



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

Tuesday, November 2nd, 2021
3:00pm to 5:00pm
Microsoft Teams
MEETING MINUTES


Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., Vice Chair Alverson Rodriguez, Lisa Arroyo, Geysil Heygi, Paul Jantz, Barry Knoll, Gregory Lepanto, James Chair Melgoza, Ana Seldin, Harriet, Dr. Shaplin, Judith Sumek, Caryn (Alternate) Yates, Judith	Alexiou, Dimitrios Correa, Linda Dailey, Jack (Alternate) Fraser, Tim Hailey, Katelyn Ohmstede, Jennipher (Alternate) Remington-Cisneros, Therese Schultz, James Tuttle, Henry Wade, Lindsay (Alternate) Walters, Todd	<p><i>Authorization to Develop and Implement Food System Sustainability, Equity, and Local Sourcing Procurement Guidelines and Program and Adopt a Corresponding Policy, Authorize Community Garden Endowment to Administer Funds Board Letter</i> <i>Presentation</i> <i>Adrienne Collins Yancey, MPH, Acting Maternal Child and Family Health Services Branch Chief</i></p> <p><i>Authorize Acceptance of California Department of Public Health Tobacco Control Resource Program Funds</i> <i>Presentation</i> <i>Alison Sipler, Program Coordinator, Maternal Child and Family Health Services</i></p>	<p>Dr. Wilma Wooten, Public Health Officer & Director, PHS</p> <p>Dr. Elizabeth Hernandez, Assistant Director, PHS</p> <p>Dr. Anuj Bhatia, Deputy Director, PHS</p> <p>Dr. Kelley Motadel, Child Health Officer, MCSD</p> <p>Dr. Ankita Kadakia, Medical Director and Branch Chief, TCRH</p> <p>Dr. Maggie Santibanez, AMSA, TCRH</p> <p>Adrienne Yancey, Acting Branch Chief,</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
		<p><i>Branch</i></p> <p><i>COVID-19 Outreach and Education: The Live Well San Diego Sectors</i></p> <p><i>Presentation</i></p> <p><i>Carey Riccitelli, MPH, Director, HHSA Office of Strategy and Innovation, Department of Homeless Solutions and Equitable Communities.</i></p>	<p>MCFHS</p> <p>Romina Morris, Dep. Budget Mgr., PHS</p> <p>Alison Sipler, Program Coordinator, MCFHS</p> <p>Christine Bride, HPPS, MCFHS</p> <p>Danielle Dorrington, Admin. Analyst III. PHS Admin</p> <p>Rodrigo Ibanez, Admin Analyst III, TCRH</p> <p>Catherine Bender, TEP, TCRH</p> <p>Marti Brentnall, CHPS, TCRH</p> <p>Pedro Hirsch, Administrative Secretary II, PHS Admin</p> <p>Anna-Mai Trinh Administrative Secretary II, PHS Admin</p> <p>Additional COSD Staff Present:</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>Amy Thompson, Executive Finance Director, HHSA</p> <p>Ardee Apostol, Asst. Group Finance Dir, HHSA</p> <p>Other Attendees:</p>

Minutes	Lead	Follow- up Actions	Due
	Anna-Mai Trinh	Add Judith Yates to Board Member List	Dec.
	James Lepanto	Mention about the long minutes on the next meeting agenda	Jan.
	James Lepanto	Send out Doodle Poll for HSAB Advance in 2022	Dec.
Next Meeting: HSAB Meeting: Tuesday January 4 th , 2022, 3:00 – 5:00 pm – Microsoft Teams			

Agenda Item	Discussion
<p>I. Welcome & Introductions</p>	<p>A. Remarks from the Chairperson</p> <ul style="list-style-type: none"> a. James Lepanto called the meeting to order at 3:02 PM. <ul style="list-style-type: none"> i. Hoping to meet in person 2022 ii. Katelyn Hailey - Resigned b. Roll call was noted, and quorum established <p>B. Approval of November Agenda and October Meeting Minutes</p> <ul style="list-style-type: none"> a. Agenda: Moved by Greg Knoll and seconded by Suzanne Afflalo. <ul style="list-style-type: none"> i. Judith Shaplin - Abstained ii. All other HSAB members in attendance voted Aye. b. Minutes: Moved by Paul Heygi and seconded by Judith Yates <ul style="list-style-type: none"> i. Greg Knoll & Judith Shaplin – Abstained ii. All other HSAB members in attendance voted Aye. <p>C. Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)</p> <ul style="list-style-type: none"> a. Executive order; amended every 30 days. b. Motion to find, there is a proclaim state of emergency and state and local leaders have imposed to promote social distancing authorizing teleconference meeting option pursuant to Government Code Section 54953(e). c. Roll call – All HSAB members in attendance voted Aye. <p>D. HSAB Nominating Committee</p> <ul style="list-style-type: none"> a. James is willing to stay on in January – possible March so there is time to orient a new chair. b. Short AD Hoc meeting in Dec. to vote or Jan. 2022. <p>E. Public Comment During Meetings (Anuj)</p> <ul style="list-style-type: none"> a. County Council advises that to obtain public comment on the entire agenda and non-agenda item that we seek public comment on all agenda items in the meeting. Seek public comments after action items that are voted on and then at the end of the meeting allocate time within the agenda to seek public comment on all other items and non-agenda items. This would capture any public comments on the entirety of the meeting and allow for input on items that are voted on and input on anything that is not on the agenda. <p><u>Questions and Comments</u></p> <p><u>Comment/Question from Barry Jantz:</u> I'd like the idea of public comment for items not on the agenda to be at the beginning of the meeting because when people want to provide comments for something not on the agenda they don't have to wait until the end.</p>

	<p><u>Comment from Greg Knoll:</u> I agree with Barry, I would like to see that.</p> <p><u>Question from James Lepanto:</u> How do we perceive today, is this for this meeting or the next?</p> <p><u>Answer from Anuj Bhatia:</u> For any action items we'll continue with public comments at the beginning and at the end. Any action voted on we can seek public comment after questions and comments.</p> <p><u>Question from Geysil Arroyo:</u> Question about the roll call</p> <p><u>Answer from Anuj Bhatia:</u> For the roster voting this is per the Brown Act, since we are maintaining virtual meetings we need a roster call down for voting. Once we are in person, this is no longer needed.</p> <p>F. HSAB Meeting Platform Change</p> <p>a. We will not be using Microsoft teams for this meeting. Losing half of our recording, not operating correctly during the community inspiration awards and thirdly it failed to record half of the meeting. We are hoping to use Zoom in the next meeting.</p>	
II. Public Comment	1. No public comment.	
<p>III. Authorization to Develop and Implement Food System Sustainability, Equity, and Local Sourcing Procurement Guidelines and Program and Adopt a Corresponding Policy, Authorize Community Garden Endowment to Administer Funds Board Letter Presentation Adrienne Collins Yancey, MPH, Acting Maternal Child and Family Health Services Branch Chief</p>		

Arpa Overview

- The food assistance projects being discussed today are two of the four food assistance projects approved by the BOS on June 8, 2021.
- The total amount of funding from the American Rescue Plan Act set aside for food assistance projects is \$20M.
- \$8M of the \$20M is assigned to Public Health Services to oversee.
- \$1M of the funding will go towards a County-led sustainable food procurement project and \$7M will go towards community food production projects.

Food Vision 2030

- The recommendations for this funding were guided by the San Diego County Food Vision 2030 (Food Vision 2030).
- Food Vision 2030 was developed by the San Diego Food System Alliance.
- Food Vision 2030 is a 10-year strategic plan that will guide collective action toward a healthy, sustainable, and just food system in our region.
- The overall goal is for Food Vision 2030 to inform planning, policy, program, and investment opportunities to improve the regional food system in San Diego County.
- Food Vision 2030 included 10 objectives, 1 of which identified scaling up local, sustainable, and equitable food value chains.
- According to the San Diego Regional Economic Development Corporation (San Diego Regional EDC) promotes an Inclusive Growth initiative that positions anchor institutions as key economic drivers for supporting small and midsize businesses and recovering from the COVID-19 pandemic.
- Anchor institutions such as the County of San Diego, represent eight of the 10 largest employers in the region, employing more than 72,000 people.
- San Diego Regional EDC estimates that 14 anchor institutions spend more than *\$9.9 billion* on goods and services but that only a small portion of this spending reaches small (14%) and minority-owned or diverse businesses (11%), and most of the expenditures are for businesses outside of the region.
- The Eat Well Policy and Program creates an opportunity for the County to reconsider and improve upon how food procurement dollars are spent and instead look to positively impact the food system for local food producers, workers, and businesses owned, operated, and/or run by marginalized communities.
- Similarly, Food Vision 2030 identified another objective, objective 6 of improving community food environments.
- According to the San Diego Hunger Coalition, as of March 2021, approximately one in three San Diegans experience nutrition insecurity, or are unable to provide three nutritious meals per day for themselves and/or their families.
- Communities with higher rates of food insecurity correspond to communities where there is a disproportionate amount of diet-related chronic health conditions.
- The Community Gardens funds (herein referred to as Community Food Production Projects) are a direct response to these issues and serve to improve food sovereignty in the region.
- According to the 3-4-50 concept, poor diet is one of the 3 behaviors that contributes to the 4 chronic conditions that result in over half of all deaths in San Diego County.

Types of County food Procurement

- The County serves more than 10 million meals, at a cost exceeding \$20M each year for vulnerable populations including youth and adults residing in public hospitals and detention facilities, seniors, foster youth, and individuals living with HIV/AIDS.
- Within the County there are three types of food service operators: 1) self-operated such as the Sheriff's Department, Psychiatric Hospital, and Edgemoor Hospital; 2) leased, such as the County Operations Center Café, and 3) contracted, such as the Probation Department, AIS Senior Meals, and Polinsky Children's Center.
- As a result, the County purchases large quantities of food and beverages daily.
- By centering equity and sustainability in the County's food procurement, the County has the potential to direct public funds to positively impact the food system for local food producers, workers, and businesses owned, operated, and/or run by marginalized communities.

Target Population

- The target populations for the Sustainable, Equitable, and Local Food Sourcing Program include those vulnerable individuals served by the County including those who are incarcerated, foster youth, older adults, and people living with HIV/AIDS.

Potential Board Policy



- We are requesting the Board adopts a Sustainable, Equitable, and Local Food Sourcing Policy that aligns with the values showcased on this slide, and identified by the Board.
- The values include: local sourcing, equity-informed sourcing, elevated labor standards, organic or regenerative certification, low-carbon intensity, and nutritional co-benefit.
- If approved, staff will return to the Board in 180 days with a proposed policy.
- Additionally, we are requesting the Board implement a Sustainable, Equitable, and Local Food Sourcing Program at a minimum of two pilot sites.
- The program would evaluate existing food purchases to establish baseline assessments and develop action plans.
- Additionally, the program would offer technical assistance to implement proposed changes to align with the Sustainable, Equitable, and Local Food Sourcing Policy, if adopted.
- The food procurement policy and program will not supersede federal and State nutrition guidelines that County food service programs are required to comply with, nor will they dictate menu development or meals served.
- Upon completion of the second contract year, staff will return to the Board with program results and outcomes, and potential recommendations to expand the Eat Well Program to additional County food service operations.

Expanding from community gardens to community food production projects

- In response to Board direction, staff conducted a literature review and sought community input on an approach for the community garden funding component.
- Stakeholders expressed preference in the expansion of the terminology for this initiative to encompass other food-related opportunities more broadly, and it was decided that the term community food production better describes the goals of this initiative rather than community gardens.

	<ul style="list-style-type: none"> • In addition, the literature review reinforced that community food production is better-suited terminology for supporting San Diego’s local food system. • Community food production includes all efforts to grow, raise, and harvest crops, fish, or forage food, and process these products for human consumption. • Examples of the types of projects that fall under this definition include, but are not limited to increasing: <ul style="list-style-type: none"> • Agriculture in urban settings, • Opportunities for consumers to purchase directly from growers or farmers and fisherfolk, • Infrastructure for food processing and distribution, and • Education opportunities around food and farming. <p><u>Community food production project timeline</u></p> <p>Present through January 2022</p> <ul style="list-style-type: none"> • Develop necessary staffing/positions to administer and oversee implementation of the funds. • Coordinate with County Counsel on executing a grant agreement. <p>January – March 2022</p> <ul style="list-style-type: none"> • Assess existing Community Food Production needs to establish a baseline. • Develop parameters for distributing the funds (i.e., identifying the types of eligible partners and projects). <p>March 2022 – Dec 2024</p> <ul style="list-style-type: none"> • Select projects and partners for funding, monitor implementation, and evaluate results. <p>Due to this project, San Diego residents, will have increased access to healthy, locally-grown, raised, and caught food as well as new models for sustaining these improvements.</p> <p><u>Fiscal Impact</u></p> <ul style="list-style-type: none"> • Again, the total amount awarded was \$8M, \$1M for the food procurement Program and \$7M for Community Food Production Projects. • This will result in costs and revenue of \$885,900 in Fiscal Year 2021-22, costs and revenue of \$2,791,900 in Fiscal Year 2022-23, costs and revenue of \$2,810,800 in Fiscal Year 2023-24, costs and revenue of \$1,467,700 in FY 2024-25, and costs and revenue of \$43,700 in Fiscal Year 2024-2025. • Outlined here are the administrative costs and implementation funds available for the two components. • Included in the administrative costs is funding to cover staff time who will also support implementing the projects. <p><u>Health Impact: Outcome measures</u></p> <ul style="list-style-type: none"> • The potential outcome measures for the Sustainable, Equitable, and Local Food Sourcing Program include: 	
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	<ul style="list-style-type: none"> • Decrease in pounds of CO2 equivalent emissions. • Decrease in pounds of pesticides applied and farmland acres affected by pesticide application. • Decrease in chronic disease risk and annual healthcare costs for the populations served (e.g., those incarcerated, those receiving Senior Meals, foster youth, etc.). • The potential outcomes measures for the CFFP include: • The potential outcome measures for the Sustainable, Equitable, and Local Food Sourcing Program include: <ul style="list-style-type: none"> • Increase in pounds of food grown or produced through funded projects. • Increase in number of individuals with access to fresh produce. • Increase in number of community-oriented food-related events or programs. <p><u>Request for HSAB support</u></p> <ul style="list-style-type: none"> • Public Health Services is requesting that the Health Services Advisory Board support the request to the Board of Supervisors to approve the recommendations of the Board Letter. • Board Letter Recommendations include: <ol style="list-style-type: none"> 1. Direct staff to develop the Sustainable, Equitable, and Local Food Sourcing Board Policy and return to the Board for adoption. 2. Authorize the implementation of the Sustainable, Equitable, and Local Food Sourcing Program. 3. Authorize an agreement with The San Diego Foundation to disseminate funds for the Community Food Production Projects (Community Gardens). 4. Authorize ability to apply for additional funding opportunities. <p><u>Questions and Comments</u></p> <p><u>Comment from Suzanne Afflalo:</u> Looking forward to including more community gardens.</p> <p><u>Question from James Lepanto:</u> What's the process in selecting sites that have not been formulated yet?</p> <p><u>Answer from Adrienne Yancey:</u> We will work with our county partners that are looking at stages of change and who are ready to take action.</p> <p><u>Comment/Answer from Naomi Billups:</u> Working to get all meals operation to participate in the pilot.</p> <p><u>Question from James Lepanto:</u> Do we know the statistics of San Diegans experiencing nutrition insecurities?</p> <p><u>Answer from Ariel Hamburger:</u> It's a more recent one and it's 1 in 5 to 1 in 10, due to the pandemic the numbers went up.</p>	
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	<p><u>Motion:</u></p> <ul style="list-style-type: none"> • Moved by Greg Knoll and seconded by Suzanne Afflalo • Dr. Harriet Seldin – Absent • Roll Call - All other HSAB members in attendance voted Aye. • Public Comment - None 	
<p>IV. Authorize Acceptance of California Department of Public Health Tobacco Control Resource Program Funds Presentation Alison Sipler, Program Coordinator, Maternal Child and Family Health Services Branch</p>	<div data-bbox="659 394 1921 1075" data-label="Complex-Block">  <p>AUTHORIZATION TO ACCEPT TOBACCO TAX FUNDING, PURSUE FUTURE OPPORTUNITIES FOR RELATED TOBACCO PREVENTION EFFORTS, AND FOR COMPETITIVE SOLICITATIONS FOR RELATED SERVICES</p> <p><i>Health Services Advisory Board Meeting, November 2, 2021</i></p> <p><i>Thomas R. Coleman, M.D., M.S., Medical Director</i> <i>Maternal, Child, and Family Health Services</i> <i>Public Health Services</i> <i>County of San Diego, Health and Human Services Agency</i></p>  </div> <ul style="list-style-type: none"> • According to the 3-4-50 concept, tobacco use is one of the 3 behaviors that contributes to the 4 chronic conditions that result in over half of all deaths in San Diego County. • Tobacco use is still the leading cause of preventable death and disease in the U.S. • In San Diego County nearly 4,000 (3,997) deaths were attributable to smoking (2017 Deaths and Estimates of Smoking-Attributable Mortality for San Diego County Adults 35 Years of Age and Older, County of San Diego, Community Health Statistics Unit). • Implementing policy changes and ensuring funding to carry out prevention activities to reduce access to tobacco products and exposure secondhand smoke will support the <i>Live Well San Diego</i> vision of Building Better Health by promoting a healthy, safe, and thriving community. 	

The Tobacco Control Resource Program (TCRP) was established in 1990 after the passage of Proposition 99 (Tobacco Tax Initiative) in 1988. Voter-approved Proposition 56 (California Healthcare, Research and Prevention Tobacco Tax of 2016) increased the cigarette tax by \$2.00 per pack of cigarettes. This tax revenue is allocated to state and local programs to carry out tobacco control activities.

CDPH has designated county and city health departments as jurisdictional Local Lead Agencies (LLA) for Proposition 99 and Proposition 56 related tobacco control activities and provides funding to the LLA Allocation Agreement contracts. The County is the San Diego region's State-designated LLA for tobacco control and contracts with community-based organizations to provide some of these services.

TCRP carries out the mandates of Props 99 and 56 to reduce the rate of smoking by addressing four priority areas:

- 1) limit tobacco promoting influences;
- 2) reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products;
- 3) reduce the availability of tobacco; and
- 4) promote tobacco cessation.

TCRP Work Plan FY 2017-21

Key objectives of the FY 2017-21 Work Plan included:

- Facilitate the adoption of smoke-free outdoor dining policies.
- Facilitate the adoption of tobacco retail licensing and Healthy Retailer Standards policies.
- Update existing ordinances to match the State definitions of 'Smoking' and 'Tobacco Products'.
- Include tobacco control elements in Building Codes/General Plans/Permitting Processes.
- Integrate tobacco cessation and tobacco-free policies in behavioral health treatment programs.
- Engage adults in the Tobacco Control Coalition.

TCRP Outcomes: FY 2017-2021

The previous Comprehensive Tobacco Control Plan and allocation agreement was for the period of 2017-2021 and was extended through December 31, 2021. The County's Tobacco Control Resource Program (TCRP) achieved numerous outcomes during the 2017-2021 period, including:

- Adoption of smoke-free outdoor dining policies by the County, City of Escondido, and the City of San Marcos.
- Adoption of a smoke-free outdoor public spaces policy by the City of La Mesa.
- Adoption of a tobacco retailer licensing policy and program by the County.
- Adoption of a smoke-free parks policy by the City of Santee.
- Adoption of a smoke-free trails policy by the City of Santee.

Collectively, these efforts have improved the County's American Lung Association (ALA) State of Tobacco Control Report Card Grade. Specifically, The County's unincorporated area improved from an "F" in 2019 to "C" in 2021 as a result of the January tobacco-related ordinance that included a ban on flavor tobacco products and smoke-free outdoor dining ordinance, and the December 2020 passage of a TRL ordinance.

Additional TCRP accomplishments include:

- 1) PHS was awarded of funding by the California Department of Justice Tobacco Grant Program of \$532,405 for implementation and enforcement of the County tobacco retail licensing program for the period of July 1, 2021, through

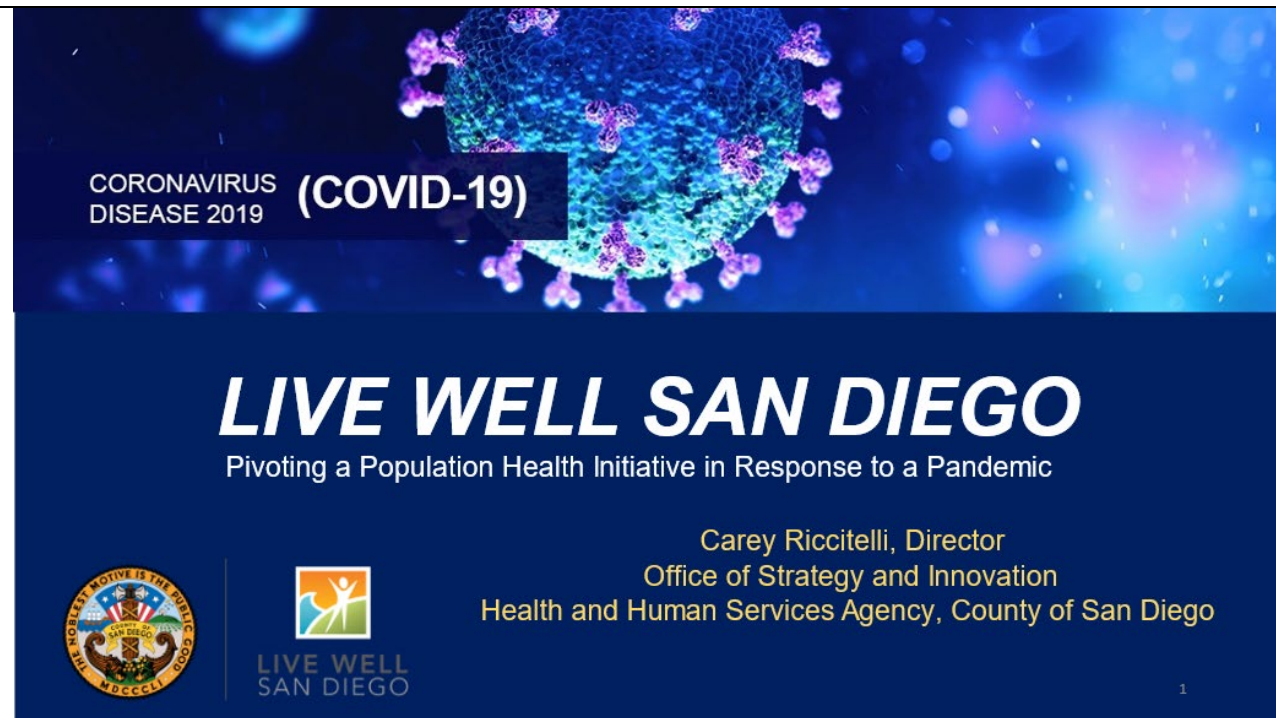
	<p>June 30, 2024.</p> <p>2) Provided technical assistance to cities to update the definitions of ‘smoking’ and ‘tobacco products’ in municipal code and law to match that of the State.</p> <p>3) It also provided education and technical assistance to the County’s 18 municipalities and stakeholders about restricting availability and access to tobacco products in the built environment and including tobacco control elements in planning documents, including Housing Elements and Environmental Justice Elements in General Plans.</p> <p>4) It promoted tobacco cessation and the integration of cessation services among Behavioral Health Treatment programs, and programs serving nine populations with highest rates of smoking.</p> <p>5) Facilitated and maintained the San Diego Tobacco Control Coalition, committees, and workgroups.</p> <p>These outcomes and accomplishments are noteworthy, but there is still work to be done curb the harmful effects of commercial tobacco use and to curb youth uptake of e-cigarette use and vaping.</p> <ul style="list-style-type: none"> On February 26, 2021, PHS received the Local Lead Agency Guidelines from CDPH/CTCP including the Allocation Table indicating the County’s estimated Allocations for a total of \$4,048,102 over three and a half years. Receiving the funds is dependent upon the submission of a comprehensive tobacco control work plan as required by Health and Safety Code (HSC) 104375. The Plan must comply with all Local Lead Agency Guidelines and is reviewed for approval by the State. The plan is known as the 2022-2025 Local Lead Agency Comprehensive Tobacco Control Plan (Comprehensive Work Plan). The primary goal of PHS’s TCRP funds is to implement strategies and interventions which reduce tobacco use, reduce exposure to secondhand smoke, and promote quitting. The target population for the TRL objective is tobacco retailers in nine municipalities; for the smoke-free outdoor public places objective is the unincorporated area of San Diego County; for the cross-cutting cessation objective it is behavioral health and healthcare/services providers and people with tobacco use disorder; for the Coalition activities the target population is countywide reach. <p>The new Comprehensive Tobacco Control Plan covers the period beginning January 1, 2022, through June 30, 2025. In accordance with CTCP goals and the County’s <i>Live Well</i> initiative, the plan aims to build better health outcomes through a statewide movement that prepares and transitions communities to work on efforts that will ultimately reduce, and possibly eliminate, the tobacco epidemic.</p> <p>Key objectives will include:</p> <ul style="list-style-type: none"> Facilitation of the adoption and implementation of a new comprehensive tobacco retail licensing policy that requires tobacco retailers in at least one county jurisdiction to obtain a license to sell tobacco products. <ul style="list-style-type: none"> Activities include working with municipalities to adopt a comprehensive TRL policy or to strengthen an existing policy to be more comprehensive. The program will establish an Economic Development Workgroup to create a plan to help small business transition away from tobacco product sales, conduct Young Adult tobacco purchase surveys, develop educational materials, and provide technical assistance to develop the policy and implement the program. Facilitation of the adoption and implementation of a policy that eliminates smoking in all outdoor recreational and non-recreational public places in at least one county jurisdiction. <ul style="list-style-type: none"> Activities include education of the public, stakeholders, and decision makers, responding to public 	
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	<p>inquiries, raising public awareness regarding the hazards of secondhand and thirdhand smoke, and providing technical assistance with program implementation.</p> <ul style="list-style-type: none"> • Facilitation, maintenance, and expansion of the San Diego Tobacco Control Coalition, by establishing new partnerships with organizations serving or addressing non-traditional tobacco control partners. <ul style="list-style-type: none"> • County staff provides support to the Coalition’s Chairpersons and its members to carry out priorities and activities directed by the membership. Activities include conducting tobacco-related education, meetings, training, and events. HSC Section 104405 mandates LLAs to obtain the involvement and participation of local community organizations with special experience and expertise in community health education against tobacco use; including representatives of high-risk populations. Local groups shall assist and advise the LLA in all aspects of the implementation of the Comprehensive Work Plan. CTCP has operationalized this legislative mandate by requiring that each LLA establish and maintain a community-based coalition. • Support treatment of nicotine addiction, promote quitting. <ul style="list-style-type: none"> • Activities include establishing and maintaining a tobacco cessation committee to improve access and the use of cessation services in the community, conducting environmental scans, promoting Kick It California services, integrating tobacco use identification, referral, and treatment activities into county programs; and providing technical assistance to increase the use of evidence-based strategies, Ask-Advise-Assess-Assist-Arrange (5As) and the Ask-Advise-Refer/Connect (A-A-R and/or the A-A-C). • Again, the total amount awarded was \$4,048,102, which is distributed across the three and a half funding years with declining revenues for each successive year. • The majority of the funding (\$1,834,177) is budgeted for personnel services with the remaining funds allocated to operating expenses and equipment (\$199,292), and administrative costs (\$238,458). • A waiver of Board Policy B-29 is requested because the funding does not offset all indirect costs. These costs are estimated at \$602,318 for the term of the grant. The funding source for these costs is Health Realignment. The Health and Human Services Agency certifies the public benefit for providing these services far outweighs these costs. There is no change in net General Fund cost and no additional staff years. • Administrative Costs reflect the Indirect Costs budget calculation performed by program Analysts. • LLA Allocation funds by the California Department of Public Health would result in increased protections from the consumption of or exposure to harmful tobacco products; the Work Plan specifies the following outcomes based on the stated objectives: <ul style="list-style-type: none"> • Increased number of comprehensive tobacco retailer licensing policies and programs within San Diego County • Increased number of jurisdictions in San Diego County with comprehensive smoke-free outdoor public places policies • Increased use of evidence-based practices by local providers to promote tobacco cessation and quitting services/programs 	
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	<ul style="list-style-type: none"> Finally, serve as the backbone organization for the San Diego County Tobacco-Free Coalition; ensure it is maintained and provide support to facilitate its success. <p>The objectives and activities funded by the California Department of Public Health, Tobacco Control Program would lead to improved health outcomes for our county, including:</p> <ul style="list-style-type: none"> Reduced Access and Exposure to Tobacco Products <ul style="list-style-type: none"> Tobacco companies disproportionately target the young, communities of color, and those with less than a college education. <i>At 12.9%, the unincorporated area has one of the highest smoking rates in San Diego County.</i> Reduced COVID-19 Complications <ul style="list-style-type: none"> According to the CDC, smokers are at higher risk for developing severe illness from COVID-19 <i>Young adults and teens who vape have also been found to face a much higher risk of COVID-19 than those who don't.</i> Reduced smoking rates <ul style="list-style-type: none"> Studies demonstrate that retailer compliance with an active enforcement of minimum age laws reduces youth uptake of tobacco. <p>Hip Pocket</p> <p><i>Comprehensive and Sustained Implementation of Evidence-based Tobacco Control Strategies</i></p> <ul style="list-style-type: none"> The comprehensive and sustained implementation of evidence-based tobacco control strategies at the national, state, and local levels, combined with tobacco product regulation by FDA, is warranted for continuing progress toward reducing and preventing all forms of tobacco product use among U.S. youths. Such strategies include increasing prices of tobacco products, protecting persons from exposure to secondhand smoke and e-cigarette aerosol, sustaining hard-hitting media campaigns that warn about the dangers of tobacco product use, restricting youth access to tobacco products, prohibiting the sale of all flavored tobacco products, and development of regulations to reduce youth appeal and addictiveness of tobacco products <p>Source for:</p> <ul style="list-style-type: none"> Increasing Retailer Compliance <ul style="list-style-type: none"> The American Lung Association in California Center for Tobacco Policy and Organizing. Tobacco Retailer Licensing is Effective. 2018. COVID Stats information: <ul style="list-style-type: none"> Dot point 1: https://tobaccofreeca.com/health/covid-19-stop-smoking-and-vaping/ Dot Point 2: https://healthier.stanfordchildrens.org/en/vaping-covid-19/ Reduce smoking rates: <ul style="list-style-type: none"> Astor, Roee L. et al. 2019. Tobacco retail licensing and youth product use. <i>Pediatrics</i> 143(2). Institute of Medicine. <i>Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products</i>. Washington, DC: The National Academies Press. 2015. <ul style="list-style-type: none"> Public Health Services is requesting that the Health Services Advisory Board support the request to the Board of Supervisors to approve the recommendations of the Board Letter. Board Letter Recommendations include: 	
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	<ol style="list-style-type: none"> 1) Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applicants and full cost recovery of grants. 2) Authorize the acceptance of \$4,048,102 in allocated funds from the California Department of Public Health for the period of January 1, 2022, through June 30, 2025, for the Tobacco Control Resource Program and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level. 3) Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, to fund efforts to raise awareness about the harmful effects of tobacco use and reduce access to tobacco products. 4) In accordance with Section 401, Article XXIII of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue Competitive Solicitations for tobacco education, prevention, cessation, enforcement and control programs and services, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of up to one year, with five option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding. <p><u>Questions and Comments</u></p> <p><u>Question from James Lepanto:</u> Under your key objectives it says “Support treatment of nicotine addiction” and I thought that meant enhancing it. I’m assuming that refers to the evidence of space practices?</p> <p><u>Answer from Dr. Coleman:</u> It does, there are two that are well known, ask, revise, refer, and connect. Kick it California is being rebranded from CHG or smokers help line.</p> <p>Public Comment - None</p> <p><u>Motion:</u></p> <ul style="list-style-type: none"> • Moved by Judith Shaplin and seconded by Greg Knoll • Dr. Harriet Seldin – Absent • Caryn Sumek - Absent • Roll Call - All other HSAB members in attendance voted Aye. 	
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V. COVID-19 Outreach and Education: The Live Well San Diego Sectors
Presentation
Carey Riccitelli, MPH, Director, HHSO Office of Strategy and Innovation, Department of Homeless Solutions and Equitable Communities.



As you know, since 2010, *Live Well San Diego* has been the County of San Diego's vision for a region that is [Building Better Health](#), [Living Safely](#) and [Thriving](#). It aligns the efforts of individuals, organizations and government to help all San Diego County residents live well.

This collective impact strategy has always been based on the premise that no one entity, including the County of San Diego, can address public issues alone. Instead, *Live Well San Diego* relies on the contributions of our partners and other stakeholders aligned to a common agenda.

Early on in the pandemic response, we knew that Education and Outreach was critical, and we knew that the best way to activate immediately to reach our partners, stakeholders and 3.3 million residents of San Diego County was to operationalize our LWSD framework.

Sector Education & Outreach

- The existing structure and network of *Live Well San Diego* lent itself well to immediate activation for education and outreach related to the COVID-19 pandemic. The four *Live Well San Diego* partner “sectors” – Cities and Government, Business and Media, Community and Faith-based Organizations, Schools and Education – were convened initially, and then quickly expanded to additional sectors and sub-sectors to meet the COVID-19-related needs of the community.

	<ul style="list-style-type: none"> • In terms of structure, each sector team included a Sector Lead and Co-lead, a Medical Subject Matter Expert, and support staff. • The sector lead is a manager or executive of the County who is a subject matter expert in the field, and is supported by a co-lead as well as a team to manage the full-time operations of this work. • The Public Health Services' clinical team, under our Dr. Wooten's leadership, serve as Medical Subject Matter Experts assigned to each Sector and provide guidance to Sector teams as they respond to questions and develop education and outreach materials. • The Sector Support Staff are County employees who were reassigned from their regular duties to support the communications and operations of the Sector. • Communication strategies implemented by the Sectors included: • Regularly scheduled telebriefings – typically weekly using the Zoom platform. • Ever-growing email lists with weekly “eblasts” of timely information and key updates • Sector-specific webpages on the County’s COVID website • Maintaining and updating Frequently Asked Questions that are specific to the Sector, • Managing a Sector-specific email account where stakeholders can submit questions for specific and direct responses • And conducting virtual community presentations upon request which also include guest speaking appearances for other sectors and external groups, radio and TV interviews, and so on. • Through this format, we were able to add it timely and relevant updates as needed, such as flu messaging, new programs such as Emergency Rental Assistance, and the Love Your Heart campaign. <p>Sector Engagement</p> <ul style="list-style-type: none"> • The Sector model has proven to be successful in providing specific and timely information related to COVID-19 disease and vaccine, reopening guidance, and resources for their identified needs. • Since March 2020, the sectors have conducted 690 telebriefings with over 83,000 views; completed 288 COVID-19 presentations that were viewed by over 11,500 attendees; and sent eblasts to more than 19,000 stakeholders each week. <p>Through regular live telebriefings and sector assessments, staff learned about the needs of our most vulnerable communities and worked innovatively with partners to address those needs.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • The Homeless Sector partnered with Lucky Duck Foundation and other community partners and has created and distributed more than 35,200 COVID-19 prevention hygiene kits across the region to unhoused individuals. • The Healthcare Sector has engaged over 538 healthcare practices in vulnerable communities based on health equity zip codes, to expand resources for their patients in our highest need populations. • The Government Sector has kept leaders from all 18 cities informed as well as the local Tribal nations. This 	
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	<p>sector's binational sub-sector is the only formal cross-border structure formed in response to the COVID-19 pandemic along the entire US-Mexico border region.</p> <ul style="list-style-type: none"> • The Older Adults Sector developed a variety of how-to videos to help older adults perform vital tasks from home, such as how to order food delivery. • One of the most exciting developments for this work was the creation of the new LWSD Youth Sector. • In Summer 2020, we launched the YERA Program (Youth Emergency Readiness Ambassador) in partnership with the OES. Through this work, it was clear we needed a more formal way to meaningfully engage youth. • In October 2020, the BOS adopted this new sector to empower, engage and amplify youth voices, create youth-led opportunities, support youth in addressing issues important to them and inform youth-serving programs and services. <p>The the five components to the Youth Sector Framework.:</p> <ul style="list-style-type: none"> • We recruited 2 Youth Advisors to guide the Youth Sector, and 15 Youth Leaders (aged 16-24) to go through a one-year paid program, participating in the following 4 components. • They spent their first few months learning all about the County and leadership and professional development skills • The recently finished summer mentorships & internships with County staff in many different departments • As you know, they are attending B & C meetings, to integrate youth voice into those important spaces. • Lastly, they are developing communications systems to inform the larger community of young people in SD of resources and opportunities. <hr/> <p>- Our goals for integrating young people on boards and commissions is to improve decision making by incorporating youth perspective into discussions, fostering meaningful youth participation through youth-adult collaboration, and giving young people an opportunity to be mentored by local leaders.</p> <p>- To support our Youth Leaders to meaningfully engage in these meetings, we started by offering Board-related training such as the Brown Act, Roberts Rules of Order, and having speakers that explained the importance of youth voice in these spaces.</p> <p>- Our Youth Leadership Team began attending Board and Commission meetings last month, in July. They choose two meetings per month based on their personal interests. They share their successes and challenges and share best practices amongst each other during our weekly team meetings. Our Sectors leveraged many of the other efforts that have been taking place to ensure a targeted and robust approach to this outreach and education effort.</p>	
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	<p>We've leveraged the expertise of both community partners and professional media companies to ensure that our messages are effective and culturally appropriate and disseminated materials through our network of Live Well partners.</p> <p>DATA DRIVEN</p> <ul style="list-style-type: none"> • Every decision made during the response has been data driven, using the Healthy Places Index along with case rates and vaccination data to inform outreach. • We've also conducted 2 vaccine willingness surveys in the community to help inform this work as well. <p>REGIONAL AND MOBILE INFRASTRUCTURE</p> <ul style="list-style-type: none"> • We utilized the Live Well Centers and Live Well on Wheels or the Live WoW to provide COVID-19 Testing, Vaccines, and resources to the community. • The Live WoW can be requested by community partners through an on-line portal, and has provided services to hard-to-reach San Diegans across the County. <p>DIVERSE COMMUNICATION CHANNELS</p> <p>The Sectors helped get information out and shared resources through diverse communication channels, Live Well @ Home was developed rapidly in response to the first COVID-19 stay at home order. It is a free resource to help community residents find tips and strategies to stay healthy in both mind and body while staying at home. In addition, we expanded our social media platforms to include Facebook, Twitter, Instagram, and TikTok to ensure that we are reaching diverse ages through outreach.</p> <p>PROJECT SAVE</p> <p>We increased equitable access to vaccination sites by launching Project SAVE, which stands for Scheduling Assistance for Vaccine Equity. This pilot program utilized Community Health Workers to support eligible, higher-risk individuals in accessing COVID-19 vaccination appointments in their community. Through our contracted CHW partners, they also developed media and communications materials that were shared broadly through the community.</p> <ul style="list-style-type: none"> • <i>In this program, CHW's from community-based organizations had access to specially blocked appointments at several south region vaccination locations.</i> • <i>The CHW's went into their communities and conducted outreach at grocery stores, faith centers, food distributions and housing complexes to make appointments for individuals.</i> • <i>Additionally, they promoted the no appointment sites to eligible groups to those living in specific zip codes.</i> • Our Community Health Workers, County messaging efforts, and community partners developed a united message throughout the San Diego County region. • Throughout the community, accurate COVID-19 information was spread through social media posts, billboards, 	
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	<p>flyers, videos in different languages, and more.</p> <ul style="list-style-type: none"> • Our region's population health model efforts greatly impacted San Diego County region's vaccination rate. • Our county was among the highest vaccinated in the state, and currently has nearly 90% of residents vaccinated with at least one dose, and nearly 80% of residents fully vaccinated. • Our equity lens also ensured that vaccine information and the vaccines themselves were being administered populations of highest need. • Communities in Quartile 4 of the Health Places Index have comparable vaccination rates to those in Quartiles 1 through 3. • There is still work to be done for our highest need populations, but we are proud to be among the best performing counties in Quartile 4. <p>Expand Partnership</p> <p>So where do we go from here? How do we sustain the connections, the communication, and the platform to come together to address common issues and collectively work toward a region that is Healthy, Safe and Thriving?</p> <ul style="list-style-type: none"> • With over 500 LWSD partners, and additional organizations and stakeholders involved, we want to evolve this model. • We're currently conducting listening sessions with the Sector teams to learn about their vision for long term sustainability. • We're conducting evaluation activities including looking at the data and analytics, engagement, and assessments of sector participants. • Where appropriate, we're aligning the sectors with existing departments, with continued technical support, And we're looking at other Education and Outreach components, and what those might look like moving forward: The CHW model, the Live Well on Wheels mobile services, communication channels and so on. <p>There's lots to learn from this work, and there's an incredible opportunity to continue to provide those spaces for partners and others to convene and collaborate together. Speaking of which...</p> <ul style="list-style-type: none"> • The sector framework is part of a wider County effort to connect and collaborate with the San Diego community, respond effectively to needs, and provide tailored and useful resources to help residents and organizations be healthy, safe and thriving. <p>Hip pocket: <i>OSI sectors are business, CBO, FBO, Education, Government, youth- these sectors don't have a specific department, so they will be placed under the Office of Strategy and Innovation to lead</i></p> <ul style="list-style-type: none"> • Our annual Live Well Advance will continue to provide opportunities for partners to meaningfully engage with the vision, advance collective impact in our region, and guide the strategy into the future. This year our two half-day conference is virtual, and we invite you to attend, as our partners focus on recovery and reconnection from the pandemic. <p><u>Questions and Comments</u></p> <p><u>Comment from Suzanne Afflalo:</u> The weekly that turned to monthly briefing, are informative and worthwhile.</p>	
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	<p><u>Comment/Question from Judith Yates:</u> The last time I checked the data for East County Region it is 12.9%. How are we trying to address on getting that number up? I'm afraid that we are neglecting this county.</p> <p><u>Comment from Jennifer:</u> I hear you and we just requested regional data by race and ethnicity. We have been trying to provide the contracts in each region the census tract data. We've started collective impact meeting and it brings together partners in those areas to show them the data and address the low vaccination rates.</p> <p><u>Comment from Greg Knoll:</u> 12% vaccination rate is beyond low in any region but I also wonder the different ways the people keep these statistics.</p> <p><u>Comment from Barry Jantz:</u> We should verify the 12.9%, the percentage is for the total vaccinated throughout the county not just East County.</p> <p><u>Comment from Jennifer:</u> East county is around 70% vaccinated, it is given one of the lower vaccinated region.</p>	
Chair's Report	<p>Comment from James Lepanto re all these topics</p> <p>A. Community Inspiration Awards</p> <ul style="list-style-type: none"> • Most likely will be virtual. • The point is to recognize and educate about these individuals. • Deadline is 11/15/2021 to submit nominations. • Anticipating everyone to join the awards • Ceremony date is 12/14/2021 – 2:00 pm – 4:00 pm <p>B. Community Input Workgroup</p> <ul style="list-style-type: none"> • Meeting sometime in November / December <p>C. HSAB Youth Engagement</p> <ul style="list-style-type: none"> • Presenting proposal outline to the board for approval in January • Need to get it to county council once it's developed and we're in compliance <p>D. HSAB Annual Accomplishments Report.</p> <ul style="list-style-type: none"> • In the process <p>E. HSAB Advance in 2022.</p> <ul style="list-style-type: none"> • February 2022 • Will be sending out dates on doodle poll for a discussion in January. <p>F. COVID-19 Updates.</p> <ol style="list-style-type: none"> 1. Press Briefings on County Facebook page: https://www.facebook.com/sandiegocounty/ 	

VI. Informational Items	<p>Comment from James Lepanto re all these topics</p> <p>A. Subcommittee and Work Group Updates.</p> <ol style="list-style-type: none"> 1. Policies & Program <ul style="list-style-type: none"> • No Update 2. Budget <ul style="list-style-type: none"> • Meeting end of this week or next week to start developing a process for recommending and advising the county HHSA operation budget. • Already send dates 3. Legislative Committee. <ul style="list-style-type: none"> • January meeting 4. Community Inspiration Awards Work Group 5. Nominating Committee <ul style="list-style-type: none"> • Dr. Afflalo, Greg Knoll, Geysil Arroyo <p><u>Question from Ana Melgoza:</u> How many awards are going to be handed out? <u>Answer from James Lepanto:</u> A total of 8</p> <p>No questions/comments</p>	
VII. Health Officer Report	<div data-bbox="1257 891 1312 953" data-label="Image"> </div> <p>Final_HSAB_Health_O fficer_Report_10_5_21</p>	
VIII. Round Table	<p><u>Comment from Afflalo, Suzanne, Dr:</u> November is Diabetes and Lung Cancer Awareness month. At the Jackie Robinson YMCA in Imperial providing resources.</p>	
IX. Public Comment (on agenda items)	<p>No comments or questions</p>	
X. Adjournment	<p>Meeting adjourned at 5:03 pm.</p>	
XI. Supplemental Information	<p>Next HSAB Meeting: Tuesday January 4th, 2022, 3:00 – 5:00 pm – Microsoft Teams</p>	