



County of San Diego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, March 2nd, 2020
3:00pm to 5:00pm
Microsoft Teams

MEETING MINUTES

| Members Present | | Members Absent/Excused | | Presenters | HHSA Support |
|---|--------------------------|---|---------------------------------|--|---|
| Seat 1 - District 1 | Parker, Richard | Seat 14 - Consumer | Dailey, Jack | <i>Health Equity Presentation,</i> Wilma Wooten, MD, MPH Public Health Services, Public Health Officer & Director <i>Resolution to Accept California Department of Justice Tobacco Grant</i> Alison Sipler, MPH, CHES Maternal, Child, and Family Health Services, Program Coordinator | Dr. Wilma Wooten, Public Health Officer & Director, PHS Dr. Elizabeth Hernandez, Assistant Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Dr. Kelley Motadel, Child Health Officer, MCSD Adrienne Yancey MCFHS, Acting Chief |
| Seat 8 – District 4 | Arroyo, Geysil | Center for Health Education & Advocacy | (Alternate) | | |
| Seat 4 - District 2 – Business Owner | Connelly, LaVonna | Seat 11 - San Diego County Medical Society | Ohmstede, Jennipher (Alternate) | | |
| Seat 13 – Health Center Partners of Southern California; for Henry Tuttle | Fraser, Tim (Alternate) | Seat 13 – Health Center Partners of Southern California For Dimitrios Alexiou | Tuttle, Henry | | |
| Seat 11 - San Diego County Medical Society | Hegy, Paul | Seat 15 - Behavioral Health Advisory Board | Wade, Lindsay | | |
| Seat 7 - District 4 – James Lepanto Consulting | Lepanto, James | | Mendel, Jenifer (Alternate) | | |
| Seat 2 – District 1 – A Healthier Me | Afflalo, Suzanne | Seat 12 - Hospital Association of San Diego and Imperial Counties | Alexiou, Dimitrios | | |
| Seat 14 - Consumer Center for Health Education & Advocacy | Knoll, Gregory | Seat 15 – Behavioral Health Advisory Board | Matthews, Michael | | |
| Seat 12 - Hospital Association of San Diego and Imperial Counties | Sumek, Caryn (Alternate) | Seat 9 – District 5 | Remington-Cisneros, Therese | | |
| Seat 6 – District 3 – | Cohen, Stuart | | | | |

| Members Present | | Members Absent/Excused | | Presenters | HHSA Support |
|---|---|--|---|------------|---|
| Seat 3 - District 2 – Mountain Health Seat 16 - Healthy San Diego Professional Advisory Committee | Shaplin, Judith Seldin, Harriet (Alternate) | Seat 16 - Healthy San Diego Professional Advisory Committee Seat 19, District 3 <i>Acronyms:</i> HSDPA: Healthy San Diego Professional Advisory SDCMS: San Diego County Medical Society HCPSC: Health Center Partners of Southern California | Schultz, James Vacant HASDI: Hospital Association of San Diego and Imperial CCHE: Consumer Center for Health Education BHAB: Behavioral Health Advisory Board HSDCA: Healthy San Diego Advisory | | Alison Sipler MCFHS, Program Coordinator Danielle Dorrington, PHS Admin, Admin. Analyst III Pedro Hirsch, Administrative Secretary II, PHS Additional COSD Staff Present: None. Other Attendees: Barbara Orozco- Valdivia, Stakeholder Engagement Manger, Blue Shield California Janet Vadakkumcherry, Health Center Parties Samhita Ilango, Student |

| Minutes | Lead | Follow- up Actions | Due |
|--|---|--------------------|-----|
| <i>None.</i> | | | |
| Next Meeting: HSAB Meeting: Tuesday April 6, 2020, 3:00 – 5:00 pm – Microsoft Teams | | | |
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| Agenda Item | Discussion | | |
| I. Welcome & Introductions | <p>A. James Lepanto called the meeting to order at 3:00 PM.</p> <p>B. Roll call was noted and quorum established.</p> <p>C. February Meeting was canceled.</p> <p>D. Notes to share: <u>Announcements by James Lepanto:</u> Some of our wonderful Public Health staff are finally getting their vaccines today. CalFire is here today giving out vaccines. I want to congratulate, once again Dr. Wooten, who received from the YMCA, the <i>Martin Luther King Jr. Human Dignity Award</i>. I also want to announce that Geysil Arroyo was appointed to the San Diego Community College District Board as a Trustee. <u>Announcements by Geysil Arroyo:</u> Thank you for sharing the news with everyone. I am very excited, and we have a huge task ahead of us, like selecting a new Chancellor. It compliments well, both Boards. Any questions you have about the Community College District send them my way.</p> | | |
| II. Public Comment | No public comment. | | |
| III. Action Items | <p>E. Approval of March Agenda and January Meeting Minutes</p> <ol style="list-style-type: none"> 1. Agenda: Moved by Paul Hegyi and seconded by Judith Shaplin. 2. Minutes: Moved by Paul Hegyi and seconded by Geysil Arroyo. 3. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved. | | |
| IV. Public Health Officer’s Report By Dr. Wilma Wooten | <p>A. Influenza (As of week ending February 13, 2021)</p> <ol style="list-style-type: none"> 1. For the 2020/2021 flu season, CDC disease week ending February 13, 2021, there have been 686 lab confirmed flu cases reported and one deaths. This compares to a previous three-year average for the same time of the year of 11,862. Among these cases, 48.8% or 335, are Flu A. 2. The total number of influenza vaccinations registered this flu season to date is 1,145,678 through January 16, 2021. 3. See <i>Influenza Watch</i>, published Wednesday, February 17, 2021. <p>B. 2019 Novel Coronavirus (As of week ending February 19, 2021)</p> <ol style="list-style-type: none"> 1. The current number of COVID-19 cases in the U.S. is over 27,737,875 and 491,455 deaths | | |

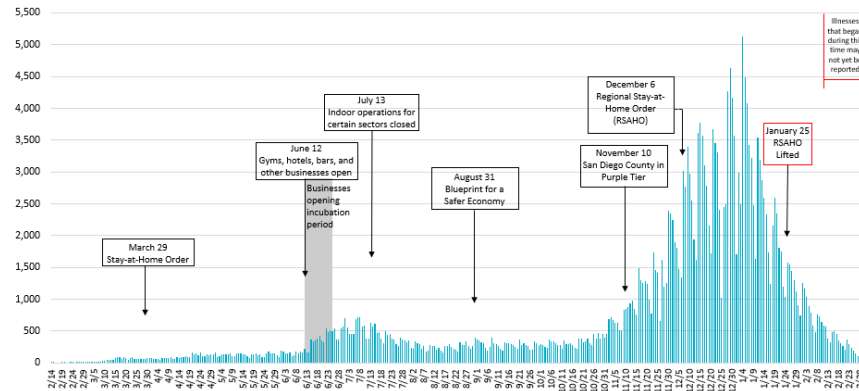
2. California Cases: The current number of cases in CA is now 3,428,518 cases and 48,344 deaths.
 3. San Diego Cases: San Diego County residents – 255,802 with 3,169 deaths
 4. The current number of COVID-19 vaccines administered as of 2/19/2021 is as follows: 705,985 doses administered; 533,980 individuals vaccinated; 174,211 persons fully vaccinated
 5. See *COVID-19 Watch*, published Tuesday, February 16, 2021.
 6. Currently vaccinating Phase 1A, Tiers 1-3 and Phase 1B, age groups in Tier 1.
 7. Vaccination sites include community PODs and Super Stations.
 8. View all information at www.coronavirus-sd.com.
- C. California Department of Justice “Tobacco Grant Program 2020-2021”:
1. PHS was notified on 12/31/21 that the application was awarded
 2. The funding amount awarded is \$532,405 for 36 months for the period 7/1/21-6/30/24. To accept funds, PHS is required to return a Letter of Intent (submitted on behalf of HHS on 1/15/21), obtain approval from the Board of Supervisors to accept the funds, and complete an MOU.
 3. The funding amount per FY is: FY 21-22 \$174,262, FY 22-23 \$176,611, and FY 23-24 \$181,532.
 4. A Board Letter to accept funds and approve a resolution is scheduled for 3/16/21.
- D. Kresge Emerging Leaders in Public Health Grant:
1. An additional 6 trainings have been scheduled between 2/09/21 – 2/18/21.
 2. Session #1 tentatively scheduled for June 24, 2021.
 3. Arranging the design call prior to March 31st grant deadline.
- E. Perinatal Equity Initiative:
- I. Phase 2 of the *Black Legacy Now* media campaign ran from January 4 – February 5, 2021 and included a press conference held on January 28, 2021. Fifteen individuals reached out to program staff after the press conference, most requesting to join the PEI Community Advisory Board.
- F. San Diego Racial and Ethnic Approaches to Community Health (SD REACH):
1. Contract amendment for Cardiovascular and Diabetes Prevention and Management Project with University of California – San Diego (contract number 559701) to add REACH specific Community Health Worker scope of work. Effective date on 8/14/2020
 2. Potential funding at \$105,000 for period from 1/15/2021 (tentatively) to 6/30/2021
 3. Funded at \$60,000 for period from 8/14/2020 to

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| | <p>9/29/2020 with carryover from 9/30/2020-12/30/2020.</p> <p>4. Pending Contract amendment for Child Obesity Prevention Services Project with University of California – San Diego (contract number 560830) to implement a media campaign to increase participation in a market match program “Mas Fresca”.</p> <p>G. CDC Racial and Ethnic Approaches to Community Health (REACH) Grant Supplemental Funding:</p> <p>1. CDC announced a new supplemental funding opportunity to promote vaccine awareness for COVID-19 and the 2021-22 flu season, building upon and extending the existing flu supplemental funding. The funding available to San Diego is \$629,640 for an 18-month period 3/30/21 through 9/29/22. Applications are due 3/1/21.</p> <p>H. New Hires:</p> <p>1. Renate Remulla began 1/29/2021 and Maria Aleman-Garcia began 2/12/2021 as Administrative Analysts in the HIV, STD and Hepatitis Branch.</p> <p>2. Six PHNs have been hired in EISB as part of the ELC Grant</p> <p>3. An Epidemiologist I has been hired into EISB as part of the ELC Grant.</p> <p>4. Kirthana Tangirala, rejoined the Maternal, Child, and Adolescent Health Team as a Community Health Program Specialist on 2/12/2021.</p> <p>5. Kelly Strona has accepted a temporary assignment to a higher class (TAHC) with Public Health Services Administration as a Supervising Health Information Specialist.</p> | |
| <p>V. Health Equity Presentation Wilma Wooten, MD, MPH Public Health Services, Public Health Officer & Director</p> | <p>I. Public Health Services’ Commitment to Health Equity</p> <p>1. 2001: Developed the Reduce and Eliminate Health Disparities with Information Initiative</p> <p>2. 2004: Formed a Chronic Disease Branch</p> <p>3. 2008: Adopted Health Equity as a Priority. Formed the</p> | |

Chronic Disease and Health Equity Unit.

4. 2010: PHO developed CCLHO Health Equity Framework
5. 2014: Developed Health Equity Infrastructure for Accreditation
6. 2016: Developed Public Health Equity Reports
7. 2019: Added Branch Health Equity Goals to PHS Strategic Plan
8. 2021: Declared Racism as a Public Health Crisis

J. Confirmed COVID-19 Cases by Date of Illness Onset



*If case did not have symptoms or illness onset date is unavailable, the earliest of specimen collection date, date of death, or date reported is used instead.
Data are preliminary and subject to change. Prepared by County of San Diego, Emergency Operation Center, 3/1/2021.

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K. COVID-19 Cases and Deaths by Race and Ethnicity

Data through 2/28/2021, updated 3/1/2021 8:00 AM

| Summary of COVID-19 Cases by Race/Ethnicity | | | |
|---|----------------------------|--|--------------------|
| COVID-19 Case Summary | San Diego County Residents | | |
| Total Positives | 260,625 | | |
| Race and Ethnicity* | Count | % of Total with Known Race/Ethnicity (N=223,711) | Rate per 100,000** |
| Hispanic or Latino | 124,381 | 55.6% | 11,375.8 |
| White | 59,341 | 26.5% | 3,928.9 |
| Black or African American | 8,043 | 3.6% | 4,774.6 |
| Asian | 14,781 | 6.6% | 3,456.6 |
| Native Hawaiian/Pacific Islander | 2,210 | 1.0% | 15,493.6 |
| American Indian/Alaska Native | 758 | 0.3% | 3,481.7 |
| Multiple Race | 2,324 | 1.0% | 2,151.1 |
| Other Race | 11,873 | 5.3% | |
| Race/Ethnicity Unknown | 36,914 | | |

Deaths

| Race/Ethnicity* | | |
|----------------------------------|-------|-------|
| Hispanic or Latino | 1,408 | 43.7% |
| White | 1,202 | 37.3% |
| Black or African American | 129 | 4.0% |
| Asian | 330 | 10.2% |
| Native Hawaiian/Pacific Islander | 20 | 0.6% |
| American Indian/Alaska Native | 11 | 0.3% |
| Multiple Race | 22 | 0.7% |
| Other Race | 103 | 3.2% |
| Race/Ethnicity Unknown | 78 | |

Cases

L. Healthy Place Index Essential Components

1. HPI score reflects a combination of 25 community characteristics across 5 areas
2. On healthy community conditions
 - a. Healthcare Access
 - b. Economic
 - c. Education
 - d. Clean Environment
 - e. Housing
 - f. Neighborhood
 - g. Transportation
 - h. Social

M. Health Equity Investment Plan

1. Immediate Strategies:
 - a. Testing
 - b. Contact Tracing
 - c. Isolation and Treatment
 - d. Worker Protections
2. Long Term Strategies
 - a. Housing Security and Homelessness
 - b. Schools and Childcare
 - c. Economic Security
 - d. Health In All Policies
 - e. Transportation, Physical Access, Mobility
3. Cross-Cutting Strategies
 - a. Data
 - b. Communication
 - c. Language Access and Cultural Competency
 - d. Community Engagement
 - e. Mental Health

N. T3 Strategy

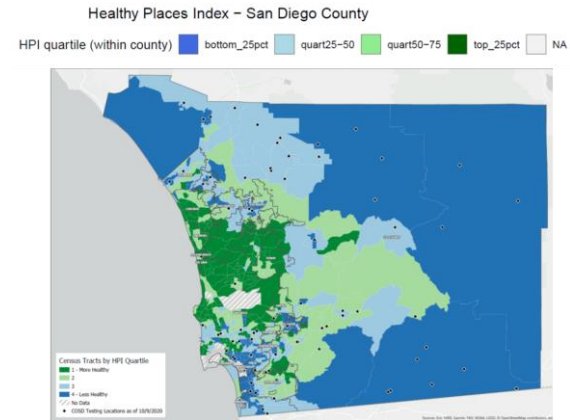
1. Test: Accessible COVID-19 Testing
2. Trace: Culturally Competent Disease Investigation
3. Treat: Assistance with SAFE Isolation And Individualized Services

O. Test

1. Drive-Up testing sites
2. Walk-in testing sites in partnership with the State
3. No appointment testing sites
4. Mobile testing sites
5. Rapid response testing teams
6. CAL FIRE/San Diego County Fire Rural Focus Testing
7. ACT: Accessible COVID-19 Testing

P. Healthy Places Index and Testing

1. Testing Positivity percentage is calculated for areas scored as Lowest Health Conditions.



Q. COVID-19 Vaccine Ecosystem

1. County hosted vaccine events
2. Vaccination superstation sites
3. Mobile vaccination teams
4. Hospital-based vaccination sites
5. Clinic-based vaccination sites
6. City partnership vaccination sites
7. Military and Veteran Administration
8. Pharmacies

R. Health Equity: Increasing Access

1. 211 San Diego: Supporting those 65 and older make

appointments over the phone.

2. Vaccination Locations: 7 County Hosted and Sponsored Vaccination Sites in the South Region; Piloting no-appointment sites restricted to eligible populations in nearby zip codes.
3. Project SAVE (Scheduling Assistance for Vaccine Equity): Pilot program using *promotores*/community health worker model to support eligible, higher-risk individuals' access to COVID-19 vaccination appointments in their community.

S. Protecting our most vulnerable adults:

1. **1,347** Long-Term Care Facilities (1,261), including Skilled Nursing Facilities (86) in San Diego County
2. **100%** (86 out of 86) Skilled Nursing Facilities Completed First and Second Dose
3. **93%** (1,173 out of 1,261) Long Term Care Facilities Completed At Least First Dose

T. Individuals vaccinated by region:

| HHS Region | | | | |
|--------------------|---------|-------|-------|-------|
| Central | 75,108 | 12.1% | 15.4% | 145.8 |
| East | 78,555 | 12.7% | 14.6% | 160.7 |
| North Central | 135,640 | 21.9% | 20.0% | 202.8 |
| North Coastal | 88,279 | 14.2% | 16.7% | 157.5 |
| North Inland | 99,753 | 16.1% | 18.4% | 162.0 |
| South | 95,472 | 15.4% | 15.0% | 190.0 |
| Other**** | 25,576 | 4.1% | | |
| HHS Region Unknown | 21,185 | 3.4% | | |

U. County of San Diego COVID-19 and Health Equity Response Strategy

1. Strategy 1: Expand the County's evidence-base for COVID-19 and Healthy Equity data (e.g., Federal, State, and local).
2. Strategy 2: Examine and expand County programs, services, and practices for testing, contact tracing, isolation, healthcare, and recovery.
3. Strategy 3: Support and protect essential and frontline workers, to prevent transmission of COVID-19.
4. Strategy 4: Expand an inclusive workforce equipped to address the needs of a diverse San Diego population.
5. Strategy 5: Collaborate with community partners to ensure an inclusive communications and engagement effort.

Questions and Comments:

[during presentation]

Comments from Greg Knoll: I wanted to throw some stuff out. But Ill come back at 4/4:30. People can jump on me. But here is the way I look at it:

I don't look at anything other than improvement by public health and by the Board of Supervisors. Every criticism, I'm going to say right now, I blame on what we have to overcome from the old way things were handled.

For instance, you have 33% of our population is Hispanic. We've only hit half, 16%, with vaccines, but 43% died. Blacks—2.2%, after they been—they are only 5%, that's about half, not bad—4% died. Asian and White exceed their percentages or get right up to their percentages in this County. Yes, a lot of it is zip code...better than if they do genetic code.

Explains a bunch of things. But what it doesn't explain—what it's not talked about. It's the way Hispanics and African Americans...the food they've been forced to eat for years. They way—what's going on—they have underlying conditions—yeah, you gave them to them!

Response from Paul Heygi: You said death. Can you make sure we are not talking about death? You said death, you mean cases.

From Greg Knoll: No no, this is a different thing. For sports only. It only related to sports.

From Paul Heygi: It's not death though. You said death.

Response from Dr. Wilma Wooten: Can I just finish Greg? Technically in the State of CA, the 26 of February is when the sports teams could start if they had a case rate of 14 or below. Technically we could have started last Monday because there was legislation, but the legislation is ambiguous because it says that our guidance can't be any more strict than professional college sports. And we can't do that, that is so restricted. So we would never do that.

From Greg Knoll: However, please, everybody, there is a 20 minute segment on Brian Doubles real sports about CA's ability to provide more deaths and more positive tests than any state in history. What they are showing is—is that is caused, right now, not all the time, by communities, high schools, turning themselves into club teams, avoiding the restrictions, and fall 36 day schedules, 16 days schedules, and leading to 70k hotspots around the State. I just want people to go and watch it...

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| | <p><i>[after presentation]</i></p> <p><u>Comment from Paul Hegyi:</u> I have a serious objection by the hijacking that happen in the middle of the presentation. It was 5 different topics. I wasn't okay—I wanted to leave. I got frustrated. It is not appropriate for our time as members of this community. Asking one or two questions—that was a rant on different topics.</p> <p><u>Response from James Lepanto:</u> So you know, I will be following up personally on that, so I'll take care of it.</p> <p><u>Dr. Wooten:</u> I know that was a water hose of information, but feel free to send me an email if you have questions.</p> <p><u>From James Lepanto:</u> First of all, I know that Health Equity has been a priority for your entire career. I was really touched by the fact, and moved by the fact, that when you were talking about the early days in the operations plan and trying to insert Health Equity and it kept been taking out, but you kept fighting for it. So I want to thank you for that.</p> <p>I was wondering, for certain communities, for people that are unsure about the vaccine and maybe have a history of not trusting, how is that been address from a Health Equity standpoint?</p> <p><u>Response from Dr. Wooten:</u> Oh, absolutely, we are using our promotores. We are using people that look like the people in the communities we are trying to get people to sign up for the vaccine.</p> <p><u>From LaVonna Connelly:</u> So, Dr. Wooten, I am understating that the reason why the Latino in South or in general was hit harder with COVID, was because of previously existing Health Equity issues or are we closer to understanding why this population was more at risk than others?</p> <p><u>Response from Dr. Wooten:</u> It's the social determinance of health, these are individual that are at the front line in transportation, restaurant industry—the services that are provided to the community. Also, generational—multiple individuals in the same households. All brown and black people—they have those front line jobs. It really speaks to the fabric for where we need to change. Education, increasing salary—minimum wage. Those are all social determinance of health issue that affects this community.</p> <p><u>From LaVonna Connelly:</u> Is it a silver lining for us to be able to point out that these things are previously existing situation?</p> <p><u>From Dr. Wooten:</u> Health Equity is no longer invisible. We have to develop a conscious strategy to improve it moving forward.</p> | |
| <p>VI. Presentations for Approval <i>Resolution to Accept California</i></p> | <p>A. Acceptance of CA Department of Justice Tobacco Grant Program Funds</p> <p>B. Youth Tobacco Use</p> | |

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| <p><i>Department of Justice Tobacco Grant</i> Alison Sipler, MPH, CHES MCFHS, Program Coordinator</p> | <ol style="list-style-type: none"> 1. According to the 2020 National youth Tobacco Survey: 3.6 million US youth still currently use e-cigarettes; there is a notable uptick in use of disposable e-cigarettes by youth; more than 8 out of 10 current youth e-cigarettes users use flavored e-cigarettes. <p>C. 2020 Young Adult Tobacco Purchase Survey Results</p> <ol style="list-style-type: none"> 1. Through funding from the California Department of Public Health, the Young Adult Tobacco Purchase Survey was conducted in the unincorporated area of San Diego County in February 2020 to determine the scope of youth access to tobacco products. 2. Retailers included: Independent markets, Smoke/vape shops, convenience stores, drug stores, liquor stores, gas stations, grocers. <p>D. TRL-Related Actions Taken by the County</p> <ol style="list-style-type: none"> 1. On December 8, 2020, the County of San Diego Board of Supervisors approved the Tobacco Retail Licensing (TRL) Ordinance (Ordinance No. 10699). 2. The County’s TRL Program will provide core infrastructure for licensing and carry out basic enforcement activities including inspections and decoy operations. 3. PHS applied for the California Department of Justice Tobacco Grant Program to fund enhanced enforcement activities. <p>E. CA Department of Justice Tobacco Grant</p> <ol style="list-style-type: none"> 1. Award: \$532,405 2. Project period: July 1, 2021 to June 30, 2024 3. Project goal: To enhance the compliance and educational efforts of the County of San Diego’s TRL Program. 4. Target population: Tobacco retailers in the unincorporated area of San Diego County. <p>F. Objectives to Enhance the TRL Program</p> <ol style="list-style-type: none"> 1. Provide additional education and training to retailers found in violation of the TRL Program 2. Expand youth decoy operations, as part of the TRL Program, to all retailers in the unincorporated area 3. Conduct quarterly virtual educational meetings with tobacco retailers 4. Establish procedures for safe storage and disposal of e-cigarettes <p>G. Anticipated Outcomes FT 2021-2024</p> <ol style="list-style-type: none"> 1. Youth decoy operations conducted with 50% of licensed tobacco retailers | |
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| | <p>annually (resulting in youth decoy operations at 100% of retailers).</p> <ol style="list-style-type: none"> 2. Additional education and training for 100% of retailers found in violation of the County of San Diego TRL Ordinance. 3. 12 tobacco retailer quarterly educational meetings held. 4. 1 protocol for the safe handling and disposal of e-cigarettes developed and implemented. <p>H. Health Impact</p> <ol style="list-style-type: none"> 1. Reduce youth access and exposure to tobacco products. 2. Reduce COVID-19 complications. 3. Reduce smoking rates. <p>I. Board Letter Recommendations</p> <ol style="list-style-type: none"> 1. Authorize the acceptance of \$532,405 in grant funds from the California Department of Justice for the period of July 1, 2021 through June 30, 2024. 2. Adopt a Resolution entitled, A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS AUTHORIZING ACCEPTANCE OF A GRANT FROM THE STATE OF CALIFORNIA DEPARTMENT OF JUSTICE TOBACCO GRANT PROGRAM UNDER PROPOSITION 56, THE HEALTHCARE, RESEARCH, AND PREVENTION TOBACCO TAX ACT OF 2016. 3. Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements. <p><u>Motion:</u></p> <ol style="list-style-type: none"> 1. Motion: Moved by Judith Shaplin and seconded by Stuart Cohen. 2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved. | |
| <p>VII. Chair's Report</p> | <ol style="list-style-type: none"> A. HSAB Subcommittee Discussion: I want to thank LaVonna and Paul for taking time. We are going to come back next month with a PowerPoint with our ideas and discussion. The outlines of our discussion were: Enhancing structure, increasing relevance and value, added communication to HSAB, build increase strategic relationships within the County, and strategic planning and timeline. B. Ethics Training: Only 6 people on the Board have finish it. I know some people have been frustrated with the request, but it is a requirement, we checked with County Counsel. C. How do we engage more young people? One of the thoughts was to add youth members to the Board. I'd like to put it on the agenda for a discussion. <p><u>Question from Tim Fraser:</u> What are we defining as youth? <u>Answer from James Lepanto:</u> We don't know yet. And I think every board will be different.</p> <ol style="list-style-type: none"> D. COSD HSAB 2020 Community Inspiration Awardees PowerPoint shown. | |

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| <p>VIII. Informational Items</p> | <p>E. Policies & Program – LaVonna Connelly: I have taken all the materials that Dr. Kornreich has given me and all the input and summarized it for the group. I’ll be sending them to the members between meetings so next time we can have more of a conclusion of what we want to do. We believe that the policies in place we currently had on older adults may be based on the policies in the past we had for older adults.</p> <p>F. Budget – James Lepanto: We invited the County, they will be doing their presentation on the 6th.</p> <p>G. Legislative – Paul Heygi: I am working on scheduling with the Committee.</p> | |
| <p>IX. Round Table</p> | <p><u>From LaVonna Connelly:</u> We have a guest, and wanted to welcome her.</p> <p><u>From Greg Knoll:</u> I want to apologize for throwing a bunch of stuff at everyone.</p> <p><u>From Caryn Sumek:</u> I just wanted to put something on the radar for folks. San Diego has built a very robust provider network of 260+ folks. We have a plan to address Health Equity.</p> <p><u>From Dr. Elizabeth Hernandez:</u> I wanted to offer some additional information the third party administrator Blue Shield regarding this requirement from the Governor. In our meetings with Blue Shield, they made it really clear that they are here to help supplement and not be a barrier for our good work. We are going to continue to see where this plans out in partnership with our hospitals.</p> <p><u>From Dr. Suzanne Afflalo:</u> I just wanted to say that with the monthly health fair that I’ve been doing, I partner with UCSD, with their mobile vaccination bus, we are going to vaccinate 250 people.</p> | |
| <p>X. Public Comment</p> | <p><u>From Samhita Ilango:</u> In her presentation [Dr. Wooten’s] she has a table that explored the actual daily amount of vaccinations provider and then compare it to the estimate that could be provider. The limiting factor was the amount of vaccinations the county received. Is there a number of vaccinations given to the County? Additionally, I thought it could be useful given the various amounts of pilots programs, if they will be publishing some sort of information guide about all the pilots and about all the effects and outcomes in terms of how it worked in different communities, different zip codes, different ethnicities and ethics groups.</p> <p><u>Response from Dr. Hernandez:</u> The limiting factor is vaccine. The goal from our leadership is to develop the infrastructure for when the tome comes when we have a plethora of vaccine. When that happens, we just wanted to be transparent to show the public what that looks like.</p> <p><u>Response from Dr. Anuj Bhatia:</u> Up to this point, in terms of vaccinations, out capacity for vaccinations exceeds the supply that we have. Despite that, we are still given one of the highest amounts of vaccination in the State.</p> | |
| <p>XI. Adjournment</p> | <p>Meeting adjourned at 5:08 pm.</p> | |
| <p>XII. Supplemental Information</p> | <p>Next HSAB Meeting: Tuesday April 6, 2020, 3:00 – 5:00 pm – Microsoft Teams</p> | |