



County of San Diego

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

Tuesday, November 6, 2018 | 3:00-5:00 PM

County Administration Center
Room 302/303
1600 Pacific Highway
San Diego, CA 92101

MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1/Dist 1	Karrar Ali	Seat 3/Dist 2	Judith Shaplin	Dr. Wilma Wooten, Public Health Officer/Director, Public Health Services Department Andy Parr, Deputy Director, Emergency Medical Services Administration Nora Bota, Community Health Program Specialist, Public Health Services Department	Dr. Wilma Wooten, Public Health Officer/Director Nora Bota, Community Health Program Specialist
Seat 2/Dist 1	Suzanne Afflalo	Seat 6/Dist 3	Elly Garner		
Seat 4/Dist 2	LaVonna Connelly	Seat 9/Dist 5	(vacant)		
Seat 5/Dist 3	Harris Effron	Seat 10/Dist 5	(vacant)		
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 12/Cmty	Dimitrios Alexiou		
Seat 8/Dist 4	Shawn Amirhoushmand	Seat 13/Cmty	Henry Tuttle		
Seat 11/Cmty	Paul Hegyi	Seat 15/Cmty	Mike Matthews		
Seat 14/Cmty	Greg Knoll	Seat 17/Cmty	(vacant)		
Seat 16/Cmty	Leonard Kornreich				

Minutes	Lead	Follow-up Actions	Due
Nov. 2018	Dr. Winston Tilghman	Finalize draft STD White Paper for the Health Services Advisory Board (HSAB) review and input.	Jan. 2019
Nov. 2018	Drs. Wilma Wooten, Winston Tilghman	Strategize a way to address tracking of current data of rising chlamydia rates among young African Women.	Jan. 2019
Nov. 2018	Dr. Wilma Wooten	Provide a revised copy of the Tobacco Resource Program work plan once approved.	Jan. 2019
Nov. 2018	Dr. Leonard Kornreich, HSAB Policies and Programs Subcommittee	Pursue healthy eating and food inadequacy as issues to address in future projects.	Ongoing
Nov. 2018	Dr. Thomas Coleman	Provide HSAB Policies and Programs Subcommittee opportunities to provide input on grant funding on specific projects.	Ongoing

Near Dates of Importance
Next Meeting: Tuesday, January 8, 2019, 3 PM - 5 PM – County Administration Center, 1600 Pacific Highway, San Diego, CA, Room 302/303

Agenda Item	Discussion
I. Welcome & Introduction	James Lepanto called the meeting to order at 3:01 PM. The HSAB members and people in attendance were introduced.
II. Public Comment	No public comment.
III. Action Items	<p>A. Approval of October 4, 2018 Meeting Minutes</p> <p>Greg Knoll motioned and LaVonna Connelly second. There were no corrections to the minutes. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the minutes were approved.</p> <p>B. Approval of Rescheduling the Next Health Services Advisory Board Meeting to January 8, 2019</p> <p>The next HSAB meeting is scheduled on January 1, 2019, which is a holiday in observance of the New Year. The proposed meeting date is January 8, 2019.</p> <p>Greg Knoll motioned and Leonard Kornreich second. There were no corrections to the new meeting date. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the new meeting date on January 8, 2019 was approved.</p> <p>C. Approval of the Hepatitis C Elimination Plan Board Letter</p> <p>Presenter: Dr. Wilma Wooten, Public Health Officer, County of San Diego Health & Human Services Agency (HHS) Department of Public Health Services (PHS)</p> <p><u>Background</u></p> <p>The purpose of the board letter is to seek authorization to participate in a one-year planning process with community partners to develop a roadmap that will be known as the <i>Eliminate Hepatitis C San Diego County Initiative</i>. In San Diego, Hepatitis C Virus (HCV) remains a significant public health issue as more than 2,500 cases per year of chronic HCV have been reported in San Diego County since 2000. Chronic HCV cases in San Diego County affect men and women throughout the region, with increasing frequency as they age. In addition, 63% of chronic HCV cases reported in San Diego County occur in adults age 45 and older. From 2011 to 2016, chronic HCV was listed as an underlying cause of death for at least 70-100 deaths of San Diego County residents.</p> <p>To address this significant public health issue in a coordinated manner and yield collective impact, the roadmap will be developed through a public-private partnership. A collective impact approach will be utilized with a common agenda and centralized infrastructure to develop a three- to five-year plan for eliminating HCV as a public health threat in the county. The term “elimination” is not to be confused with the term “eradication”; “elimination” used here is defined as the state where HCV no longer poses a public health threat. The goals are to achieve a 80% decrease in new cases of chronic HCV and a 65% reduction in HCV mortality in San Diego County by 2030. An additional goal is to quickly identify and refer for treatment individuals who become infected with HCV to prevent the spread of disease.</p>

Today's action requests the Board of Supervisors' to direct the Chief Administrative Officer to develop and launch the *Eliminate Hepatitis C San Diego County Initiative*, report back to the Board in approximately 12 months with recommendations for the *Eliminate Hepatitis C San Diego County Initiative*, and authorize the Agency Director, Health and Human Services Agency (HHS), to pursue future funding opportunities related to Hepatitis C elimination efforts. This board letter will be presented to the Board of Supervisors on November 13, 2018.

Scott Suckow, Executive Director of the American Liver Foundation, Pacific Coast Division, was introduced following the presentation, and provided some commentary on the importance of convening stakeholders and leadership at the county to generate optimal output in eliminating Hepatitis C in the county.

Approval of Board Letter

Greg Knoll moved for approval and Karrar Ali second. There were no corrections to the board letter. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the board letter was approved.

Discussion (Q/A):

Instead of having a separate consumer workgroup, why not populate consumers in each of the workgroups?

- There needs to be a place where we can provide technical assistance, so they can be fully prepared and participate as equal participants and be empowered and more actively engaged.

Is the cure for HCV very expensive?

- One of the current versions of the medication is going generic; it started at a high rate, but with competing pharmaceuticals, rates have been drastically dropping and the market is evening out.

What would be the next step after getting participants and numbers? Will managed care be used to make sure everyone is getting what they need?

- We are bringing all possible partners to the table to address all those issues.

Once diagnosis is made, what would the cost be today to keep these people alive in terms of monthly, daily hospitalization?

- We don't have information for that at this time, but after the cure, the patient would have to practice safe behaviors to prevent contracting the virus again.

Is male to male sexuality the major issue regarding contraction and spread of disease? If not, what is the major health issue?

- Baby boomers are at the greatest risk of contracting HCV.

If we know baby boomers are undiagnosed, is testing for HCV a standard procedure included in a regular physical for this population?

- It is not; it must be requested by the patient.

D. Approval of the Stop the Bleed Board Letter

Presenter: Andy Parr, Deputy Director, County of San Diego HHSA, Department of Emergency Medical Services (EMS)

Background

The purpose of the board letter is to request approval for the implementation of a Stop the Bleed program throughout the County enterprise. Stop the Bleed is a national awareness campaign generated by the American College of Surgeons that encourages members of the public to become trained, equipped, and empowered to assist with lifesaving bleeding control techniques in emergencies involving traumatic injuries and rapid blood loss.

In response to the March 27, 2018 direction from the Board of Supervisors, HHSA researched options for potential implementation of a Stop the Bleed program within the County of San Diego enterprise. A Memorandum and Stop the Bleed Feasibility Analysis were submitted to the Board of Supervisors on August 10, 2018. The Stop the Bleed Implementation Plan builds upon the findings and recommendations included in the Feasibility Analysis as well as existing models for providing resources and training to County staff to support emergency preparedness and response. Implementation of a Stop the Bleed program within the County enterprise has the following primary goals:

1. Place bleeding control kits (Individual Patrol Officer Kit) strategically in County facilities.
2. Ensure County employees have access to training and education regarding the use of bleeding control kits as an added component of the County's existing safety initiatives.

Today's action requests the Board of Supervisors' to approve the implementation of a County of San Diego Stop the Bleed program and to authorize the Director, HHSA, to pursue future funding opportunities to support the County of San Diego Stop the Bleed Program. This board letter will be presented to the Board of Supervisors on December 11, 2018.

Approval of Board Letter

Greg Knoll moved for approval and Shawn Amirhousmand second. There were no corrections to the board letter. There were seven out of nine HSAB members in attendance who voted Aye, with no abstentions or oppositions. Harris Effron and Karrar Ali voted Nay. The motion carried and the board letter was approved.

Board Letter Recommendations:

- Addition of a requirement for mid/end of project assessment for liability costs to show efficacy.
- Addition of a yearly review of the success or lack thereof in a community with a high prevalence of this issue.
- Addition of information on how many homes will be close enough to an AED station and how many people will be using home remedies as opposed to the kits.

Discussion (Q/A):

Are the kits co-located with AEDs?

- In large part, they are co-located with AEDs or at the Action Wall.

What is the shelf life of the kit?

- The expiration date is at the five-year mark. That expiration date is not believed to be related to the ability of the kit to work properly and is more for inventory and marketing purposes. There is no medicine in the kits, so they do not need to be replaced on a regular schedule and can last much longer than five years.

What has been done to lower the costs of the kit?

- The kits are between \$40-\$45, and that is the market rate based on County procurement providers. Buying in bulk has also saved some money.

Will Stop the Bleed kits be provided at facilities such as small churches and senior centers that have AEDs, and will they be trained to use them?

- This proposal is solely for County of San Diego facilities and the County workforce.

Does that include County contractors?

- No.

Why will the kits be co-located with AEDs if they are supposed to be for a disaster response?

- People already know where AEDs are located, so placing the kit at the same location would be convenient for people to find in the case of an emergency.

Was a cost analysis completed for the procurement for the kits?

- Yes, we have completed a cost analysis for the best price for the kits.

Has data been collected about the prevalence of bleeding out, and does it occur regularly? Will there be areas of the County like Julian and other rural areas that can receive this?

- Arterial bleeding that is uncontrolled only takes a few minutes for a person to completely bleed out. Data has not been collected as of yet, but this would be for a potential active shooter situation. Other agencies such as fire departments would be able to provide those services in locations not within County facilities.

E. Approval of the Amendment to the Health Services Board Advisory Ordinance and Bylaws Board Letter

Presenter: Nora Bota, Community Health Program Specialist, County of San Diego HHSA, Department of Public Health Services (PHS)

Background

The purpose of the board letter is to request that the Board set a hearing for January 8, 2019 and provide public notice of the hearing. If the Board takes the actions recommended for December 11, 2018, then on January 8, 2019, after making the necessary findings, the Board is requested to approve the process of amending Article LV of the San Diego County Administrative Code Relating to the San Diego County Health Services Advisory Board Sections 861.3. Term of Office and 861.5 Organization and the Health Services Advisory Board of San Diego County Bylaws Sections 3, 5, 7, and 10, and Article II Section 1.

The County of San Diego HSAB was established in 1992, and currently consists of 17 members. Each of the five members of the Board of Supervisors (Board) appoints two members, and the remaining seven members are comprised of various positions.

	<p>In accordance with the Board Policy A-74, Citizen Participation in County Boards, Commissions, and Committees, the Board shall have the authority to establish new standing and special committees. Board approval is also required to make amendments to the Articles of the Administrative Code of the County of San Diego, including Article LV of the Administrative Code of San Diego County Health Services Advisory Board.</p> <p>The Advisory Board Ordinance and Bylaws were changed to reflect language in Board Policy A74 in regards to a contingency plan for vacancies and reappointments, in addition to continuously assessing if the Ordinance and Bylaws are up to date. HSAB discussed the revisions to the current Ordinance and Bylaws and motioned to approve the changes at the September 4, 2018 Advisory Board meeting.</p> <p>Today's action requests the Board of Supervisors' to approve the introduction of the Ordinance, read title and waive further reading of the Ordinance and direct the Clerk of the Board of Supervisors to provide notice of said hearing via publication and posting on December 11, 2018. If, on December 11, 2018, the Board takes action as recommended, then, on January 8, 2019, the Board is requested to consider and adopt the Ordinance and Approve the amendment to HSAB Bylaws to reflect changes made to the Article LV San Diego County HSAB, Sec. 861.3 and Sec. 861.5, in addition to the other changes requested by the San Diego County HSAB. This board letter will be presented to the Board of Supervisors on December 11, 2018 and January 8, 2019.</p> <p><u>Approval of Board Letter</u></p> <p>Greg Knoll moved for approval and Karrar Ali second. There were no corrections to the board letter. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the board letter was approved.</p> <p><u>Discussion (Q/A):</u> On section 7 regarding changing monthly meetings, can we add language that states that the Board could change the date from time to time as needed so that every time there is a change, the bylaws do not have to be amended?</p> <ul style="list-style-type: none">• A recurring meeting date must be stated. If it is a temporary change, the bylaws do not have to be amended every time as long as a public notice is posted 72 hours beforehand.
<p>IV. Update/ Presentation/ Discussion/ Follow-up Action Items</p>	<p>A. Update on STD Recommendations to the Board of Supervisors</p> <p>Dr. Winston Tilghman presented the updated STD White Paper to HSAB members for their review and input.</p> <p><u>Recommendations included:</u></p> <ul style="list-style-type: none">• Adding an appendix and funding recommendations in the future.• Adding graphics and statement on chlamydia among young African American women using data from 2015-2016. <p><u>Discussion (Q/A):</u> On page five in the Executive Summary, is it redundant to state the recommendations and include them again with the rationale?</p> <ul style="list-style-type: none">• The Executive Summary was written in that way purposely so that it can be succinct and clear for people who do not have time to read the entire document.

	<p>Why is it not stated directly that chlamydia is a significant issue, specifically young African American women?</p> <ul style="list-style-type: none"> We do not have comprehensive local data regarding race/ethnicity within the last two to three years. <p>Why are we not maintaining current data of chlamydia in young African American women?</p> <ul style="list-style-type: none"> There is a high volume of cases as well as a policy issue with San Diego Health Connect.
<p>V. Chair's Report</p>	<p>A. Health Services Advisory Board January/February Meeting</p> <p>Board staff, along with new supervisors and new aides, will be invited to the HSAB meeting in January or February. Nick Macchione will be invited to attend and present during the first quarter board meeting.</p> <p>B. Health Services Advisory Board Advance and Evaluation</p> <p>The HSAB annual self-evaluation will be sent out to all members for completion. The HSAB Advance will be held in March 2019, and further information will be sent out.</p> <p>C. Future Meetings</p> <p>Meetings will be scheduled with Supervisor Dianne Jacob once she assumes the role of Chairwoman, Nick Macchione, and the new Supervisor that replaces Supervisor Roberts. Supervisor Jacob's representative will be present at the chair's meeting.</p>
<p>VI. Informational Items</p>	<p>A. Committee Reports</p> <ol style="list-style-type: none"> Policies and Program: Leonard Kornreich (Chair), Greg Knoll, Harris Effron, Karrar Ali, LaVonna Connelly <p>The HSAB Policies and Programs Subcommittee met right before the HSAB meeting. All five subcommittee members were present. Dana Richardson presented on the Resident Leadership Academy (RLA) from Community Health Improvement Partners (CHIP). The subcommittee also discussed the task of deciding what chronic diseases should come to the focus of this board. The final recommendation was that no specific chronic disease management should be the focus of HSAB advocacy. Healthy eating and food inadequacy were overriding issues. It was agreed upon that anytime an opportunity to advance or participate in a project is made available, it should be a priority. Following the presentation that was made by Dr. Coleman in October, the subcommittee asked and received assurance from him that the subcommittee would be given opportunities to provide input on grant funding on specific projects such as the NEOP grant and will be moving in that direction on policy type decisions.</p> <ol style="list-style-type: none"> Budget: James Lepanto (Chair) and Judith Shaplin <p>The Chair will reach out to HSAB members to join the budget subcommittee.</p> <ol style="list-style-type: none"> Health Legislation: Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou <p>No update.</p> <ol style="list-style-type: none"> Strategic Planning/Annual Report/Nominating Committee: James Lepanto <p>No update.</p>

<p>VII. Public Health Officer's Report</p>	<p>A. Public Health Officer Report</p> <p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report. Significant highlights include the following:</p> <p>I. Infectious Disease Issues</p> <ul style="list-style-type: none">• Meningococcal Disease Outbreak (CAHAN sent on September 28, 2018)<ul style="list-style-type: none">▪ This year, ten meningococcal disease cases were reported in San Diego County, the highest number reported since 2013.▪ No new meningococcal cases have occurred at San Diego State University (SDSU) since the last case with onset symptoms on September 25, 2018.▪ The County is collaborating with and supporting SDSU in a response to this outbreak.▪ SDSU has started a campaign to get students to bring in their vaccination records if they have been vaccinated out of San Diego County for Meningococcal. SDSU is also launching a second dose campaign.▪ Strategies<ul style="list-style-type: none">○ Points of Dispensing (PODs) have been held at the Viejas Arena at SDSU to vaccinate recommended students. Mini pods have been held thereafter and are now transitioned to extended hours at SDSU. We are about 5-6 weeks out and are exploring the possibility of an additional mass vaccination POD for the 2nd dose for those who received the 1st dose.○ We are sending out letters to presidents of major colleges and universities to ask them to implement a vaccination policy requesting students to show proof of both meningococcal b and conjugate vaccinations for the next school year. We are also entering records into the San Diego Immunization Registry (SDIR) and proactively encouraging students to show proof of insurance.• Hepatitis A (Outbreak officially ended as of 10/18/18; Last report issued on 10/18/18)<ul style="list-style-type: none">▪ National HAV outbreak cases are currently being reported at more than 200 cases/week.▪ The Kentucky outbreak has now become the worst in the nation with 2,050 cases as of 10/15/18.▪ West Virginia now has 1,527 reported cases.▪ Ohio is the most recent state to surpass San Diego's total with 666 cases.▪ San Diego Case Demographics<ul style="list-style-type: none">○ The outbreak is over now that it has been 100 days since the illness onset of the most recent case.○ The Advisory Committee on Immunization Practices met last week to discuss adding homelessness as an indication for HAV vaccination. The action was approved.○ 592 cases with onset dates from 11/22/16 – 10/4/18, 20 deaths, 407 hospitalizations.○ Vaccinations as of 10/3/2018: 203,858• Reports<ul style="list-style-type: none">○ The Hepatitis A Audit Report is pending, requested by Assembly member Todd Gloria.• Zika Virus (Reported on 10/30/18 for local cases through 10/8/18)<ul style="list-style-type: none">▪ No new San Diego Zika cases since the previous report.▪ The Centers for Disease Control and Prevention (CDC) reported 6 new Zika cases in the US States and 8 new cases in US territories in the last month.<ul style="list-style-type: none">○ CDC counts are significantly delayed compared to counts from state/territorial health departments.
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	<ul style="list-style-type: none"> ▪ California Department of Public Health reported 4 new cases in CA in the last month. ▪ In the last month, 100 new Zika cases were reported in Mexico with illness onset in 2018. ▪ Total Zika Testing Referrals: 4,666 ▪ Cases Ruled Out: 4,478 ▪ Confirmed Zika Cases: 112 <ul style="list-style-type: none"> • Total travel related cases: 106 <p><u>Discussion (Q/A):</u></p> <p>What are the implications for students who declined to be vaccinated?</p> <ul style="list-style-type: none"> • Nothing; we cannot mandate the requirement. <p>Is there a suggestion to make the requirement national?</p> <ul style="list-style-type: none"> • Not at this time; recommendations to California State Universities (CSUs) and local colleges are being made. <p>Is it anticipated that CSUs and local colleges will make the requirement to be vaccinated mandatory?</p> <ul style="list-style-type: none"> • Yes.
<p>VIII. Public Comment (Related to agenda items)</p>	<p>No public comment.</p>
<p>IX. Agenda Items for Future Meetings</p>	<p>A. Proposed Agenda Items for Future Meetings</p> <ol style="list-style-type: none"> 1) Hansen’s Disease Board Letter – (January 2019) 2) Tuberculosis Elimination Board Letter – (January 2019) 3) Housing for Homeless Tuberculosis Treatment for Clients Board Letter – (January 2019) 4) Region VI Mutual Aid Agreement Board Letter – (January 2019) 5) Health Services Capacity Plan – (January 2019) 6) Annual Youth Risk Behavior Survey – (February 2019) 7) Community Health Assessment, Community Health Improvement Plan, and Public Health Services Strategic Plan (February 2019) 8) Lessons Learned from Hepatitis A – (February 2019)
<p>X. Adjournment</p>	<p>This meeting was adjourned at 4:49 PM.</p> <p>Next meeting: January 8, 2019 from 3 PM – 5 PM at the County Administration Center room 302/303, 1600 Pacific Highway, San Diego, CA.</p>