

**Health Services Advisory Board (HSAB)  
Policies and Programs Sub-Committee Meeting**

**February 5, 2019**

**Fact Sheets and Data:**

Five Chronic Disease Topics to Consider as an Area of Focus for HSAB

**Fact Sheets:**

**1. Childhood Obesity:**

- 1. A - COI (Childhood Obesity Initiative)
- 1. B - Healthy Works
- 1. C – SNAP-Ed (Supplemental Nutrition Assistance -Education)
- 1. D - Sodium Reduction
- 1. E – SDREACH (San Diego Racial and Ethnic Approaches to Community Health)

**2. Hypertension, Heart Disease, 3-4-50:**

- 2. A - COI (Childhood Obesity)
- 2. B - Heart Disease and Stroke
- 2. C – SDREACH (San Diego Racial and Ethnic Approaches to Community Health)
- 2. D – TCRP (Tobacco Control Resource Program)

**3. Tobacco:**

- 3. A - TCRP (Tobacco Control Resource Program)

**4. Oral Health for Seniors:**

- 4. A - Local Oral Health Program
  - Current efforts with providing oral health education for seniors

**5. Alzheimer's**

- The Alzheimer's Project website:  
<http://www.sdalzheimersproject.org/content/alzheimers/en/about.html>
- The Alzheimer's Project Annual Update 2018:  
[http://www.sdalzheimersproject.org/content/dam/alzheimers/TO%20CPS%20FOR%20PRINT%20-%202018%20Annual%20Report\\_AlzProject\\_2018April16%20FINAL%20\(kc\).pdf](http://www.sdalzheimersproject.org/content/dam/alzheimers/TO%20CPS%20FOR%20PRINT%20-%202018%20Annual%20Report_AlzProject_2018April16%20FINAL%20(kc).pdf)
- Link to Several Resources:  
<http://www.sdalzheimersproject.org/content/alzheimers/en/resources.html>

## Data:

### 1. Childhood Obesity:

[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-ChildhoodObesity\\_FactSheet.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-ChildhoodObesity_FactSheet.pdf)

### 2. Hypertension, Heart Disease, 3-4-50:

- Hypertension and Heart Disease Data (*see attachment*)
- Coronary Heart Disease:  
[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-CHD\\_FactSheet.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-CHD_FactSheet.pdf)
- 3-4-50: [https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/3-4-50/3-4-50\\_San%20Diego%20County%20Brief\\_2018.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/3-4-50/3-4-50_San%20Diego%20County%20Brief_2018.pdf)

### 3. Tobacco:

- Smoking Attributable Mortality (*see attachment*)
- Smoking Data Rates Among Teens and Adults (*see attachment*)
- COPD:  
[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-COPD\\_FactSheet.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-COPD_FactSheet.pdf)

### 4. Oral Health for Seniors:

- More than one-third of older adults aged 65–74 living below the federal poverty level (34%) were edentulous (i.e., person with no natural teeth), whereas approximately one-eighth of older adults living above the poverty level (13%) were edentulous:  
<https://www.cdc.gov/nchs/data/databriefs/db104.htm#x2013;2010>
- About one in five adults aged 65 and over had untreated tooth decay:  
<https://www.cdc.gov/nchs/products/databriefs/db197.htm>

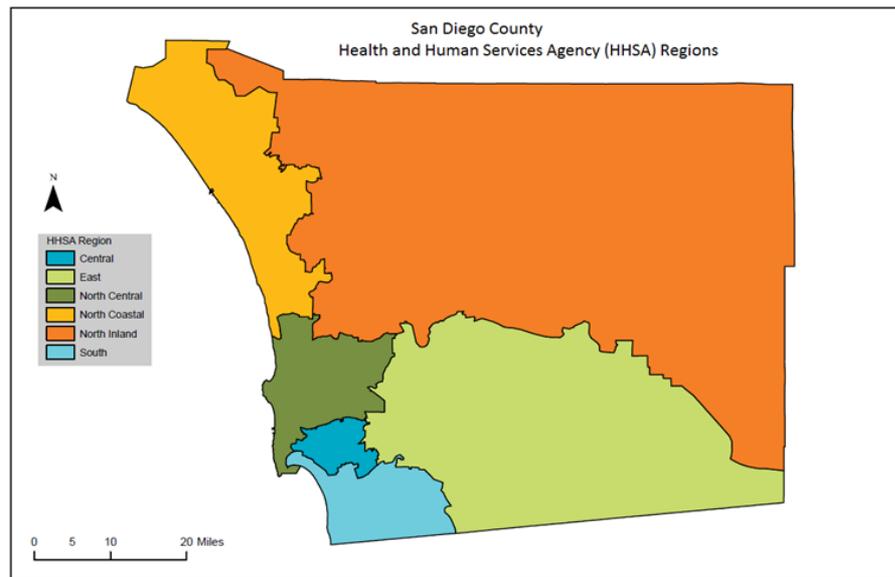
### 5. Alzheimer's:

- One Page Infographic:  
[https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/ADOD%20Infographic\\_8-21-2014.pdf](https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/ADOD%20Infographic_8-21-2014.pdf)
- PowerPoint slide set:  
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Profile%20of%20ADOD%20in%20SD%20Presentation%20UPDATED.pdf>
- More Data from Community Health Statistics Unit Website:  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_health\\_statistics/Alzheimers.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/Alzheimers.html)

# HIGH BLOOD PRESSURE AMONG ADULTS, 2016-2017



REGION	EVER DIAGNOSED WITH HIGH BLOOD PRESSURE	
Central	32.0%	
East	30.5%	
North Central	20.7%	
North Coastal	21.2%	
North Inland	24.9%	
South	30.1%	
County Overall	26.2%	M: 28.7%; F: 23.9%
California	28.7%	M: 30.8%; F: 26.7%



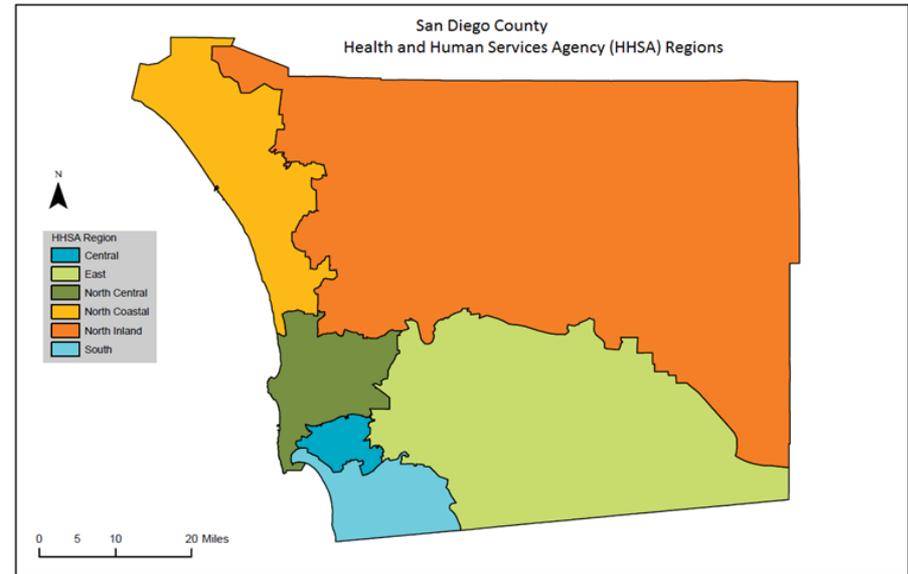
Map by County of San Diego, Emergency Medical Services. Contact: Isabel Conos or Leslie Ray, 619.285.6429  
Map Date: May, 2014



# HEART DISEASE AMONG ADULTS, 2015-2017



REGION	EVER DIAGNOSED WITH HEART DISEASE	
Central	5.8%	
East	8.2%	
North Central	6.0%	
North Coastal	6.2%	
North Inland	6.6%	
South	5.5%	
County Overall	6.4%	M: 6.8%; F: 5.9%
California	6.5%	M: 7.3%; F: 5.7%



Map by County of San Diego, Emergency Medical Services. Contact: Isabel Conos or Leslie Ray, 619.285.6429  
Map Date: May, 2014





# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** February 26, 2019

**XX**

**TO:** Board of Supervisors

### **SUBJECT**

**APPROVAL OF CALIFORNIA MUTUAL AID REGION VI INTRA-REGION COOPERATIVE AGREEMENT FOR EMERGENCY MEDICAL AND HEALTH DISASTER SERVICES (DISTRICTS: ALL)**

### **OVERVIEW**

The County of San Diego Health and Human Services Agency is responsible for coordinating emergency medical response to public health disasters or emergencies, and has an integral role in response to natural and other disasters, including fires, floods, earthquakes, hazardous spills and other catastrophes that may occur in the San Diego region. To maximize available resources and ensure the most effective response, the County enters into cooperative agreements with other jurisdictions in the Southern California region to provide mutual assistance and share resources, such as equipment, supplies, and mental health or environmental health staff, during these types of events.

On August 7, 1990 (3), the Board of Supervisors (Board) approved the California Governor's Office of Emergency Services (Cal OES) Region VI Disaster Medical/Health System Inter-County Cooperative Agreement, which established an agreement among the Counties of Imperial, Inyo, Mono, Riverside, San Bernardino, and San Diego (collectively known as Cal OES Region VI) to provide public health, behavioral health, Emergency Medical Service (EMS), and/or environmental health staff, equipment, and/or supplies during a disaster and to be reimbursed by the county receiving this aid. On January 21, 1997 (14), the Board approved the Inter-Region Cooperative Agreement For Emergency Medical and Health Disaster Assistance, which established mutual aid between Cal OES Region VI and Cal OES Region I, consisting of the Counties of Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura.

In order to add definitions, insurance requirements, dispute procedures, and further clarify roles and responsibilities, the Cal OES Region VI counties developed a new agreement that will supersede the 1990 Agreement and supplement the 1997 Agreement with Cal OES Region I, which remains in effect.

If approved, today's action requests authorization to execute a new California Mutual Aid Region VI, Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services to supersede and replace the 1990 Agreement.

**SUBJECT: APPROVAL OF CALIFORNIA MUTUAL AID REGION VI INTRA-REGION COOPERATIVE AGREEMENT FOR EMERGENCY MEDICAL AND HEALTH DISASTER SERVICES (DISTRICTS: ALL)**

Today's action supports the countywide *Live Well San Diego* vision by ensuring timely and efficient response to emergency disasters in San Diego County, thereby promoting a healthy, safe and thriving region.

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. In accordance with Section 21065 of the State of California Environmental Quality Act (CEQA) and Section 15378 of the CEQA Guidelines, find that this action is not a project subject to CEQA, because it is an organizational or administrative action that will not result in direct or indirect physical changes in the environment.
2. Approve and authorize the Agency Director, Health and Human Services Agency, to execute an Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services with the signatory counties of the California Governors' Office of Emergency Services (Cal OES) Mutual Aid Region VI, including the Counties of Imperial, Inyo, Mono, Riverside and San Bernardino, for the period from the date of execution to June 30, 2023.
3. Authorize the Agency Director, Health and Human Services Agency, or their designee, to execute any extensions, amendments, and or revisions thereof that do not materially impact or alter the program or level.
4. Authorize the Agency Director, Health and Human Services Agency, or their designee, to pursue any funding opportunities that might support this mutual aid collaboration.

**FISCAL IMPACT**

There is no fiscal impact associated with executing the agreement. Should the County request assistance from any of the signatories of agreement, the County would be responsible for reimbursing that party for the cost of the aid provided to support emergency response in San Diego. Similarly, the County would receive reimbursement of any aid provided in response to mutual aid requests made by signatories of the agreement. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The Health Services Advisory Board will vote to support or reject this action at its meeting on February 5, 2019.

**BACKGROUND**

The California Governor's Office of Emergency Services (Cal OES) is responsible for protecting the health and safety and preserving the lives and property of the people of the State of California. In order to more effectively apply, administer, and coordinate mutual aid and other emergency-related activities, Cal OES organized the state into mutual aid regions. A mutual aid

**SUBJECT: APPROVAL OF CALIFORNIA MUTUAL AID REGION VI INTRA-REGION COOPERATIVE AGREEMENT FOR EMERGENCY MEDICAL AND HEALTH DISASTER SERVICES (DISTRICTS: ALL)**

region is a subdivision of the state emergency services organization, established to facilitate the coordination of mutual aid and other emergency operations within an area of the state consisting of two or more county operational areas. There are two mutual aid regions in Southern California: Region I, which serves the counties of Los Angeles, Orange, San Luis Obispo, Santa Barbara, and Ventura; and Region VI, which serves the counties of Imperial, Inyo, Mono, Riverside, San Bernardino, and San Diego.

Within the County of San Diego's operational area, the Health and Human Services Agency; Public Health Services (PHS) and the Medical Health Operational Area Coordination (MHOAC) program is responsible for coordinating emergency medical response to public health disasters or emergencies, and has an integral role in response to natural and other disasters, including fires, floods, earthquakes, hazardous spills and other catastrophes. Because these types of events have the potential to overwhelm a local jurisdiction's ability to respond effectively, it is common practice for jurisdictions to enter cooperative agreements to assist one another and swiftly share resources during such emergencies. Having such agreements in place, avoids the need to establish terms while also responding to a disaster or other significant event. Each of the Region VI MOA jurisdictions are taking the MOA to their respective Board of Supervisors (BOS) for approval and signature.

On August 7, 1990 (3), the Board of Supervisors (Board) approved execution of the California Mutual Aid, Region VI, Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services with the Counties of Imperial, Inyo, Mono, Riverside and San Bernardino. As a signatory to this Agreement, the County agrees to help any of the other participating counties by providing assistance to the extent it is reasonable and without compromising the County's own medical and health disaster responsibilities. Equally, the County may request assistance from other signatories in the event of a disaster. Assistance may include providing mental health and/or environmental health staff, equipment and/or supplies. Each requesting County is financially responsible for all costs associated with the disaster, including the cost of the assistance provided by any of the other signatory counties.

On January 21, 1997 (14), the Board approved a new Cooperative Agreement, which expanded on the original 1990 Agreement by establishing mutual aid with the counties in Cal OES Region I and provided some clarification of roles and responsibilities.

Recently, the MHOAC's within the counties in Cal OES Region VI and the Regional Disaster Medical Health Specialist and Regional Disaster Medical Health Coordinator reviewed the original 1990 agreement, and the subsequent 1997 amendment, and determined the amended agreement needed to be updated to add and/or clarify language and requirements. The proposed Agreement adds definitions, insurance requirements, dispute procedures, and further clarification of roles and responsibilities. The proposed Agreement will supersede the 1990 Agreement and supplement the 1997 Agreement.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action to approve the Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services supports the Living Safely initiative in the County of San

**SUBJECT:** APPROVAL OF CALIFORNIA MUTUAL AID REGION VI INTRA-REGION COOPERATIVE AGREEMENT FOR EMERGENCY MEDICAL AND HEALTH DISASTER SERVICES (DISTRICTS: ALL)

Diego's 2019-2024 Strategic Plan as well as the Building a Better Service Delivery System strategy of the *Live Well San Diego* vision by ensuring timely and efficient response to emergency disasters in San Diego County, thereby promoting a healthy, safe and thriving region.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

California Mutual Aid Region VI Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services

DRAFT

**SUBJECT:** APPROVAL OF CALIFORNIA MUTUAL AID REGION VI INTRA-REGION COOPERATIVE AGREEMENT FOR EMERGENCY MEDICAL AND HEALTH DISASTER SERVICES (DISTRICTS: ALL)

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:**  Yes  No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

Yes  No

**PREVIOUS RELEVANT BOARD ACTIONS:**

January 21, 1997 (14), approved Inter-Region Cooperative Agreement For Emergency Medical and Health Disaster Assistance; August 7, 1990 (3), approved California Mutual Aid, Region VI, Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services.

**BOARD POLICIES APPLICABLE:**

K-12 – Emergency Medical System Management

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** Department of Environmental Health

**CONTACT PERSON(S):**

Wilma J. Wooten, M.D., M.P.H.

Name

(619) 542-4181

Phone

Wilma.Wooten@sdcounty.ca.gov

E-mail

Patrick Buttron

Name

(619) 285-6453

Phone

Patrick.Buttron@sdcounty.ca.gov

E-mail



# REGION VI MUTUAL AID AGREEMENT

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**Patrick Buttron**

EMS Coordinator, EMT, TLO  
Public Health Preparedness and Response (PHPR)  
Public Health Services

February 5, 2019  
Health Services Advisory Board





The County of San Diego Health and Human Services Agency (HHSA) responsibilities during emergencies:

- Coordinate emergency medical services/disaster medical health, and public health responses
- Maximize available resources and ensure the most effective response
  - Utilize cooperative agreements with other neighboring jurisdictions
    - Provide mutual assistance
    - Share resources during the event response





The California Governor's Office of Emergency Services (CalOES) responsibilities during emergencies:

- Protect health and safety of people
- Preserve their lives and property

To achieve these goals, CalOES organized the state into mutual aid regions.

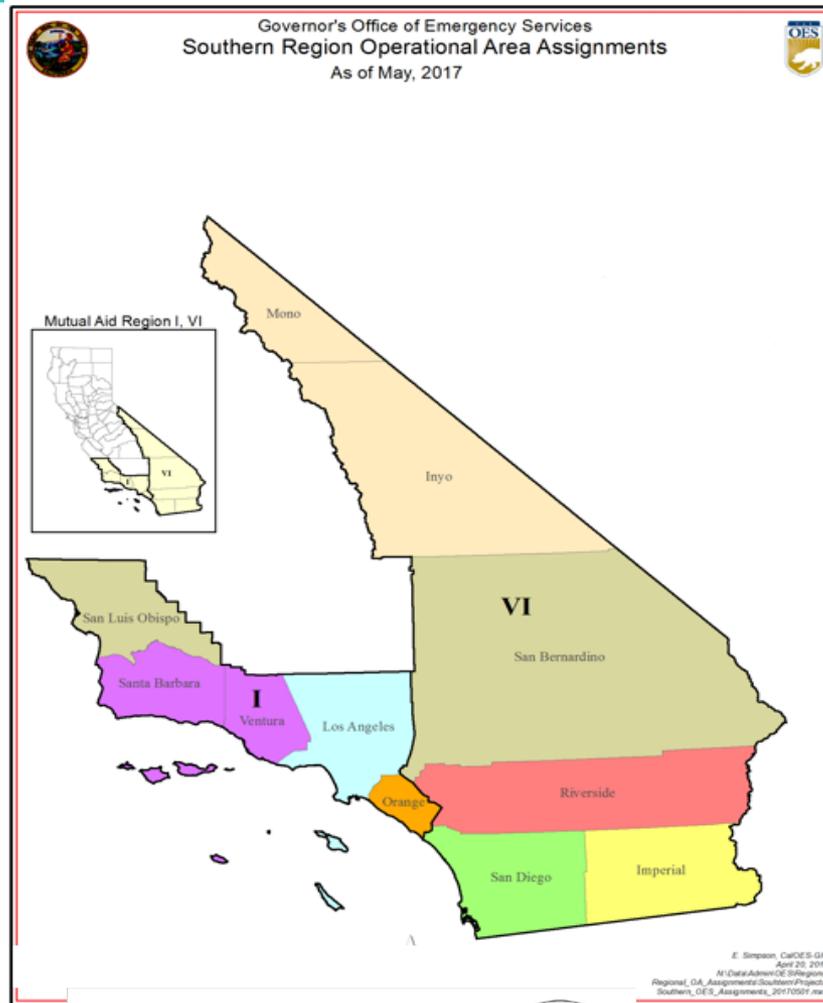
- These are subdivisions of the state emergency services organization
- The structure facilitates coordination of mutual aid and other emergency operations between two or more county operational areas (OA's).





- Mutual Aid, Region VI includes San Diego, Imperial, Inyo, Mono, Riverside and San Bernardino.
- Original agreement (1990) and amendment (1997) were updated by:
  - Medical Health Operational Area Coordinators (MHOAC's)
  - Regional Disaster Medical Health Specialist (RDMHS)
  - Regional Disaster Medical Health Coordinator (RDMHC)
- The proposed Agreement adds definitions, insurance requirements, dispute procedures, and further clarification of roles and responsibilities.
  - Will supersede the original agreement and amendment.

# REGION VI MUTUAL AID MAP



# PLAN OBJECTIVES



1. Finalize MOA to:
  - Maximize availability and use of resources in Region
  - Ensure the most effective, collaborative response
2. Provide responsible, systemic coordination with the RDMHC and the other Region VI Counties during disasters and emergencies.
3. Efficient disaster response operations among partners from multiple disciplines and/or backgrounds.





Along with other Counties  
in Region VI:

- Provide mutual assistance
- Share resources



# REQUEST FOR ASSISTANCE PROCESS



1

- A Region VI County requests assistance thru the Medical Health Operational Area (MHOAC) Program to the Region VI - Regional Disaster Medical Health Program

2

- Region VI - Regional Disaster Medical Health Program contact receives the request, coordinates and sends along to Region VI counties via the MHOAC program contact.

3

- The individual Region VI County MHOAC's work with their local government services to see if they can fill the request.

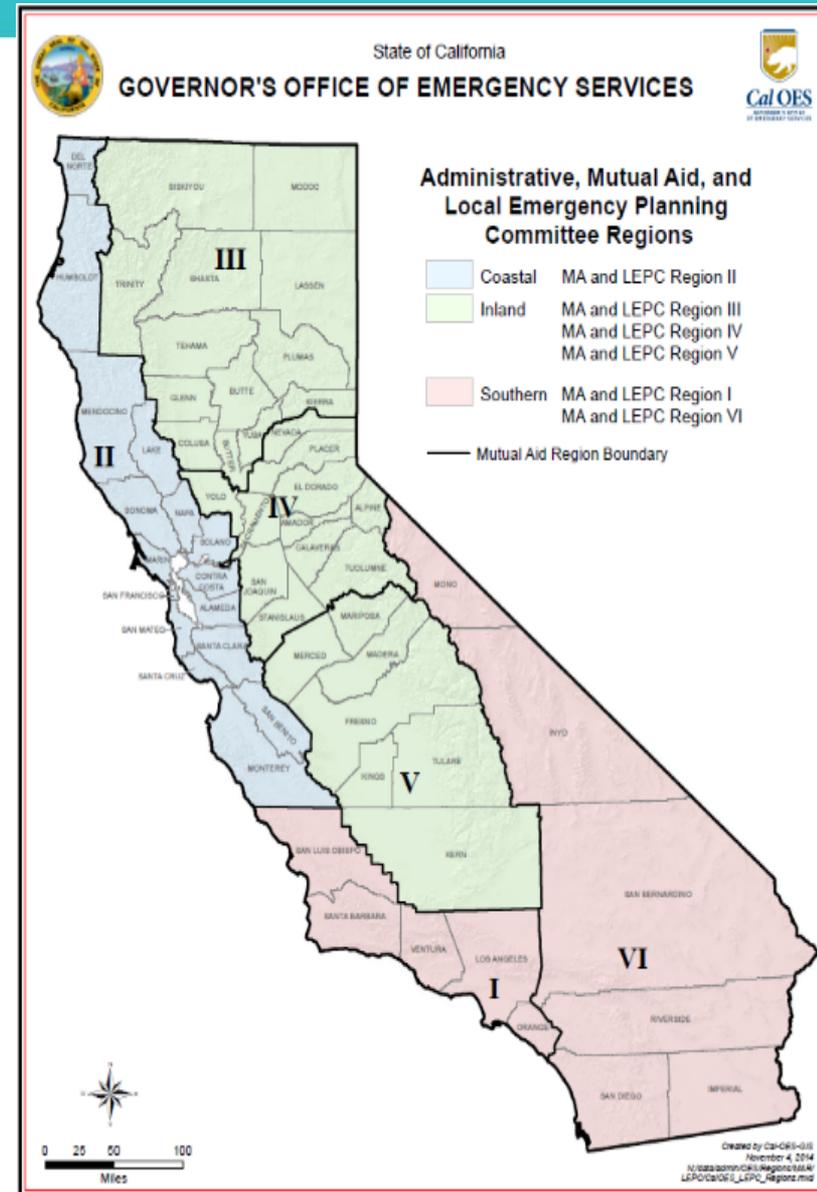
4

- If request can be filled the local MHOAC contact works with the requesting county on specifics (salary, travel costs, food, housing, etc.)

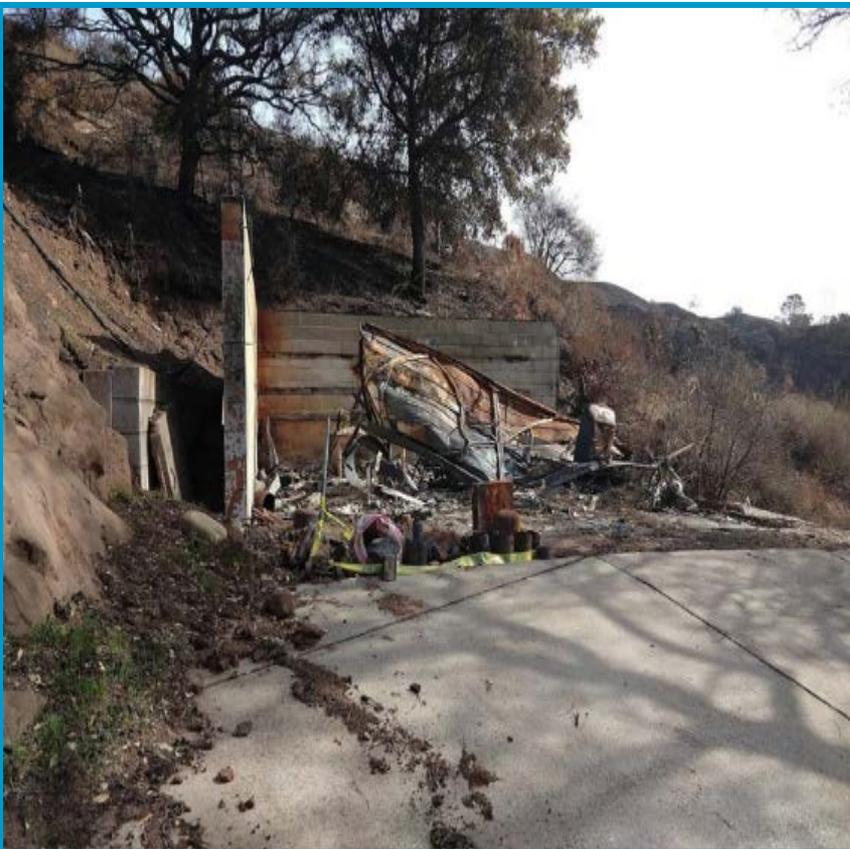
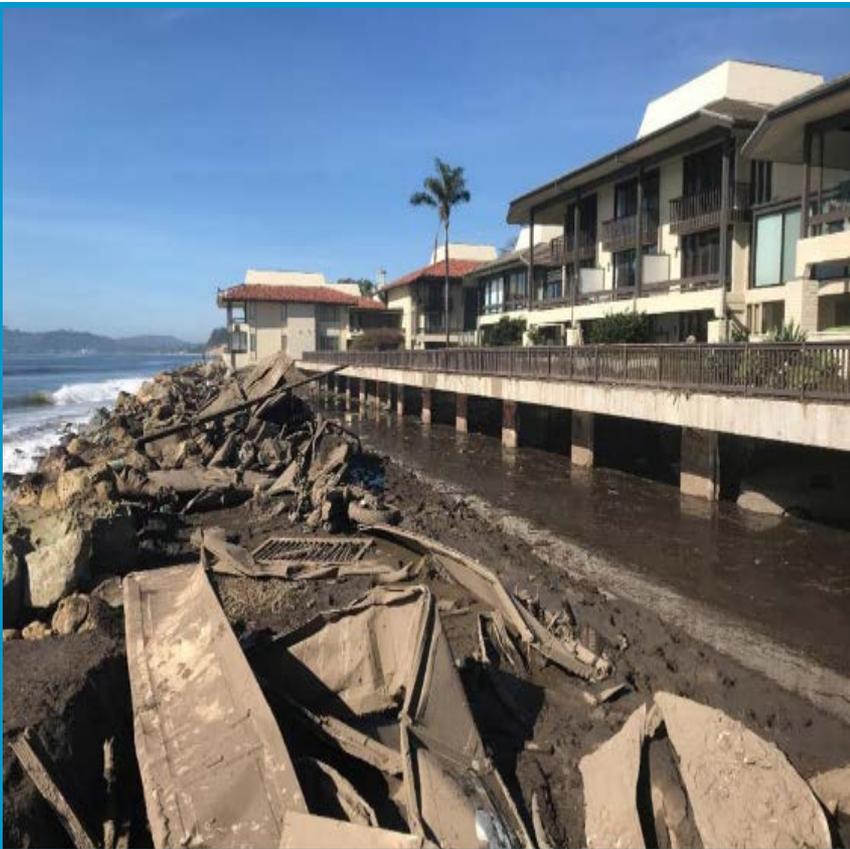
# DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH): EXAMPLE OF MUTUAL AID REQUEST



- Jan 12, 2018, Aid request via MHOAC program under CDPH
- Logistics- Travel, Vehicles, Fuel, Meals, Lodging, Labor Reimbursement, DEH Staff Availability
- DEH sent six Environmental Health Specialists over a three- week period
- 34 staff from visiting counties: San Diego, San Luis Obispo, Kern, Orange, Los Angeles



# MUTUAL AID RESPONSE TO SANTA BARBARA COUNTY MUDSLIDES



# WHAT A DAY LOOKED LIKE...



- DEH Participation
  - Hazardous Waste categorization





1. Authorization to execute a new California Mutual Aid Region VI, Intra-Region Cooperative Agreement for Emergency Medical and Health Disaster Services
  - Supports *Live Well San Diego* vision by:
    - Ensuring timely and efficient response to County emergencies/disasters
      - Promoting a healthy, safe, and thriving region



There is no fiscal impact associated with executing the agreement.

- San Diego County
  - Is responsible for reimbursing other Counties for the cost of aid requested and provided.
  - Would receive reimbursement for any aid provided to other Region VI Counties.
    - No change in net General Fund cost.
    - No additional staff years.



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# THANK YOU

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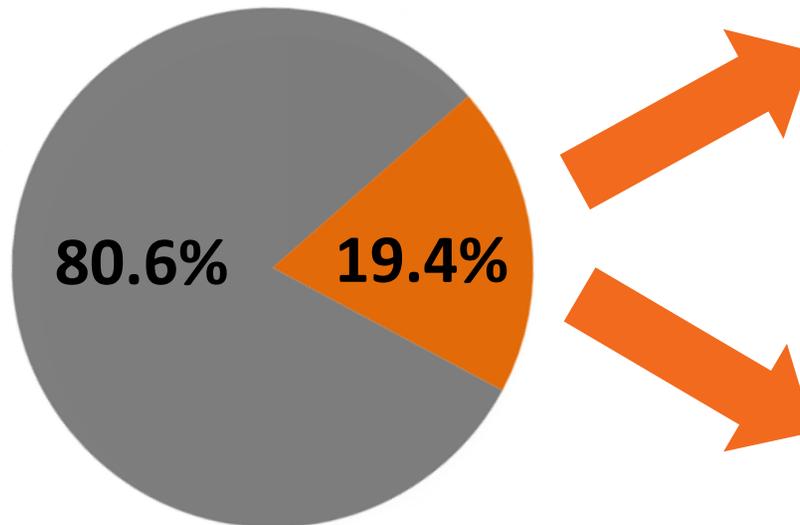


2015 Smoking-Attributable Mortality (SAM) for San Diego County Adults 35 Years of Age and Older, Total and by Gender

	Total Population 35+	Males 35+	Females 35+
Total Number of Deaths	19,969	10,017	9,952
Total Deaths Attributed to Smoking	3,874	2,280	1,594
Percent Deaths Attributed to Smoking	<b>19.4%</b>	<b>22.8%</b>	<b>16.0%</b>

2015 Deaths Due to Smoking, Total Population 35+

- Total Deaths Attributed to Smoking
- Deaths due to All Other Causes



Deaths due to Smoking  
in Males:

**22.8%**

Deaths due to Smoking  
in Females:

**16.0%**

# 2015 Deaths and Estimates of Smoking-Attributable Mortality (SAM) for

## San Diego County Adults 35 Years of Age and Older

2015 Deaths and Estimates of Smoking-Attributable Mortality (SAM) for San Diego County Adults 35 Years of Age and Older, Total and by Gender

Conditions/ Diseases	ICD 10 Codes	Males 35+			Females 35+			Total 35+ Population	
		Deaths	†Attributable fraction (%)	SAM	Deaths	†Attributable fraction (%)	SAM	Deaths	SAM
Lung cancer	C33-C34	507	0.84	425	487	0.81	393	994	818
Other cancers <sup>a</sup>	C00-C14, C15, C16, C18-21, C22, C25, C32, C53, C64-65, C67, C92.0	1,092	0.25	276	795	0.13	105	1,887	381
<b>Total—Cancers</b>		<b>1,599</b>	<b>0.52</b>	<b>837</b>	<b>1,282</b>	<b>0.44</b>	<b>559</b>	<b>2,881</b>	<b>1,396</b>
Coronary heart disease	I11, I20-I25	1,782	0.28	503	1,394	0.19	270	3,176	773
Other heart disease <sup>b</sup>	I00-I09, I26-I28, I30-I51	638	0.18	113	810	0.13	102	1,448	215
Cerebrovascular disease <sup>c</sup>	I60-I69	477	0.15	73	679	0.09	59	1,156	132
Other vascular disease <sup>d</sup>	I70-I74, I76-I78	92	0.41	38	104	0.35	37	196	75
Diabetes mellitus	E10-E14	387	0.18	68	322	0.08	25	709	93
<b>Total—Cardiovascular and metabolic diseases</b>		<b>3,376</b>	<b>0.24</b>	<b>811</b>	<b>3,309</b>	<b>0.15</b>	<b>509</b>	<b>6,685</b>	<b>1,321</b>
Pneumonia, influenza, tuberculosis	J09-J18, A16-A19	173	0.31	53	179	0.16	28	352	81
COPD	J40-J44	434	0.82	356	528	0.76	400	962	756
<b>Total—Pulmonary diseases<sup>e</sup></b>		<b>607</b>	<b>0.67</b>	<b>407</b>	<b>707</b>	<b>0.57</b>	<b>402</b>	<b>1,314</b>	<b>809</b>
<b>Total—Cancers, cardiovascular and metabolic diseases, pulmonary diseases</b>		<b>5,582</b>	<b>0.38</b>	<b>2,098</b>	<b>5,298</b>	<b>0.28</b>	<b>1,462</b>	<b>10,880</b>	<b>3,559</b>
Prenatal conditions <sup>f</sup>	K55.0, P00.0, P01.0, P01.1, P01.5, P02.0, P02.1, P02.7, P07.0–P07.3, P10.2, P22.0–P22.9, P25.0–P27.9, P28.0, P28.1, P36.0–P36.9, P52.0–P52.3, and P77	43	0.06	2	37	0.06	2	80	5
Sudden infant death syndrome <sup>g</sup>	R95	8	0.17	1	1	0.17	0	9	2
<b>Total Perinatal Conditions</b>		<b>51</b>	<b>0.08</b>	<b>4</b>	<b>38</b>	<b>0.08</b>	<b>3</b>	<b>89</b>	<b>7</b>
Residential fires	X00-X09	3	1.00	3	3	1.00	3	6	6
Secondhand smoke									0
Lung Cancer	C33-C34	507	0.05	25	487	0.04	21	994	46
Coronary heart disease	I11, I20-I25	1,782	0.09	156	1,394	0.08	107	3,176	262
<b>Total—Secondhand smoke</b>		<b>2,289</b>	<b>0.08</b>	<b>175</b>	<b>1,881</b>	<b>0.07</b>	<b>127</b>	<b>4,170</b>	<b>302</b>
<b>TOTAL Attributable deaths</b>				<b>2,280</b>			<b>1,594</b>		<b>3,874</b>

\*Fractions by the Centers for Disease Control, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) System. <http://www.ncbi.nlm.nih.gov/books/NBK254316/table/ch12.t4/?report=objectonly>

Note: Deaths with unknown age or sex were not included in the analysis. Deaths were pulled using 2016 ICD 10 codes.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (2015). Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 05/23/17.

Note: COPD = chronic obstructive pulmonary disease.

a - Other cancers consist of cancers of the lip, pharynx and oral cavity, esophagus, stomach, pancreas, larynx, cervix uteri (women), kidney and renal pelvis, bladder, liver, colon and rectum, and acute myeloid leukemia.

b - Other heart disease comprised of rheumatic heart disease, pulmonary heart disease, and other forms of heart disease.

c - Cerebrovascular diseases ICD-10 Codes: I60-I69

d - Other vascular diseases are comprised of atherosclerosis, aortic aneurysm, and other arterial diseases.

e - Pulmonary diseases consists of pneumonia, influenza, emphysema, bronchitis, and chronic airways obstruction.

f - Prenatal conditions (All Ages) comprised of ICD-10 codes: K55.0, P00.0, P01.0, P01.1, P01.5, P02.0, P02.1, P02.7, P07.0–P07.3, P10.2, P22.0–P22.9, P25.0–P27.9, P28.0, P28.1, P36.0–P36.9, P52.0–P52.3, and P77 (Dietz et al. 2010).

g - Sudden Infant Death Syndrome ((All Ages) ICD-10 code R95

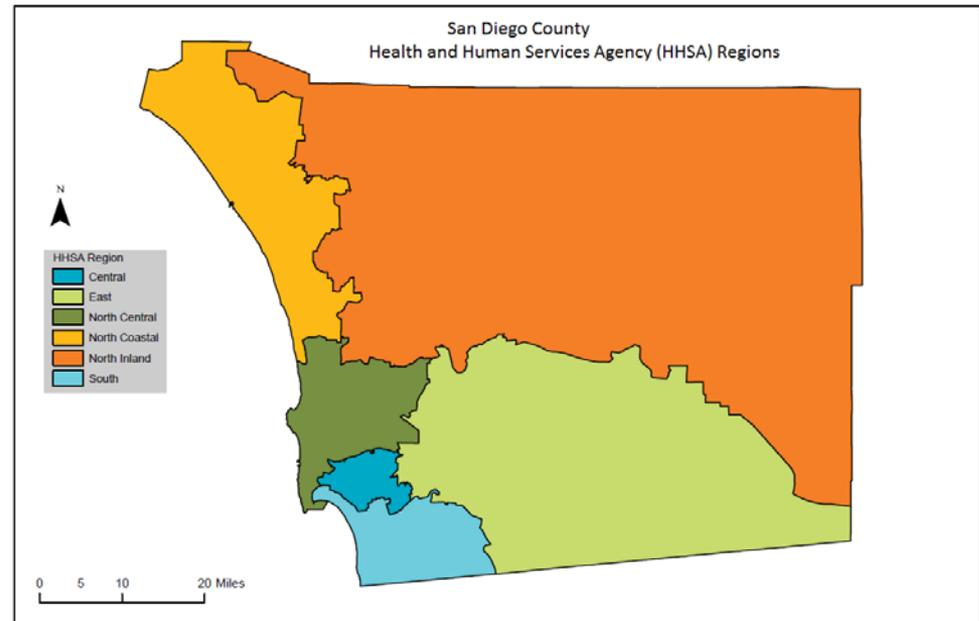
# SMOKING RATES AMONG TEENS AND ADULTS, 2013-2014

## LOCAL DATA



## COMMUNITY HEALTH STATISTICS, 2016

REGION	CURRENT SMOKER	
Central	9.9%	
East	12.6%	
North Central	12.3%	
North Coastal	9.0%	
North Inland	10.9%	
South	10.2%	
County Overall	10.9%	M: 13.0%; F: 8.7%
California	11.4%	M: 14.1%; F: 8.7%



Map by County of San Diego, Emergency Medical Services. Contact: Isabel Corcos or Leslie Ray, 619.285.6429  
Map Date: May, 2014

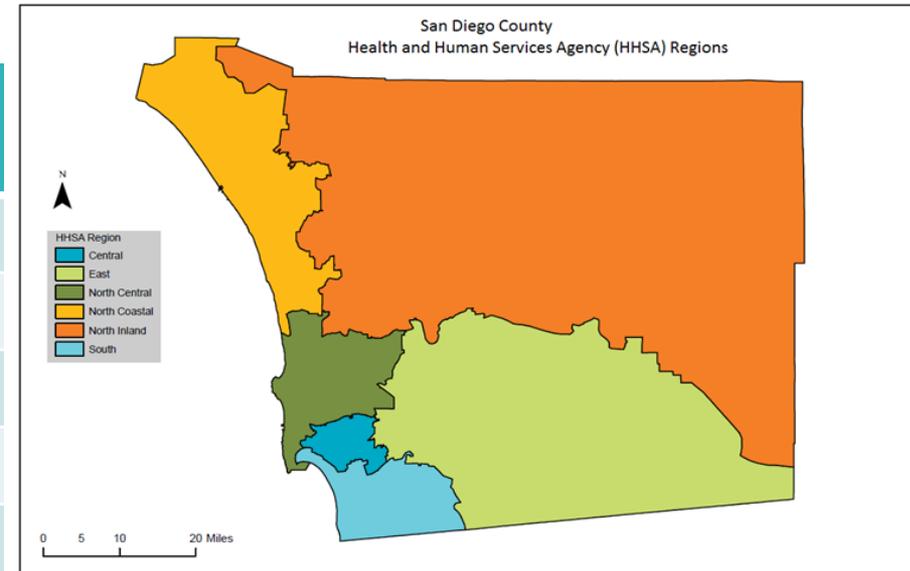


# SMOKING RATES AMONG ADULTS, 2013-2014 LOCAL DATA



## COMMUNITY HEALTH STATISTICS, 2016

REGION	CURRENT SMOKER	
Central	10.8%	
East	13.1%	
North Central	12.8%	
North Coastal	10.0%	
North Inland	12.6%	
South	10.6%	
County Overall	11.7%	M:13.8%; F:9.6%
California	12.4%	M:15.5%; F:9.4%



Map by County of San Diego, Emergency Medical Services. Contact: Isabel Corcos or Leslie Ray, 619.285.6429  
Map Date: May, 2014

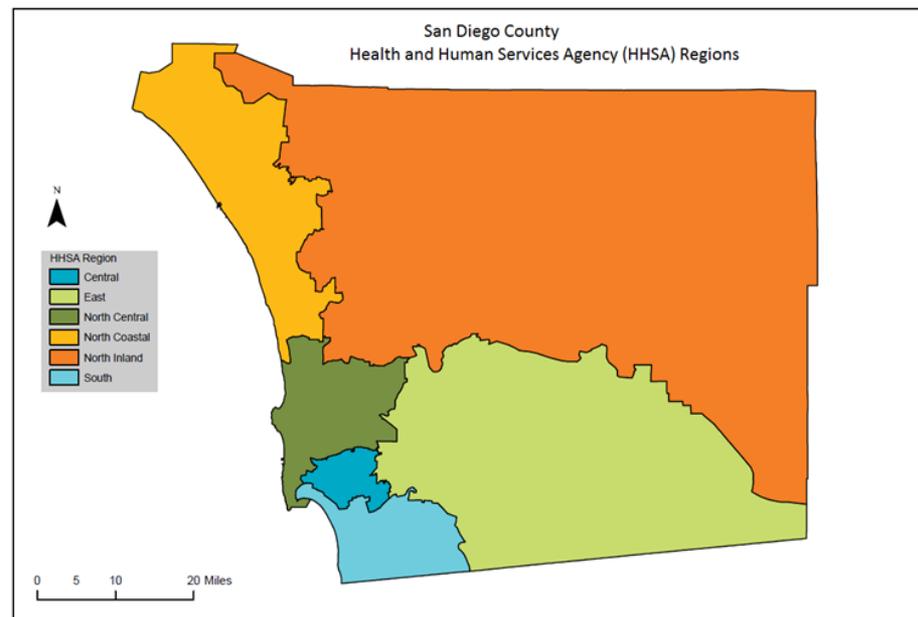


# 2015 DEATHS AND ESTIMATES OF SMOKING ATTRIBUTABLE MORTALITY



## ADULTS 35 YEARS OF AGE AND OLDER

REGION	DEATHS
Central	533
East	711
North Central	666
North Coastal	621
North Inland	757
South	576
County Overall	3,874



Map by County of San Diego, Emergency Medical Services. Contact: Isabel Corcos or Leslie Ray, 619.285.6429  
Map Date: May, 2014





**Public Health Services  
Maternal, Child & Family Health Services (MCFHS)  
Healthy Works: Prevention Initiative  
Program Fact Sheet  
FY 18/19 (Ends 9/29/18)**



**What Is the Healthy Works: Prevention Initiative?**

The Healthy Works: Prevention Initiative, also known as State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke, is a four-year, \$14 million cooperative agreement funded by the Centers for Disease Control and Prevention National Center for Chronic Disease and Health Promotion through the Division for Heart Disease and Stroke Prevention and the Division of Diabetes Translation. The goal of the Healthy Works: Prevention Initiative is to promote and reinforce healthful behaviors and health equity to prevent and reduce chronic disease among adults in the City of San Diego, specifically for those populations experiencing racial, ethnic, or socioeconomic disparities with uncontrolled high blood pressure or at high risk for type 2 diabetes. Targeted communities include City Heights and Southeast San Diego. Key partners include the City of San Diego; University of California, San Diego, Center for Community Health; and Be There San Diego, a cardiovascular disease prevention collaborative.

**Authority**

- Centers for Disease Control and Prevention, Prevention and Public Health Funds

Total Budget	Revenue			Expenditures		
	Federal	State	County/Other	Salary/Benefits	Supplies/Services	Contracts
\$1,022,801	\$1,022,801			\$454,163	\$66,813	\$501,825

**Whom Does Healthy Works: Prevention Initiative Serve?**

- City of San Diego adults 18+ years old
- Residents with uncontrolled high blood pressure and those at risk for developing type 2 diabetes
- Populations who experience racial/ethnic or socioeconomic disparities
- General and targeted priority populations, including low-income Latinos and African-Americans

**What Does Healthy Works: Prevention Initiative Do?**

- Develops and implements healthier nutrition and beverage standards and healthier choices in County cafeterias, congregate and custodial meals, and vending machines.
- Collaborates with retail stores to improve placement, promotion, and sales of healthier food items.
- Partners with employers to identify, design, and offer worksite wellness policies.
- Engages local residents through the Resident Leadership Academy to promote positive change in their community.
- Develops transportation and community plans that promote walking and biking.
- Implements, increases access to, and builds support for evidence-based lifestyle change programs, specifically Diabetes Prevention Programs.
- Improves the ability of health care systems to identify and prevent hypertension and type 2 diabetes.
- Strengthens community-clinical linkage strategies to support heart disease, stroke, and diabetes prevention efforts.

**Contact Person**

Rhonda Freeman, M.P.H., Chief  
Maternal, Child, and Family Health Services  
3851 Rosecrans Street, Suite 522  
San Diego, CA 92110  
(619) 692-8819  
[Rhonda.Freeman@sdcounty.ca.gov](mailto:Rhonda.Freeman@sdcounty.ca.gov)





**Public Health Services  
Maternal, Child, and Family Health Services  
Supplemental Nutrition Assistance-Education  
(SNAP-Ed) Nutrition Education and Obesity  
Prevention (NEOP)  
Program Fact Sheet FY 18-19**



**What is the SNAP-Ed NEOP Program?**

The SNAP-Ed NEOP program consists of behaviorally-focused, evidence-based nutrition education and obesity prevention interventions, projects, and social marketing campaigns, all of which are consistent with the mission of the United States Department of Agriculture’s Food and Nutrition Service. The program improves access to healthy food and active living opportunities in settings where SNAP-Ed eligible people live, learn, shop, and work through nutrition education, social marketing, environmental supports, and policy change.

**Authority**

- Public Law 111-296, the Healthy, Hunger-Free Kids Act of 2010

Total Budget	Revenue			Expenditures		
	Federal	State	County/other	Salary/Benefits	Supplies/Services	Contracts
\$3,232,364	\$3,232,364	\$0	\$0	\$1,370,587	\$102,451	\$1,759,326

**Whom Does SNAP-Ed NEOP Serve?**

San Diego County residents who participate or are eligible for the Supplemental Nutrition Assistance Program (SNAP), or who reside in a census tract where more than 50% of the households earn below 185% of the Federal Poverty Level.

**What Does SNAP-Ed NEOP Do?**

The SNAP-Ed 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.

**Contact Person**

Chesley A. Blevins, M.P.H.  
Maternal, Child, and Family Health Services  
3851 Rosecrans Street, Suite 522  
San Diego, CA 92110  
(619) 692-5506  
[Chesley.Blevins@sdcounty.ca.gov](mailto:Chesley.Blevins@sdcounty.ca.gov)





**Public Health Services  
Maternal, Child, & Family Health Services (MCFHS)  
Sodium Reduction Initiative (SRI) Program  
Fact Sheet  
FY18/19**



**What Is the SRI?**  
Established in March 2017, this five-year initiative aims to increase the availability of lower sodium foods while engaging the food sector to facilitate reduced sodium levels in packaged and restaurant foods. The long-term outcome is reduced sodium intake to within the current *Dietary Guidelines for Americans* recommendations.

**Authority**  
Los Angeles County Department of Public Health contract amendment PH-00333250 SD HHSa was approved by the Clerk of the Board on 12/19/17 for contract years two to five.

Total Budget \$106,000	Revenue			Expenditures		
	Federal	State	County/Other	Salary/Benefits	Supplies/Services	Contracts
	\$0	\$0	\$106,000	\$81,577	\$24,423	\$0

- Who are SRI Partners?**
- San Diego State University
  - Rady Children’s Hospital San Diego
  - Aging & Independence Services Senior Nutrition
  - Sweetwater Union High School District.

**What Does SRI Do?**  
SRI works with food service operators to collect and analyze procurement, sales, environmental, and customer perception data to identify opportunities to lower sodium in foods offered and served. These opportunities include changing practices in procurement, preparation, pricing, and promotion. As a strategy to foster sustainable change in the food system, SRI engages large food service operations to collectively express increased demand for better access to less processed, lower sodium products from food distributors and food manufacturers.

**Contact Person**  
Naomi Billups  
Maternal, Child, and Family Health Services  
3851 Rosecrans Street, Suite 522  
San Diego, CA 92110  
(619) 692-5693  
[Naomi.Billups@sdcounty.ca.gov](mailto:Naomi.Billups@sdcounty.ca.gov)





**Public Health Services**  
**Maternal, Child & Family Health Services (MCFHS)**  
**San Diego Racial and Ethnic Approaches to**  
**Community Health (SDREACH)**  
**Program Fact Sheet (1813)**



**What Is SDREACH?**

San Diego Racial and Ethnic Approaches to Community Health (*SDREACH*) is a 5-year, \$3.96 million cooperative agreement funded by the Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion. The *SDREACH* program will support implementation, evaluation, and dissemination of culturally tailored interventions that includes evidence-based strategies related to nutrition, physical activity, and clinical-community linkages strategy areas, with targeted tobacco-specific activities in healthy retail, community, and clinical settings.

**Authority**

- Federal: Centers for Disease Control and Prevention CDC-RFA-DP18-1813
- San Diego County Board of Supervisors: Docketed for October 30, 2018 Board Meeting

**Total Budget \$**  
**\$792,000**

Federal	
\$3,960,000	(\$792,000 annually for 5 years)

**Whom Does SDREACH Serve?**

Children, families, and stakeholders throughout the Central Region of San Diego County, with a focus on African Americans and Hispanic Americans that live in the Mid-City and Southeastern San Diego neighborhoods.

**What Does SDREACH Do?**

*SDREACH* supports culturally tailored interventions to address preventable risk behaviors related to three strategy areas—nutrition, physical activity, and clinical-community linkages. The nutrition strategy will increase access to healthy foods and support lactation-friendly policies and programs; the physical activity strategy will establish new/improved pedestrian, bicycle, or transit transportation systems; and the clinical-community linkages strategy will promote the utilization of local chronic disease management programs and expand the role of Community Health Workers to facilitate referrals through 2-1-1 San Diego, with an emphasis on tobacco cessation and prevention strategies.

**Contact Person**

Chesley A. Blevins, MPH  
 Maternal, Child, and Family Health Services  
 3851 Rosecrans Street, Suite 522  
 San Diego, CA 92110  
 (619) 692-5506  
 Chesley.Blevins@sdcounty.ca.gov





**Public Health Services**  
**Maternal, Child, and Family Health Services**  
**Childhood Obesity Initiative (COI)**  
**Fact Sheet FY 18-19**



**What is the COI?**

Established in 2006, the COI engages a diverse group of regional stakeholders with committed public leadership from the County Board of Supervisors and program-level involvement of HHS staff through a shared vision of reducing and preventing childhood obesity through policy, systems, and environmental change. Community Health Improvement Partners is the contracted provider for the COI, serving as the backbone organization in providing core administration functions and support for all programmatic activities to assure effective implementation of the strategies outlined in the guiding document, the *Childhood Obesity Action Plan*.

**Authority**

Contract authority for Single Source Procurement was approved by the San Diego County Board of Supervisors on 05/10/16 for fiscal year 16-17, with 2 option years.

Total Budget	Revenue			Expenditures		
	Federal	State	County/Other	Salary/Benefits	Supplies/Services	Contracts
\$390,609	0	0	\$390,609	\$ 29,509	\$1,100	\$360,000

**Whom Does the COI Serve?**

Children, families, and community stakeholders throughout the San Diego County region.

**What Does the COI Do?**

The COI engages the broader community in working to reduce and prevent childhood obesity in San Diego County by creating environments and policies that support healthy eating and active living. The COI has adopted a Collective Impact model to create, support, and mobilize hundreds of partners from multiple domains (i.e., sectors); provide leadership and vision; provide education and advocacy; and coordinate and sustain countywide efforts in the prevention and reduction of childhood obesity. The COI has established active workgroups and associated work plans across seven domains to develop, leverage, and replicate best practices and resources throughout San Diego County in order to shape a healthy future for children, their families, and their communities.

**Contact Person**

Chesley A. Blevins, M.P.H.  
 Maternal, Child, and Family Health Services  
 3851 Rosecrans Street, Suite 522  
 San Diego, CA 92110  
 (619) 692-5506  
[Chesley.Blevins@sdcounty.ca.gov](mailto:Chesley.Blevins@sdcounty.ca.gov)





**Public Health Services**  
**Maternal, Child & Family Health Services (MCFHS)**  
**Healthy Works: Heart Disease and Stroke Prevention**  
**Program Fact Sheet (1817)**



[www.LiveWellSD.org](http://www.LiveWellSD.org)

**What is the Healthy Works: Heart Disease and Stroke Prevention Program**

The Healthy Works: Heart Disease and Stroke Prevention Program is a five-year, \$4.5 million cooperative agreement funded by the Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion through the Division for Heart Disease and Stroke Prevention. The program will design, test, and evaluate approaches to reduce risks, complications, and barriers to prevention and control of cardiovascular disease by 1) tracking and monitoring clinical measures shown to improve healthcare quality and identify patients with high blood pressure and high blood cholesterol, 2) implement team-based care, and 3) link community resources and clinical services that support bi-directional referrals, self-management, and lifestyle change for people with high blood pressure and high blood cholesterol. Key partners include University of California, San Diego, Be There San Diego, a local cardiovascular disease and stroke prevention collaborative, and 2-1-1 San Diego.

**Authority**

- Federal: Centers for Disease Control and Prevention CDC-RFA-DP18-1817
- San Diego County Board of Supervisors Board Meeting October 30, 2018, Minute Order No. 5; Board Policy A-87 to authorize the Director, Department of Purchasing and Contracting to enter into negotiations with The Regents of the University of California, San Diego.

**Total Budget**  
**\$4,500,000**

Federal	
\$4,500,000	(\$900,000 annually for 5 years)

**Whom Does Healthy Works: Heart Disease and Stroke Prevention Serve?**

- County of San Diego adults 18+ years old
- Residents with or at risk of developing high blood pressure and high blood cholesterol
- Populations who experience racial/ethnic or socioeconomic disparities
- General and targeted priority populations, including African Americans and Hispanic Americans

**What Does Healthy Works: Heart Disease and Stroke Prevention Do?**

- Increase identification of people with undiagnosed hypertension using electronic health records and health information technology.
- Explore and test innovative ways to promote the adoption of evidence-based quality measurement at the provider level.
- Explore and test innovative ways to engage non-physician team members in hypertension and cholesterol management in clinical settings.
- Promote the adoption of medication therapy management between community pharmacists and physicians to manage high blood pressure, high cholesterol, and lifestyle modification.
- Facilitate engagement of patient navigators/community health workers in high blood pressure and high blood cholesterol management in clinical and community settings.
- Implement systems to facilitate bi-directional referral between community programs/resources and healthcare systems.

**Contact Person**

Thomas R. Coleman, M.D., M.S., Medical Director  
 Maternal, Child, and Family Health Services  
 3851 Rosecrans Street, Suite 522  
 San Diego, CA 92110  
 (619) 692-8819  
[Thomas.Coleman@sdcounty.ca.gov](mailto:Thomas.Coleman@sdcounty.ca.gov)





**Public Health Services  
Maternal, Child, and Family Health Services  
Tobacco Control Resource Program (TCRP)  
Fact Sheet FY18-19**



**What is TCRP?**

The Tobacco Control Resource Program (TCRP) works to reduce tobacco-promoting influences, exposure to secondhand smoke, and access to tobacco products, and to promote tobacco cessation. TCRP is the California Department of Public Health’s (CDPH) designated Local Lead Agency responsible for planning, developing, and implementing a comprehensive tobacco control program for the County to reduce death, disease, and disability resulting from tobacco use. TCRP is responsible for maintaining a Tobacco Control Coalition to ensure coordination of efforts and collaboration among CDPH-funded agencies working on tobacco control efforts. Priority areas include policy, systems, and environmental changes which reduce tobacco use and exposure, and strategies to reduce tobacco use health disparities.

**Authority**

California Health and Safety Code Sections 104350-104559, Tobacco Control, and the Revenue and Taxation Code Section 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016).

Total Budget \$2,221,738	Revenue			Expenditures		
	Federal	State	County/Other	Salary/Benefits	Supplies/Services	Contracts
	\$0	\$2,221,738	\$0	\$634,770	\$60,718	\$1,526,250

**Whom Does TCRP Serve?**

TCRP serves: residents of San Diego County; San Diego Tobacco Control Coalition members; and behavioral health providers, policy makers, planners, law enforcement, and business.

**What Does TCRP Do?**

TCRP staff and contractors implement strategies which will result in the following outcomes: 1) adults engaged in tobacco policy activities, 2) increased cessation attempts and the integration of tobacco cessation in behavioral health settings, 3) updated definitions of ‘smoking’ and ‘tobacco products’ in existing policies, 4) inclusion of tobacco control elements in building codes/general plans/permitting processes, and the adoption of 5) smoke-free outdoor dining, and 6) tobacco retail licensing policies. These strategies include: collaborating with policy makers, community leaders, and stakeholders; conducting and developing educational presentations, packets, and media materials; providing technical assistance and training; and evaluating the effectiveness of these activities. Additionally, TCRP maintains the San Diego Tobacco Control Coalition and serves as the lead for CDPH-directed activities.

**Contact Person**

Irene Linayao-Putman, M.P.H.  
Maternal, Child, and Family Health Services  
3851 Rosecrans Street, Suite 522  
San Diego, CA 92110  
(619) 692-5514  
[Irene.Linayao-Putman@sdcounty.ca.gov](mailto:Irene.Linayao-Putman@sdcounty.ca.gov)





**Public Health Services  
Maternal, Child & Family Health Services  
Local Oral Health Program  
Program Fact Sheet  
FY18/19**



**What Is LOHP?**

Local Oral Health Program (LOHP) to address oral health across the life span, increase infrastructure to address gaps, and identify interventions to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products.

**Authority**

- California Health and Safety Code (HSC) Sections 104750-104765, 104770-104825, 104865 & 131085, and the Revenue and Taxation Code Section 30130.50-30130.58 (California Healthcare, Research and Prevention Tobacco Tax Act of 2016)

Total Budget \$841,390	Revenue			Expenditures		
	Federal	State	County/Other	Salary/Benefits	Supplies/Services	Contracts
	\$0	\$841,390		\$346,390	\$195,000	\$300,000

**Whom Does MCAH Serve?**

San Diego County residents.  
LOHP program services are provided county-wide.

**What Does LOHP Do?**

- Coordinate oral health screenings and fluoride/sealant events.
- Integrate oral health services with educational, medical, dental, and social service systems.
- Identify, maintain, and expand oral health educational and preventive efforts within home visiting programs, Head Start, and other agencies.
- Collaborate with community partners and other County departments on working with Seniors and Refugee/immigrant population to promote oral health and increase access to preventive services.
- Increase engagement of dental providers in providing educational materials and referrals to smoking cessation.

**Contact Person**

Thomas R. Coleman, M.D., M.S., Chief  
Maternal, Child, and Family Health Services  
3851 Rosecrans Street, Suite 522  
San Diego, CA 92110  
(619) 692-8819



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** March 12, 2019

**XX**

**TO:** Board of Supervisors

### **SUBJECT**

**SAN DIEGO COUNTY TB ELIMINATION INITIATIVE (DISTRICTS: ALL)**

### **OVERVIEW**

Since the County of San Diego entered into the Tuberculosis Control Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) in 1982, substantial progress has been made in addressing tuberculosis (TB) control. Nonetheless, with an incidence rate of 7.1/100,000 population, San Diego is one of the most heavily affected counties in the country and remains well above both national (2.8/100,000) and California (5.2/100,000) TB rates.

Since TB's global resurgence in the 1990s, public health organizations have focused on reducing and eliminating TB as a public health threat. In 2014, the World Health Organization launched a global strategy called End TB to achieve a goal of TB Elimination (defined as less than one case per million) by the year 2035. The CDC's Division of TB Elimination's strategic plan 2016-2020 outlines a national strategy for TB Elimination. Following on this, the California Tuberculosis Elimination Plan 2016-2020 was promulgated by the California Department of Public Health in conjunction with the California TB Controller's Association in 2015, with the County of San Diego's TB Control and Refugee Health Branch as an active partner.

With global, federal, and State TB Elimination efforts underway, combined with the major TB prevention advances of more accurate TB tests and effective short-course treatment for latent tuberculosis infection, San Diego County now possesses the tools it needs to eliminate TB. However, the input of key stakeholders and communities impacted by TB is critical for building an elimination framework that serves the County's diverse population.

In conjunction with these efforts and to address the specific needs of San Diego County residents, today's action requests authorization to participate in a one-year planning process with community partners to develop a roadmap that will be known as the *San Diego County TB Elimination Initiative*. The goal of this initiative is to develop a plan and time-frame to decrease the incidence of active TB cases in San Diego County by 98.6% to 1 case per million.

If approved, today's action would formally establish the *San Diego County TB Elimination Initiative*. This item supports the Building Better Health and Living Safely components of the

**SUBJECT:** SAN DIEGO COUNTY TB ELIMINATION INITIATIVE (DISTRICTS: ALL)

*Live Well San Diego* vision, by bolstering local efforts toward elimination of a curable disease to improve longevity and quality of life.

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Direct the Chief Administrative Officer to develop and launch the *San Diego County TB Elimination Initiative*, a public-private partnership, using a collective impact approach, to eliminate TB as a public health threat in San Diego.
2. Direct the Chief Administrative Officer to report back to the Board in approximately 12 months with recommendations for the *San Diego County TB Elimination Initiative*.
3. Authorize the Agency Director, Health and Human Services Agency, to pursue future funding opportunities related to TB elimination efforts.

**FISCAL IMPACT**

There is no fiscal impact associated with the proposed action. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The Health Services Advisory Board will recommend approval or denial of this item at its February 5, 2019 meeting.

**BACKGROUND**

Tuberculosis (TB) is a communicable bacterial disease transmitted from person-to-person through shared indoor air space. Groups disproportionately affected by TB include homeless individuals, and those with diabetes, kidney failure, cancer, and HIV infection. Lost income due to illness and workplace exclusion during infectiousness puts individuals with TB at risk for homelessness, and isolation for family and friends to prevent contagion further disrupts existing social supports. Severe complications of TB disease such as brain and spinal infection can occur and are most common in children under the age of five years and can result in strokes, hearing and vision loss, and developmental disabilities.

With significant gains in TB treatment and prevention in recent decades, TB transmission accounts for only 20 percent of new cases in California. The remaining 80 percent are due to reactivation of latent infection. Based on California Department of Public Health estimates, approximately 170,000 San Diego County residents are infected with latent TB. Without treatment, these individuals harbor a 5-10 percent risk of reactivation and progression to infectious TB disease in their lifetimes. Of these individuals an estimated 20 percent are aware of their infection and only 12percent have been treated. Treating Latent TB Infection (LTBI) will

**SUBJECT: SAN DIEGO COUNTY TB ELIMINATION INITIATIVE (DISTRICTS: ALL)**

prevent TB cases in San Diego County and provide a crucial step in achieving the goal of TB Elimination.

The CDC has estimated that every \$1 of investment in TB prevention results in a \$12.08 return to society. In 2016, the U.S. Preventive Services Task Force – national experts who provide widely accepted evidence-based medical recommendations – came out with a new recommendation for targeted screening for LTBI in populations at risk. Over the last decade, the tools used to effectively screen for TB have improved and there has been widespread adoption of blood tests to better diagnose LTBI. Additionally, new short-course treatment regimens now recommended by the Centers for Disease and Prevention for the treatment of LTBI are less expensive and more likely to be completed by patients.

With global, federal and state TB Elimination efforts underway, combined with the major TB prevention advances of more accurate TB tests and effective short-course treatment for LTBI, San Diego County now possesses the tools it needs to eliminate TB. However, the input of key stakeholders and communities impacted by TB is critical for building an elimination framework that works for the County's diverse population.

To address this significant public health issue in a coordinated manner and yield collective impact, today's action seeks authorization to participate in a one-year planning process with community partners to develop a roadmap that will be known as the *San Diego County TB Elimination Initiative*. The roadmap will be developed through a public-private partnership, utilizing a collective impact approach with a common agenda and centralized infrastructure, to develop a five-year plan for eliminating TB as a public health threat in the county. The goal of this initiative is to decrease the incidence of active TB cases by 98.6 percent to 1 case per million by the year 2040.

The one-year planning process will coordinate efforts from stakeholder groups to address local TB elimination. This will be facilitated by the TB Control and Refugee Health Branch of Public Health Services, convening stakeholders across healthcare, government, and consumer sectors to address topics, such as research and surveillance; access, testing, and treatment; and provider and consumer education and awareness. Input from these meetings will influence the development of a planning document that will provide an overview of the status of TB elimination efforts and identify high-risk communities.

By embarking on the *San Diego County TB Elimination Initiative*, San Diego County will join global, federal and State initiatives to end the TB epidemic. The San Diego initiative will build upon the existing strategic plans developed by these entities to model goals and objectives based on demonstrated best practices and successes and further tailored to the fit the unique needs of the San Diego region. The *San Diego County TB Elimination Initiative* supports the *Live Well San Diego* vision by increasing life expectancy and quality of life.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed actions support the Safe Communities initiative in the County of San Diego's 2019-2024 Strategic Plan, as well as the *Live Well San Diego* vision by improving the service

**SUBJECT:** SAN DIEGO COUNTY TB ELIMINATION INITIATIVE (DISTRICTS: ALL)

delivery system for TB prevention and treatment, and supporting activities to eliminate TB in San Diego County.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

DRAFT

**SUBJECT:** SAN DIEGO COUNTY TB ELIMINATION INITIATIVE (DISTRICTS: ALL)

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:**  Yes  No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

Yes  No

**PREVIOUS RELEVANT BOARD ACTIONS:**

N/A

**BOARD POLICIES APPLICABLE:**

N/A

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** N/A

**CONTACT PERSON(S):**

Wilma Wooten, M.D., M.P.H.

Name

619-542-4177

Phone

Wilma.Wooten@sdcounty.ca.gov

E-mail

Susannah Graves, M.D., M.P.H.

Name

619-850-1443

Phone

Susannah.Graves@sdcounty.ca.gov

E-mail