



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

Tuesday, June 7th, 2022
3:00pm to 5:00pm
Microsoft Teams
MEETING MINUTES


Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., Vice Chair Alexiou, Dimitrios Correa, Linda Fraser, Tim Hailey, Katelyn Hegyi, Paul Jantz, Barry Knoll, Gregory Lepanto, James Chair Melgoza, Ana Seldin, Harriet, Dr. Walters, Todd Yates, Judith	Alverson Rodriguez, Lisa Arroyo, Geysil Dailey, Jack (Alternate) Ohmstede, Jennipher (Alternate) Remington-Cisneros, Therese Schultz, James Shaplin, Judith Sumek, Caryn (Alternate) Tuttle, Henry Wade, Lindsay (Alternate)	<p>Authorize Acceptance of Tuberculosis Control and Refugee Health Funding, Ankita Kadakia, MD, Deputy Public Health Officer, Public Health Services Administration.</p> <p>Authorize Acceptance of Maternal, Child, and Adolescent Health and Black Infant Health Funding, Thomas Coleman, MD, M.S., Medical Director, Maternal Child and Family Health Services Branch.</p> <p>Return to the Board of Supervisors for ARPA Food Procurement Policy Program Framework Plan, Alison Sipler, Program Coordinator, Maternal Child and Family Health Services Branch.</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, MCFHS</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<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>Anna-Mai Trinh Administrative Secretary II, PHS Admin</p> <p>Additional COSD Staff Present:</p> <p>Amy Thompson, Executive Finance Director, HHSA</p> <p>Ardee Apostol, Asst. Group Finance Dir, HHSA</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			Other Attendees:

Minutes	Lead	Follow- up Actions	Due
None.			

Next Meeting: HSAB Meeting: Tuesday July 5th, 2022, 3:00 – 5:00 pm – Microsoft Teams

Agenda Item	Discussion
I. Welcome & Introductions	<p>A. Remarks from the Chairperson</p> <ul style="list-style-type: none"> a. James Lepanto called the meeting to order at 3:06 PM. b. Roll call was noted, and quorum established <p>B. Approval of June Agenda and May Meeting Minutes</p> <ul style="list-style-type: none"> a. Agenda and Meeting: Moved by Greg Knoll and seconded by Paul Hegyi. <ul style="list-style-type: none"> i. Roll Call: All HSAB members in attendance voted Aye. b. Minutes: Moved by Greg Knoll and seconded by Tim Fraser. <ul style="list-style-type: none"> i. Roll Call: All 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. Motion: Moved by Greg Knoll and seconded by Barry Jantz <ul style="list-style-type: none"> i. Roll call – All HSAB members in attendance voted Aye.
II. Public Comment	<ul style="list-style-type: none"> • No public comment.
III. Authorize Acceptance of Tuberculosis Control and Refugee Health Funding, Ankita Kadakia, MD, Deputy	<div style="text-align: center;">  TBCRH Revenue BL HSAB 6.7.22.pptx </div>

Public Health Officer, Public
Health Services
Administration.



- To accept revenue through the combination of Federal and State grants to further enhance TB control and Refugee Health within San Diego County.
- As of April 1, 2018, the CDPH, Office of Refugee Health changed to a fee for service model of reimbursement. This estimate is based on a predicted refugee arrivals and rates of assessment completion consistent with historical rates, however, funding has increased due to the anticipated increase of arrivals.
- CDPH- Refugee Health Assessment Program funding provides for screenings and other health services, including TB screening and latent TB infection treatment for refugees in the first 3 months of arrival, provided by contracted Family Health Centers of San Diego. Transitional, noninfectious housing and food is provided to active TB patients who are undergoing TB treatment and do not have safe housing for the duration of their treatment which is usually 6 to 12 months depending on severity of illness.
- Health assessments will also be provided to humanitarian parolees from Afghanistan, Ukraine, and from other countries who plan to remain in San Diego County. These are provided by our contractor FHCS.
- CDC funding helps target clients that have dormant TB virus in their system but who are not infectious and are not exhibiting any symptoms. This funding helps to provide chest x-ray exam, skin testing or blood testing. We coordinate screening and treatment throughout the regions including use of a mobile x-ray van and the latent TB infection clinic. We incorporated a telehealth model during the pandemic in order to reach more people and continue to provide services.
- Both the CDC and CDPH funding help to provide for Direct Observed Therapy. Working with the Health Ministry of Mexico and in partnership with the CDC through Cure TB, a referral organization,

for binational and international TB cases that are diagnosed in San Diego County, the Tuberculosis Control and Refugee Health Branch connects with every single TB patient in San Diego County, and those who cross the border to live and work daily, to observe, confirm, and record that patients are taking their medications, document their treatment course and completion to limit the spread of tuberculosis.

Questions/Comments:

Question from James Lepanto: Do we have any sense of what we are expecting as far as numbers?

Answer from Dr. Kadakia: We were told by the state of office of refugee resettlement, we're not expecting large numbers, but we have been budgeted for the refugee side have included Afghanis, Haitians, Special victims of trafficking, we've anticipated 3,805 arrivals.

Motion: Moved by Greg Knoll and seconded by Judith Yates

- **Roll call** – All HSAB members in attendance voted Aye.

IV. Authorize Acceptance of Maternal, Child, and Adolescent Health and Black Infant Health Funding,
Thomas Coleman, MD, M.S.,
Medical Director, Maternal
Child and Family Health
Services Branch.



HSAB PPT_ MCAH
Allocation Acceptance

MATERNAL, CHILD, AND ADOLESCENT HEALTH
AND BLACK INFANT HEALTH FUNDING
ALLOCATION

Thomas R. Coleman, M.D., M.S.
Medical Director, Maternal, Child, and Family Health Services
Public Health Services

Health Services Advisory Board Meeting June 7, 2022

**LIVE WELL
SAN DIEGO**

	<p>Authorize the approval and acceptance of approximately \$4,036,245 in funds from the California Department of Public Health for the period of July 1, 2022 through June 30, 2025.</p> <p>Authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.</p> <p>Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, that address improvements of health equity for San Diego County residents.</p> <ul style="list-style-type: none"> As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children (including children with special healthcare needs), adolescents, and their families. Received by the Health Resources and Services Administration and distributed by the California Department of Public Health Maternal, Child, and Adolescent Health Division to local health jurisdictions, the Title V Maternal Child Health Block Grant is the primary funding source for Public Health Services, Maternal, Child, and Family Health programs. The program has received funding since 1998 to implement State-mandated programs. The California Department of Public Health Maternal, Child, and Adolescent Health Division notified the County of the Title V Maternal and Child Health Block Grant and State General Fund allocation of \$4,036,245 for the term of July 1, 2022 through June 30, 2025. (\$1,345,415/fiscal year) <p>Maternal, child, and adolescent health programs are necessary because in San Diego County:</p> <ul style="list-style-type: none"> Fetal and infant mortality rates for African-Americans are 2 TO 3 TIMES that of whites. Native American/Alaskan infants are 65% MORE LIKELY to be born preterm compared to white infants. Births rates among Hispanic girls aged 15-19 are 9 TIMES HIGHER than that of whites. Women without a high school degree are 20% LESS LIKELY to get prenatal care in the first trimester compared to those with at least a bachelor's degree. <p>Maternal and Child Health Block Grant Funding Supports:</p> <ul style="list-style-type: none"> Access to quality healthcare services for mothers and children, including comprehensive prenatal and postnatal care, health assessments, and follow-up diagnostic and treatment services, Efforts to reduce infant mortality and the incidence of preventable diseases, Coordination of systems of care that are family-centered and community-based, and Administering a toll-free hotline and assistance in accessing services for pregnant women. <p>In collaboration with organizations and healthcare providers for the delivery of quality services, Maternal, Child, and Adolescent Health is responsible for administering, planning, implementing, and evaluating services designed to improve the health of women of reproductive age, infants, children, adolescents, and their families. These programs include:</p> <ul style="list-style-type: none"> Black Infant Health: An evidence-informed approach to improve birth and health outcomes for African-American mothers and infants, Comprehensive Perinatal Services Program: Enhanced perinatal services for Medi-Cal eligible low-income pregnant and postpartum women, Fetal and Infant Mortality Review: Understanding healthcare systems and social problems that contribute to preventable fetal and infant deaths, Perinatal Care Network: Connecting pregnant women to Medi-Cal, prenatal care, and other pregnancy-related services and resources through a toll-free phone line, and 	
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	<ul style="list-style-type: none"> • Sudden Infant Death Syndrome: Provides grief and bereavement support services to families who suffer a loss due to Sudden Infant Death Syndrome, education, and safe sleep strategies to reduce Sudden Infant Death Syndrome and other infant deaths. • 91% (122/134) of infants born from Black Infant Health clients were of normal birth weight. • 92% (130/142) of Black Infant Health participants initiated breastfeeding at birth. • 3 new active providers join the Comprehensive Perinatal Services program. Recruitment of new providers was impacted by COVID-19. • 87% (176/203) of Perinatal Care Network clients referred to Medi-Cal with outcome data, successfully were granted Medi-Cal. • 72% (743/1,039) of Perinatal Care Network clients without prenatal care were linked to a provider within 30 days of calling the Perinatal Care Network toll-free phone line. • 94% (29/31) of SIDS referrals were contacted within three business days. <p>Questions/Comments:</p> <p>Question from James Lepanto: 87% were granted medical do we know why the other 13% were not?</p> <p>Answer from Dr. Coleman: I think it is probably the pandemic that impacted that some. It could also be some eligibility requirements as far as lost to follow up. It's probably not a singular answer but we strive to be 100% and want women to reach out.</p> <p>Answer from Christine Bride: It's because an over income eligibility requirement.</p> <p>Comment from Greg Knoll: We would love to have a formal relationship with you by referring people who do not get approved by the county for medical. About 78% of our work is eligibility, getting people on.</p> <p>Answer from Dr. Coleman: We will circle back with you on terms of that.</p> <p><u>Motion:</u> Moved by Greg Knoll and seconded by Barry Jantz</p> <ul style="list-style-type: none"> • Roll call – All HSAB members in attendance voted Aye. 	
<p>V. Return to the Board of Supervisors for ARPA Food Procurement Policy Program Framework Plan, Alison Sipler, Program Coordinator, Maternal Child and Family Health Services Branch.</p>	<div data-bbox="1201 1304 1262 1370" data-label="Image"> </div> <p>HSAB Presentation - ARPA Food Procurement</p>	



- On June 8, 2021, the Board voted on the American Rescue Plan Act framework, which included the \$20 million for food assistance.
- On January 25, 2022, the Board approved the implementation of the Sustainable, Equitable, and Local Food Sourcing Program; and directed the development of a Sustainable, Equitable, and Local Food Sourcing Policy.
- The Sustainable, Equitable, and Local Food Sourcing Program will establish and implement a comprehensive values-based food purchasing Program and Policy within the County that will ensure public dollars are being invested in more sustainable, equitable, and local food systems.
- The Program and Policy also aligns well with a number of your Board's priorities from the Framework for Our Future.
 - The Sustainable, Equitable, and Local Food Sourcing Programs aligns with facets of the Climate Action Plan, Realignment in Contracting, and Zero Carbon Future.
 - The Community Food Production Program aligns with elements of Declaring Racism a Public Health Crisis and Data-Driven and Equitable Response to COVID-19.
 - Furthermore, they align with the County's new Sustainability initiative and the recently adopted 2022-27 Strategic Plan

The Sustainable, Equitable, and Local Food Sourcing Program & Policy Frameworks potential health impacts include:

- Decreased pounds of carbon dioxide (CO2) equivalent emissions, and
- Decreased chronic disease risk and annual healthcare costs for populations served.

Values-based food sourcing considers principles beyond the best-value, and instead prioritizes values, such as the ones listed on the slide. These include:

1. local sourcing,
2. equity-informed sourcing,
3. elevated labor standards,
4. organic or regenerative certification,
5. low-carbon intensity, and
6. nutritional co-benefits.

	<ul style="list-style-type: none"> • Staff have developed a program that will evaluate existing food purchases to establish baseline assessments and develop action plans. • While the policy is the County's formal commitment to leverage its purchasing power to support sustainable, equitable, and local food systems beyond the life of the ARPA funding, the program will provide a comprehensive set of tools, technical support, and a verification system to meet the County's food procurement goals over time. <p>POLICY TIMELINE Next steps will include analysis of the County's food and beverage procurement data and development of action plans that align with the County's strategic goals and objectives. The first year will serve as a pilot that will inform the Sustainable, Equitable, and Local Food Sourcing Program and Policy. Additionally, community engagement and feedback opportunities, as well as external and internal stakeholder meetings with the Food Services Leadership Committee, will be planned.</p> <p>Approval of the recommendations listed in this slide would allow us to finalize the Sustainable, Equitable, and Local Food Sourcing Program & Policy Framework to return to your Board for adoption within 18 months, and to apply for additional funding opportunities.</p> <p><u>Questions & Comments:</u></p> <p>Question from Greg Knoll: It seems to me that, you are at the stage where you want these recommendations to go to the board of supervisor and want them to approve a plan, policy and framework so you can finish the plan to implement it. You had TA listed as a big component, where does that come from, in house or outside?</p> <p>Answer from Alison Sipler: There was a competitive procurement that was completed, and a contractor rewarded, so an RFP was conducted about a week and a half ago. They will help supported the plan and data.</p> <p>Question from Greg Knoll: what is the name of the company?</p> <p>Answer from Alison Sipler: Karen Karp and Partner's</p> <p>Question from Greg Knoll: Who on the current BOS is your champion in this food sustainability</p> <p>Answer from Dr. Wooten: There are several, Supervisor Lawson R., she supported the value and has the greatest interest in this.</p>	
<p>VI. Informational Items</p>	<p>A. Subcommittee and Work Group Updates.</p> <ol style="list-style-type: none"> 1. Policies & Program (TBD) 2. Budget (James Lepanto) 	

- a. Will send a letter that recommends and advises on the county budget plan for the fiscal year 22-23.
- b. The subcommittee decided to do a shorter version to keep it simpler and more impactful.
- c. Due June 22nd
- d. Vote to move it forward

Questions & Comments:

Comment from Dr. Wooten: Senior Oral Health – I don't think its out of state but Aging and Independence?

Answer from James Lepanto: Dr. Seldin was not aware. Anuj if you can add Dr. Wooten's comment, if it's a state or department?

Comment from Dr. Wooten: Equity and Access – what evidence do you have to say this is not the case because I can tell you all that in our application to public health accreditation our diversity in HHSA in PH is representative in the community, do you have evidence of the contrary?

Answer from James Lepanto: It's not insinuating that its not happening, to continue to be a funding practice.

Comment from Greg Knoll: If one reads that with no context it could be looked at as negative, by adding "continue to" it won't seem that way.

Comment from Dr. Wooten: Integrated County of SD EHR – we've been trying to get an HIE in PH, in 2016 we thought we were getting through the launch but failed. We've known since the early 2000 we needed an HIE and tried to implement one.

Comment from Greg Knoll: Major health systems around us in SD are getting rid of Cerner, why are we going with Cerner?

Answer from Dr. Wooten: The psych. HP is using Cerner and so those who are authorizing want to use the same.

Motion: With edits by 6/13/2022 - Moved by Greg Knoll and seconded by Dr. Suzanne Afflalo

- **Roll call** – All HSAB members in attendance voted Aye.

3. Legislative Committee (James Lepanto)

- a. Completed and Signe-d by Paul and James, sent to Nick Machione
- b. Dr. Bhatia will send out

<p>VII. Chair's Report</p>	<p>Comment from James Lepanto re all these topics</p> <p>Nominee:</p> <ul style="list-style-type: none"> James will not accept a chair position for the next year, we need new ideas. James will convene the nominating comitee to have a candidate by our August meeting. Comment from Dr. Afflalo: It wasn't a lack of trying, we did interview people but we were given fresh people and some had a conflict of interest. We will revene and look at it again. <ul style="list-style-type: none"> A. HSAB Advance, Summer/Fall of 2022 (Doodle Poll) <ul style="list-style-type: none"> i. Have it in the Fall with the new Board Chair B. Meeting Format moving forward (in person, virtual, or hybrid) <ul style="list-style-type: none"> i. Virtual until we are in the green C. Covid-19 Updates <ul style="list-style-type: none"> i. Press Briefings on County Facebook Page: https://www.facebook.com/sandiegocounty/ 	
<p>VIII. Health Officer Report</p>	<div data-bbox="1207 745 1262 805" data-label="Image"> </div> <p>Draft_HSAB_Health_Of ficer_Report_6_7_22.pr</p> <div data-bbox="703 868 1761 1466" data-label="Image"> </div>	

	<p><u>Questions/Comments:</u></p> <p>Question from James Lepanto: Are we still doing contact tracing?</p> <p>Answer from Dr. Wooten: It is no longer universal.</p>	
IX. Round Table	<p>Comment from Greg Knoll: Article on Dr. Afflalo, those efforts by the individual are what we need in times like this. Dr. Suzanne Afflalo is one of my heroes.</p> <p>Comment from Dr. Afflalo: Project with UCSD and county partnered, providing 350 people in the community fresh fruits and vegetables, twice a month for 12 months. (Champions by supervisor Vargas)</p>	
X. Public Comment (on agenda items)	<p><u>Questions & Comments:</u></p> <p>none</p>	
XI. Adjournment	<p>Meeting adjourned at 5:02pm.</p> <p>Next HSAB Meeting: Tuesday July 5th, 2022, 3:00 – 5:00 pm – Microsoft Teams</p>	