



# County of San Diego

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

Tuesday, June 5, 2018 | 3:00-5:00 PM  
County Administration Center, Rooms 302/303  
1600 Pacific Highway

## MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support	
Seat 1/Dist 1	Karrar Ali	Seat 2/Dist 1	(vacant)	Leslie Ray, Senior Epidemiologist, Health & Human Services Agency	Dr. Wilma Wooten, Public Health Officer	
Seat 3/Dist 2	Judith Shaplin	Seat 8/Dist 4	(vacant)			
Seat 4/Dist 2	LaVonna Connelly	Seat 9/Dist 5	(vacant)	Patrick Loose, Chief, HIV, STD, and Hepatitis Branch (HSHB)	Dr. Liz Hernandez, Assistant Director	
Seat 5/Dist 3	Harris Effron	Seat 10/Dist 5	(vacant)			
Seat 6/Dist 3	Isis Montalvo (alt)	Seat 16/Cmty	Leonard Kornreich			
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 17/Cmty	(vacant)		Dr. Winston Tilghman, Medical Director/STD Controller, HSHB	Dr. Sayone Thihalolipavan, Deputy Public Health Officer
Seat 11/Cmty	Paul Hegyi					
Seat 12/Cmty	Judith Yates (alt)					
Seat 13/Cmty	Tim Fraser (alt)				Donna White, Office Assistant	
Seat 14/Cmty	Greg Knoll					
Seat 15/Cmty	Michael Matthews					

Minutes	Lead	Follow-up Actions	Due
N/A	N/A	N/A	N/A

Near Dates of Importance
<b>Next Meeting:</b> Tuesday, July 3, 2018, 3-5 PM—County Administration Center, 1600 Pacific Highway, Rooms 302/303

Agenda Item	Discussion
<b>I. Welcome &amp; Introduction</b>	James Lepanto called the meeting to order at 3:02 pm. The Health Services Advisory Board (HSAB) members and people in attendance were introduced.
<b>II. Public Comment</b>	No public comment.
<b>III. Action Items</b>	<p><b>A. Approval of May 1, 2018 Meeting Minutes</b></p> <p>Paul Hegyi motioned to approve the minutes. LaVonna Connelly reported a correction for the May minutes on page 5, Article II Section I Amendments, to remove the duplication of Paul Hegyi’s name listed for the motion of approval. Paul Hegyi re-motioned to approve the minutes. LaVonna Connelly seconded the motion. Isis Montalvo and Tim Fraser abstained. All other HSAB members in attendance voted Aye, with no oppositions, to approve the minutes.</p> <p><b>B. Public Comment</b></p> <p>There was no comment.</p>

June 5, 2018

Agenda Item	Discussion
<p><b>IV. Updates/ Presentations/ Follow-up Action Item</b></p>	<p><b>A. Chronic Disease Presentation</b></p> <p>Presenter: Leslie Ray, Senior Epidemiologist, Health &amp; Human Services Agency, County of San Diego</p> <p>Leslie Ray presented on chronic disease. As the blueprint for <i>Live Well San Diego</i> took shape, it was evident that it was going to take more than that singular aim to address the issues in the region. As a result, <i>Live Well San Diego</i> has three components: “Building Better Health,” “Living Safely,” and “Thriving.” To monitor progress, the Top 10 Indicators that span five “Areas of Influence” were identified: Health, Knowledge, Standard of Living, Community, and Social. These indicators track progress toward the <i>Live Well San Diego</i> vision</p> <p>The leading causes of death nationwide are chronic diseases. Seventy percent of deaths are the result of chronic diseases, and treatment of these conditions account for the majority of health care costs. They are common, costly, and preventable. Most US adults have more the one risk factor. In San Diego, 88% of deaths are attributed to chronic diseases. In 2015, 3-4-50 chronic conditions resulted in 53% of San Diego County deaths. If we eliminated smoking attributable deaths in San Diego County, the percent of deaths due to 3-4-50 would drop from 53% to 34%. In addition, obesity is a large concern. Twenty-six percent of teens and 60% of adults in San Diego County had a BMI in the overweight or obese category between 2014-2016.</p> <p>Chronic disease is a disease of older adults. Risk for chronic diseases goes up as you get older. When looking at asthma deaths, the majority were female. Asian/Pacific Islander population had the highest percent of deaths due to 3-4-50 at 61%, followed by black at 57%. Cancer is the leading cause of death in San Diego County, in the 3-4-50 conditions accounting for over 20% of the 3-4-50 percentage of deaths for every race/ ethnicity, but there is a difference among San Diego regions. Cancer accounted for 30% of deaths among Asian Pacific Islanders and 25% among blacks.</p> <p>One in three cases of Alzheimer’s Disease and Related Dementias (ADRD) could be prevented by living well throughout the lifetime. Education, health and health behaviors, and social behaviors contribute to 35% of ADRD cases. Many people who have diabetes go on to develop Alzheimer’s. Alzheimer’s disease is the sixth leading cause of death in the U.S., and the third leading cause of death in California and San Diego County. San Diego is unfortunately ahead of the curve in terms of Alzheimer’s.</p> <p>A lot of homeless individuals have mental issues, physical disabilities, and/or chronic health conditions. Forty-four percent of households spent 30% or more of their monthly household income in housing costs. Rent is continuously increasing in San Diego, making it difficult for many to afford rent. By working together, the potential for even greater positive impact in the future is limitless.</p>

<p><b>IV. Updates/ Presentations/ Follow-up Action Item</b></p>	<p><b><u>Discussion (Q/A):</u></b></p> <p><b>All diseases are hugely intertwined. How can diabetes, as the cause of death, be higher than acute Myocardial Infarction (MI)?</b></p> <ul style="list-style-type: none"><li>• The chart shows the reported primary cause of death. For diabetes, the reason of death reported is diabetes. For example, it might be from MI, but it could be that the individual died from complications related to diabetes. These numbers come from Office of Statewide Health Planning and Development (OSHDPD), which are received from the local health departments after providers have completed the death certificates. We are gathering the data, synthesizing, and reporting it back.</li></ul> <p><b>When a patient has their disease handled by medication or lifestyle, do they get counted as part of the statistics? For example, if someone has high blood pressure, but is managed by medication, do they still get counted as having high blood pressure?</b></p> <ul style="list-style-type: none"><li>• If a patient has a disease that is controlled, if a survey asks if the patient has the disease, they usually say no. However, there is a follow up question that asks if the patient is taking medication. Many people who take medication for high blood pressure still have elevated blood pressure.</li></ul> <p><b>San Diego is ahead of the curve in terms of Alzheimer's. What is the reason for that?</b></p> <ul style="list-style-type: none"><li>• As the population increases, the fastest growing age group in San Diego is 85 and over.</li></ul> <p><b>Is there a direct correlation between heart disease/hypertension and Alzheimer's?</b></p> <ul style="list-style-type: none"><li>• Yes, there is a correlation of about 35%. This is brand new information.</li></ul> <p><b>As the special needs population ages, do they develop Alzheimer's? Do you have a study on that?</b></p> <ul style="list-style-type: none"><li>• The University of California San Diego is currently doing a study on the special needs population and Alzheimer's. Down syndrome is a risk factor for Alzheimer's and related Dementias.</li></ul> <p><b>B. Getting to Zero Annual Report</b></p> <p>Presenter: Patrick Loose, Chief, HIV, STD &amp; Hepatitis Branch, Health &amp; Human Services Agency, County of San Diego</p> <p>Patrick Loose presented on the Getting to Zero (GTZ) annual update, a County initiative aimed at eradicating HIV/AIDS in San Diego. The County of San Diego is among the growing number of local and state governments that have adopted resolutions to eliminate new HIV infections and end the HIV epidemic in the region. This initiative, adopted unanimously by the San Diego County Board of Supervisors, is called Getting to Zero. This is an audacious goal, but all the tools needed are available to make GTZ a reality.</p> <p>Patrick reviewed four scenarios of the potential impact of expanding HIV testing, treatment, and PrEP in the US. PrEP is not enough to get to zero. If all the HIV strategy goals in scenario four are reached, there would be a huge reduction of HIV infection due to expanded testing and treatment, and PrEP. The five strategies of GTZ can treat all HIV+ individuals, regardless of their ability to pay in San Diego. The Integrated HIV Prevention and Care Plan has five strategies, nine objectives, and 32 activities.</p>
---	---

Agenda Item	Discussion
<p><b>IV. Updates/ Presentations/ Follow-up Action Item</b></p>	<p>Patrick reviewed the HIV diagnosis rates by race/ethnicity. Blacks have the largest HIV diagnosis rate followed by Hispanics. Although, Asian Pacific Islanders have a relatively low rate overall, they have a high rate of diagnosis within their population. Among recent HIV diagnoses among men, 78% were from male-to-male sexual contact. Among women, 82% of recent HIV diagnoses were from heterosexual contact, of which the bulk were from having sex with a HIV+ male partner.</p> <p>San Diego compares favorably regarding linkage of care. In San Diego County, the number of new HIV infections is decreasing. There has been a 20% decrease in new cases of HIV in San Diego County from 2016 to 2017. The goal is to continue this downward trend.</p> <p><b><u>Discussion (Q/A):</u></b></p> <p><b>Understanding the huge cost in care and medication for individuals, economically, it seems that the vast number of dollars should go into vaccinations or the development of vaccinations. How close do you think we are to getting vaccinations?</b></p> <ul style="list-style-type: none"> <li>A lot of pharmaceutical companies are interested in developing a vaccine for HIV. Many of these vaccines are tested on animal models and some have been found to work on animals. However, this doesn't translate easily to humans. Research is being done on novel ways to attack the virus. There will be a lot of money put into finding the cure until it is found. The challenge is finding antibodies that neutralize all the different types of HIV out there. HIV is a very unstable virus that mutates easily.</li> </ul> <p><b>Do we have the numbers of individuals that don't adhere to anti-viral treatment?</b></p> <ul style="list-style-type: none"> <li>Fewer than 5% reported missed taking medication, however this is self-reported.</li> </ul>
<p><b>V. Chair's Report</b></p>	<p><b>A. Bylaws</b></p> <p>The HSAB members voted on changes to the bylaws during the May meeting. It is currently being reviewed and will be packaged to develop a board letter that will go forward in September to the San Diego County Board of Supervisors.</p> <p><b>B. Vacancies</b></p> <p>The HSAB Chair (James) has a candidate for Supervisor Ron Roberts's District 4. Supervisor Greg Cox has a candidate that is interested in moving forward for that vacancy. James also asked to make a recommendation for Supervisor Cox's District. It is anticipated that these two vacancies will be filled soon. James also reached out to Supervisor Bill Horn's office and conveyed the HSAB request to have the two vacancies in that district filled.</p> <p><b>C. Hepatitis A</b></p> <p>Several reports were released on Hepatitis A by the County, including the Grand Jury Report and After Action Report. Assemblyman Todd Gloria has requested a state audit, and the city is developing a report.</p> <p>Dr. Wooten will provide a presentation later this summer. Board members will receive all current reports on Hepatitis A to review in preparation for Dr. Wooten's presentation.</p> <p>James Lepanto will tour recent homeless shelters and tents on June 14<sup>th</sup> from 9am-12pm and report back to the HSAB members on observations.</p>

June 5, 2018

Agenda Item	Discussion
<p><b>V. Chair's Report (cont'd)</b></p>	<p><b>D. Follow-up on Key Actions to Take Regarding STD Update</b></p> <p>The HSAB Chair (James) met with County staff and prepared document with a set of recommendations to seek the HSAB members input to move forwards. The recommendations will be provided to the County Board of Supervisors and Agency Director, Nick Macchione.</p> <p>The first part of the recommendations included general information and statistics about Sexually Transmitted Diseases (STDs). The second part was the HSAB STD recommendations, which the HSAB members reviewed as Dr. Tilghman provided context.</p> <p><b>Recommendation 1:</b></p> <p>The first recommendation is regarding educating providers regarding STD prevention and control. A lot of resources are available for providers through the Centers for Disease Control and Prevention (CDC), the County, and the State.</p> <p>Gonorrhea drug-resistance is a major issue. Everyone needs to be aware of the recommendation for dual treatment. The lab is provides efficient report, but it is not always consistent with providers. Providers need to be aware of the training that is being put together for people involved in caring for pregnant women on the importance of preventing, screening, and managing syphilis during pregnancy and how to manage congenital syphilis.</p> <p><b>Recommendation 2:</b></p> <p>Recommendation 2 is related to community education and engagement to reduce stigma and increase prevention. There is currently a project underway with a contractor to work with Men who have Sex with Men (MSM) and inform them of the increased STD rates in that population.</p> <p>Dr. Tilghman would like to reach out more directly to providers as the Public Health Department. It will be a fairly resource intensive effort. We need to look at ways to use surveillance data to target who to approach, since we don't have capacity to approach the entire population. It is important to increase the utilization of the website to get information out to the public. We would like to add a webpage about congenital syphilis.</p> <p><b>Recommendation 3:</b></p> <p>Recommendation 3 is about increasing STD staffing that aligns with increasing rates of infection, screening and service delivery. We need to make a recommendation for adding support for increased funding at the Federal and State levels after reviewing the County's legislative priorities.</p> <p><b>Recommendation 4:</b></p> <p>Recommendation 4 is regarding increased case management for pregnant women. There is a need to review Case Management best practices and other Public Health Department Case Management models for congenital syphilis. It's important to develop a continuum of case management services that provide education, intervention, monitoring, and resources.</p>

Agenda Item	Discussion
<p><b>V. Chair's Report (cont'd)</b></p>	<p><b>Recommendation 5:</b></p> <p>Recommendation 5 is about making sure women can access resources for prenatal care and recommendations for testing. The few cases of congenital syphilis are related to no prenatal care or late access of prenatal care.</p> <p>In 2017, there were over 20,600 cases of chlamydia in the County, which is the highest reported STD or communicable disease. Despite the high numbers, chlamydia is not in the recommendations or a priority in disease investigations because there are already a lot of activities in place that contribute to chlamydia control. Treatment of chlamydia is straightforward. Although chlamydia can result in infertility, syphilis can result in death and other severe complications which is why there is an increased focus.</p> <p><b>Discussion (Q/A):</b></p> <ul style="list-style-type: none"> <li> <p><b>Suggestion for Addressing Disproportionality:</b> It was suggested to add a recommendation that addresses the increased rates of STDS and correlation with racial disparities. It could be attributed to disproportionality as certain races/ethnicities are not receiving access to services. There are a few programs aimed at addressing racial disparities.</p> <p>The two programs that were shared only affect a small population that is women, some of whom are incarcerated. Women probably make up a large share of the population screened because they seek services more often. In terms of changing behavior, you change policy, system, and environmental change. At the top of the pyramid, you have education and devise a comprehensive approach to utilize all the strategies and tools.</p> </li> <li> <p><b>Suggestion for Second Recommendation:</b> The second recommendation does not address racial disparities, only increased community education and engagement campaigns. It was suggested to strategize demographically based on the data analysis that indicates the target population that should receive the outreach.</p> </li> <li> <p><b>Suggestion Regarding Protocols:</b> It was a good idea to have protocol for providers. One issue in some health centers is that they will not write the protocols. Provision of most up to date treatment is critical because they need to have this protocol. Providers need the easiest resources to access. Providers can also connect with the Public Health Department as a resource. We also need to think of how the community knows where the resources are and the County Board of Supervisors Office need to know where to direct their constituents. Physicians need to ask about the client's sexual history as well. There should be more standardize policies and protocols.</p> </li> <li> <p><b>Suggestion for Chlamydia:</b> From a public health standpoint, we need to know if we are doing enough to reach the targeted population to ensure that Chlamydia is not the number one STD. Education should be parallel to treatment.</p> <p>In terms of the data we receive, there are a lot of factors that influence this, including screening practices. Screening technology has really advanced this. Other factors are access to testing, patients seeking testing, and reporting that influence the total numbers.</p> </li> </ul>

Agenda Item	Discussion
<p><b>V. Chair's Report (cont'd)</b></p>	<ul style="list-style-type: none"> <li>• <b>Suggestion for Data:</b> The information needs to indicate STDs by region, poverty level, economic impact, etc.</li> <li>• <b>Next Steps:</b> The HSAB Chair will incorporate the comments from the meeting to finalize the recommendations.</li> </ul> <p><b>A. Annual Report</b></p> <p>The Annual Report for the San Diego County Board of Supervisors is currently being drafted.</p> <p><b>B. HSAB July 3, 2018 Meeting Date</b></p> <p>The next meeting is scheduled for July 3<sup>rd</sup>. The following day is a holiday, July 4<sup>th</sup>. There are 3 or 4 board letters that need be reviewed by HSAB in July. The HSAB members decided to still meet on July 3<sup>rd</sup>, despite the next day being a holiday</p>
<p><b>VI. Informational Items</b></p>	<p><b>C. Committee Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Policies and Program:</b> Leonard Kornreich (Chair), Greg Knoll, Harris Effron, Karrar Ali</li> </ul> <p>No update.</p> <ul style="list-style-type: none"> <li>• <b>Budget:</b> James Lepanto (Chair), Judith Yates, Judith Shaplin</li> </ul> <p>The HSAB Chair is looking for one more person to be on the Budget Committee. He will be contacting HSAB members to see if they will serve on the Committee. The board letter for the budget is due June 30th. He is willing to draft input from the Advisory Board, but will need board authority to draft.</p> <p>Michael Matthews motioned to give the Chair authority, on behalf of the HSAB, to draft a letter in response to the budget to the San Diego County Board of Supervisors. Paul Hegyi seconded the motion. All other members in attendance voted Aye, with no oppositions or abstentions.</p> <ul style="list-style-type: none"> <li>• <b>Health Legislation:</b> Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou</li> </ul> <p>No update.</p> <ul style="list-style-type: none"> <li>• <b>Strategic Planning/Annual Report/Nominating Committee:</b> James Lepanto</li> </ul> <p>No update.</p>

Agenda Item	Discussion
<p><b>VII. Public Health Officer's Report</b></p>	<p><b>A. Public Health Officer Report</b></p> <p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report. Dr. Thihalolipavan assisted in reviewing Grant items.</p> <p><b>1) Communicable Disease Issues</b></p> <ul style="list-style-type: none"> <li>• Hepatitis A                     <ul style="list-style-type: none"> <li>▪ No new cases since April 4, 2018.</li> <li>▪ There is an active 2nd Dose Campaign in progress.</li> <li>▪ The Kentucky outbreak has surpassed the San Diego total with 629 cases as of 5/19.</li> <li>▪ The health department in Nashville, TN became the latest to declare an HAV outbreak with 14 cases.</li> <li>▪ Other jurisdictions linked to San Diego (cases as of 4/26/18):                             <ul style="list-style-type: none"> <li>○ U.S.: Arizona, Colorado, Illinois, Indiana (107 cases), Iowa, Kentucky (629 cases, early case epi-linked to SD), New Hampshire, Ohio (47 cases), Oregon, Rhode Island, Utah (248 cases), Hawaii, West Virginia (129 cases, epi-linked to SD &amp; Kentucky), Nashville (15 cases).</li> </ul> </li> <li>▪ San Diego Case Demographics – No new cases.</li> <li>▪ Handwashing Station as of 5/25/18: 160 removed.</li> <li>▪ Vaccinations as of 5/2/2018: 151,115.</li> <li>▪ Reports:                             <ul style="list-style-type: none"> <li>○ After Action Report released on May 10, 2018.</li> <li>○ Grand Jury Report released on May 18, 2018.</li> </ul> </li> </ul> </li> <li>• Zika Virus                     <ul style="list-style-type: none"> <li>▪ Reported on 6/3/18 for local cases through 5/29/18. A new report issued the first Thursday each month or as new cases occur.</li> <li>▪ There are two new San Diego Zika cases since the previous report.</li> <li>▪ Total Zika Testing referrals to the Epidemiology Program for consultation of potential cases: 4, 191 referrals.</li> <li>▪ Ruled out: 3, 982 cases.</li> <li>▪ Confirmed Zika cases (all travel-associated): 108.</li> </ul> </li> </ul> <p><b>2) Grants</b></p> <ul style="list-style-type: none"> <li>• Prevention grant ends September 29, 2018.                     <ul style="list-style-type: none"> <li>▪ New CDC application is being prepared for submission.</li> </ul> </li> <li>• <b>Kresge Emerging Leaders in Public Health Grant:</b> Public Health Services (PHS) applied for the Kresge Emerging Leaders in Public Health Grant. The grant is \$125,000 for pairs of public health leaders (one of whom must be the health officer) to “develop and implement a transformative concept designed to deliver a new model of public health for its community.” PHS should receive a response if the grant is awarded by the end of June.</li> <li>• <b>Naloxone Proposal:</b> This is to participate in a naloxone distribution effort. The application was submitted May 1st. A plan has been developed and will be implemented. As of May 30, 2018, 2,502 doses (32%) doses were picked up by seven agencies: San Diego County Medical Examiner (46 does), Chula Vista Police Department (126 doses), A New PATH (2,160 doses), Fallbrook Unified High School District (2 doses), Interfaith Community Services (50 doses), Mira Costa College Police Department (18 doses), and La Maestra Wellness Supportive Services (100 doses).</li> </ul> <p><b>3) Recognitions and Awards</b></p> <ul style="list-style-type: none"> <li>• PHS received three NaCO awards: 1) Hepatitis A Housing Program – Preventing the Spread; 2) Utilizing Foot Teams – Reaching the Unreachable During a Hepatitis A</li> </ul>

Agenda Item	Discussion
<p><b>VII. Public Health Officer's Report</b></p>	<p>Outbreak; and 3) Vaccination Strategies – Engaging Hospital Emergency Departments as Vaccinators During a Hepatitis A Outbreak.</p> <p><b>Discussion (Q/A):</b></p> <p><b>Why do we not have handwashing stations?</b></p> <ul style="list-style-type: none"> <li>This strategy is expensive. Many people are now in the shelters and facilities are available to them to wash their hands. This is not being funded currently. Handwashing strategies are not practical for a long-term period of time. We have encouraged local partners to extend the hours of their bathrooms.</li> </ul> <p><b>For Kresge Emerging Leaders, what was the transformative concept that Dr. Wooten and Dr. Thihalolipavan came up with?</b></p> <ul style="list-style-type: none"> <li>When we declared the local health emergency, we called together all the municipalities. We want to build on that strategy and continue to work with each of the cities to address policy, systems, and environmental changes, providing them with data and working with the County to provide technical assistance on various health issues. One common theme is policies/best practices for large cities. We want to extend those policies to other jurisdictions by working with these municipalities.</li> </ul> <p><b>Can anyone apply for the Naloxone dispersant?</b></p> <ul style="list-style-type: none"> <li>It was a state grant and we received a limited number of doses. We put out information through Behavioral Health Services, through the Prescription Drug Abuse Task Force, County Police Chiefs, and Board of Education list serves. Through those list serves we received programs who were interested.</li> </ul> <p style="text-align: right;">[See Attachment]</p>
<p><b>VIII. Agenda Items for Future Meetings</b></p>	<p><b>A. Proposed Agenda Items for Future Meetings</b></p> <ol style="list-style-type: none"> <li>Behavioral Health Services Presentation – August 2018</li> <li>Hepatitis A – Summer 2018</li> <li>Review three Board Letters: TB Elimination, Single Source Contracts for RHAP Services, and Accept Tuberculosis Revenue -July 2018</li> <li>Discuss strategies moving forward on chronic disease- July 2018</li> </ol>
<p><b>IX. Adjournment</b></p>	<p>This meeting was adjourned at 5:07 PM.                      Next meeting: July 3, 2018 at the County Administration Center, Rooms 302/303</p>
<p>Meeting minutes submitted by Samantha Hasler.</p>	