disparities and disproportionality in this geographic area, by focusing on key interventions that will engage residents, strengthen services, and serving for results.

The Healthiest Cities & Counties Challenge is a \$1.5 million prize competition. U.S. cities and counties as well as federally recognized tribes are competing over the course of two years to develop practical, evidence-based strategies to improve measurable health outcomes and promote health and wellness, equity and social interaction.

The County’s approach to Live Well Communities is enterprise wide, involving all departments in some way and externally via cross-sector partnerships to aid in Live Well Community efforts.

Agenda Item	Discussion
5. Chair's Report	<p>A. Annual Report Kyle Edmunds and James Lepanto will meet next week to work on the Annual Report.</p> <p>B. Board Advance – TBD The Board Advance has been placed on hold. A survey will be sent out to determine a new day and time.</p> <p>Discussion – Board Advance: James Lepanto brought to the attention that there were some concerns regarding the Board advance and would like to have an open discussion. There was some discussion as to what would be the best day and time. There was also discussion regarding having the agenda with more than a week's notice. There was also discussion on the time frame, with 6 hours being too long as all agreed on 4 hours during a week day.</p> <p>Questions to be addressed: How is the group functioning? What are the priorities? Focusing on getting the committee ramped up.</p> <p>C. Vacancies It is hopeful that all vacancies will be filled by the end of July. Only two seats remain vacant. One prospective member has submitted an application and another will go before the Board of Supervisors for approval this week.</p>
6. Informational Items	<p>A. Committee Reports No reports were given.</p>

Agenda Item	Discussion
7. Public Health Officer's Report	<p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report.</p> <ul style="list-style-type: none">A. Infectious Disease Issues<ul style="list-style-type: none">a. Influenzab. Zika Virusc. Hepatitis AB. Board ActionsC. Public Health IssuesD. Funding<ul style="list-style-type: none">1. Zika Funding for PH Lab2. Zika Funding3. Public Health Lab Microbiologist Training Funds4. Strategic HIV Prevention Projects5. Tobacco Control Program6. STD Funding7. Sodium8. SNAP-ED9. Prevention <p>[See Attachment D]</p>
8. Agenda Items for Future Meetings	<p>AUG - <i>Live Well</i> Communities - Public Health Accreditation</p> <p>SEPT - MAA/TCM Presentation</p>
9. Adjournment	<p>This meeting was adjourned at 5:00 PM.</p> <p>Next meeting: August 17, 2017</p>