



**County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Rm 302**

Tuesday, October 7, 2025, 3:00pm to 5:00pm

MEETING MINUTES

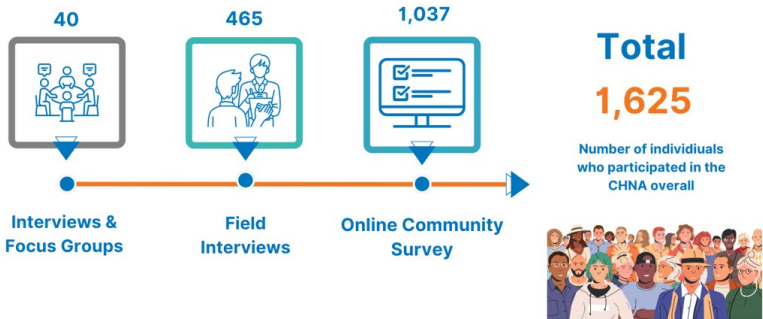
| SEAT | DISTRICT | PRIMARY | ALTERNATE | ATTEND | PRESENTERS | HHSA SUPPORT |
|------|----------|-------------------------|---------------------------------|--------|--|---|
| 13 | | | Abrams, Lauren (Alternate) | | Lindsey Wade, Senior Vice President, Health Equity & Community Engagement, Hospital Association of San Diego & Imperial Counties | Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSA |
| 2 | 1 | Afflalo, Dr. Suzanne | | ✓ | | |
| 6 | 3 | Alexander-Myers, Deanna | | ✓ | Stephanie Phann, Project Manager, Health Equity & Community Engagement, Hospital Association of San Diego & Imperial Counties | Elizabeth Hernandez, Ph.D., Director, PHS, HHSA |
| 12 | | Alexiou, Dimitrios | | | | |
| 8 | 4 | | Arroyo, Geysil (Vice-chair) | | Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration | Ankita S. Kadakia, MD, Deputy Public Health Officer, PHS, HHSA |
| 20 | 2 | | Coda, Bisma (Alternate) | | | |
| 17 | | Dailey, Jack | | ✓ | Elizabeth Hernandez, Ph.D., Director, PHS, HHSA | Anuj Bhatia, DrPH, Deputy Director, PHS, HHSA |
| 4 | 2 | Floyd, Victoria | | ✓ | | |
| 14 | | Franciscus, Joanne | | | Talq Tera, Information Technology Analyst, PHS Admin, HHSA | Adrienne Yancey, MPH, Assistant Director, PHS, HHSA |
| 13 | | Fraser, Tim | | ✓ | | |
| 9 | 3 | | Galindez, Aida (Alternate) | | Aaron D. Brown, Community Health Program Spec, PHS, HHSA | Joshua Beidler, Administrative Secretary II, PHS Admin, HHSA |
| 18 | 3 | | Greene, Dorothy (Alternate) | | | |
| 11 | | Hegyi, Paul | | ✓ | Jennifer Tuteur, MD, Chief Medical Officer, MCS, HHSA | Kathrina Fulgueras, Administrative Secretary III, PHS Admin, HHSA |
| 2 | 1 | | Ilango, Samhita (Alternate) | ✓ | | |
| 14 | | | Jacobs, Kris (Alternate) | ✓ | Jamie Beam, Director, MCS, HHSA | |
| 3 | 2 | Jantz, Barry (Chair) | | ✓ | | |
| 14 | | Franciscus, Joanne | | | | |
| 7 | 4 | Lepanto, James | | | | |
| 11 | | | Ohmstede, Jennipher (Alternate) | | | |
| 17 | | | Perez, Alex (Alternate) | | | |
| 16 | | Seldin, Dr. Harriet | | ✓ | | |

| SEAT | DISTRICT | PRIMARY | ALTERNATE | ATTEND | PRESENTERS | HHSA SUPPORT |
|------|----------|---------------|--------------------------|--------|------------|--------------|
| | 2 | Sly, Kelsey | | ✓ | | |
| 12 | | | Sumek, Caryn (Alternate) | ✓ | | |
| 5 | 3 | Walters, Todd | | ✓ | | |
| 15 | | Yates, Judith | | ✓ | | |

Attendance Key: **IP** = In person, **Z** = Zoom

| | |
|--|--|
| <p>I. WELCOME & INTRODUCTIONS</p> | <p>A. Roll Call</p> <ul style="list-style-type: none"> a. Barry Jantz called the meeting to order at 3:00 PM. b. Roll Call: All members in attendance indicated “here”. Board Members in person: Barry Jantz, Judith Yates, Jack Dailey, Samhita Ilango, Dr. Harriet Seldin, Paul Hegyi, Todd Walters, Victoria Floyd, Kris Jacobs, Kelsey Sly, Suzanne Afflalo, Tim Fraser Board Members attending virtually: Deanna Alexander-Myers c. Judith Yates term off by end of December. <p>B. Remarks from the Chairperson. None.</p> <p>C. Approval of October Agenda</p> <ul style="list-style-type: none"> a. The motion to approve the agenda was made by Dr. Harriet Seldin and seconded by Tim Fraser b. Roll Call: Samhita Ilango abstained. All other members in attendance voted Aye. Board Members in person: Barry Jantz, Judith Yates, Jack Dailey, Samhita Ilango, Dr. Harriet Seldin, Paul Hegyi, Todd Walters, Caryn Sumek, Victoria Floyd, Kris Jacobs, Kelsey Sly, Dr. Suzanne Afflalo, Tim Fraser Board Member attending virtually: Deanna Alexander-Myers <p>D. Approval of September Meeting Minutes</p> <ul style="list-style-type: none"> a. The motion to approve the minutes was made by Paul Hegyi and seconded by Jack Dailey. b. Roll Call: Kris Jacobs and Samhita Ilango abstained. All other members in attendance voted Aye. Board Members in person: Barry Jantz, Judith Yates, Jack Dailey, Samhita Ilango, Dr. Harriet Seldin, Paul Hegyi, Todd Walters, Caryn Sumek, Victoria Floyd, Kris Jacobs, Kelsey Sly, Dr. Suzanne Afflalo, Tim Fraser Board Member attending virtually: Deanna Alexander-Myers <p>E. HSAB Attendance Confirmation</p> <ul style="list-style-type: none"> a. One HSAB member is not in attendance today due to emergency circumstance. |
| <p>II. PUBLIC COMMENT</p> | <p>There was no public comment.</p> |
| <p>III. INFORMATIONAL ITEMS</p> <p>A. 2025 San Diego Community Health Needs Assessment, Lindsey Wade, Senior Vice President, Stephanie Phann, Project Manager, Health Equity & Community Engagement, Hospital Association of San Diego & Imperial Counties</p> | <p style="text-align: center;">2025 San Diego Community Health Needs Assessment</p> <ul style="list-style-type: none"> • The CHNA aims to identify, understand, and prioritize the health-related needs of San Diego County communities https://hasdic.org/chna/ • The Institute for Public Health from SDSU are research partners in completing this year's Needs Assessment. Also, this year, they were awarded the R1 research status, which was granted by the Carnegie Foundation for the advancement of Teaching, and that places SDSU in the top 5 percentile of U.S. research universities, and that's based on performance. Also, this year, they received the 2025 Harrison C. Spencer Award. • In the research process for the 2025 CHNA, the data collection was guided by two primary research questions: <ul style="list-style-type: none"> 1. What are the most pressing needs of our communities? 2. How can hospitals and health systems potentially help address those needs that we're hearing about? |

- Data Sources include the following:
 - 2-1-1 San Diego Community Information Exchange (CIE) Client Profile Report
 - CA Department of Health Care Access & Information (HCAI)
 - California Health Interview Survey (CHIS)
 - Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR)
 - Census Bureau - American Community Survey (ACS)
 - CDC CASPER Report
 - County of San Diego Community Health Statistics Unit (CHSU) Data
 - San Diego Association of Governments (SANDAG) Data
 - Youth Risk Behavior Survey (YRBS)
- Community Engagement Overview

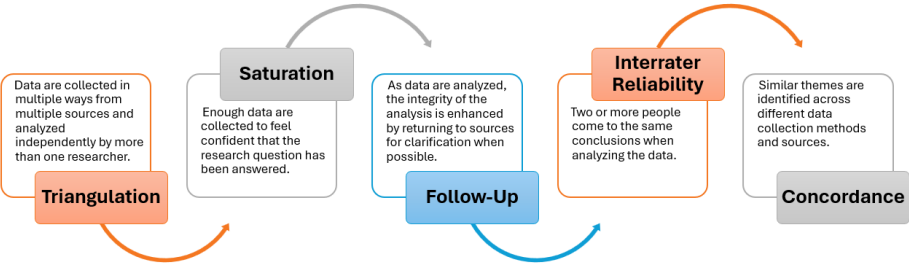


- Informed by the 2022 CHNA survey
- Available in English and Spanish
- Utilized a snowball sampling strategy



Identifying Top Community Needs

SDSU | Institute for Public Health





Field Interviews

2 Coalitions & 15 Community Partners



Karen Organization
of San Diego



DEDICATED
TO BUILDING
THRIVING
COMMUNITIES

The Bridge



- Primary Findings: Chronic Stress: Our community is under significant, ongoing, debilitating stress. Chronic stress is severely impacting their health and their ability to manage their health care.
 - Financial distress
 - Climate & public health events
 - Racism, prejudice, discrimination
 - Ongoing challenges from COVID-19
 - Overload health & social services
 - Compromised health
 - Strained ability to care for self & loved ones
- Health Effects of Chronic Stress on the Body:
 - Brain & mental health: memory issues, anxiety, depression, and mood swings
 - Muscles & bones: tension, pain, and muscle breakdown
 - Metabolism & weight: overeating or appetite loss, weight gain, and risk for diabetes
 - Cardiovascular system: high blood pressure, heart disease, and stroke
 - Immune system: reduced defenses, inflammation, and frequent infections
 - Hormonal System: sleep problems, adrenal dysfunction, and menstrual issues
- San Diegans are experiencing debilitating stress. To mitigate their stress, the community needs:
 - Less burden on emergency departments
 - Help with crises
 - Protection and care for their service providers
 - Help managing health conditions
 - A different kind of health experience
 - Recognition and assistance with disabilities and trauma
 - Better data collection, sharing, and coordination

- Findings Brief: Children, Youth and Young Adults
 - Groups
 - Children
 - Youth
 - Young Adults: Transitional Aged Youth (TAY)
 - LGBTQIA+ Youth
 - Health Concerns include:
 - Stress
 - Developmental Concerns (delays and disabilities)
 - Physical Health (asthma, dental health, diabetes, sleep, and vision)
 - Mental Health (anxiety, depression, suicide and suicidal ideation)
 - Substance Use (alcohol, vaping and nicotine, fentanyl and other drugs)

Question and Answer:

Public guest: have you considered higher education as one of the community partners to get the opinion from the students?

Lindsey Wade: We actually partnered with the Institute for Public Health at SDSU to design the research protocol for field interviews. And a lot of their experience was based on student interns that the Institute for Public Health had used previously and deployed in different settings.

Tim Fraser: Can you go a little bit more into detail on managing health conditions? I mean, it's kind of a broad, key finding. What are they specifically are they looking for and where?

Lindsey Wade: The conditions that we heard about a lot, but are not surprising are asthma, blood pressure, cancer, dental health, diabetes, and mental health, and trying to find a different way to talk about the assistance that people need in navigating healthcare. For example, in the survey, you could see which types of specialty care was most difficult to receive, and we heard a lot about how difficult it is to receive dental care. A lot of the people who were speaking about children they cared for talked about their concerns related to blood pressure. It didn't make sense to us that that was polling so high as a pediatric concern, but once we looked at our hospital discharge data, and talked with a couple of different providers within our hospital and health systems, we found that this was not a surprise to anybody but us. Our emergency departments and others have been seeing an increasing number of children coming in with incredibly high blood pressure.

And so, there's a lot more in the report, as you can imagine, around mental health, and then just the fact that we make it so difficult to navigate the system to address all the chronic health conditions.

Judith Yates: For years, as long as I can remember the Hospital Association doing this particular assessment, the number one concern was always around something to do with mental or behavioral health. It first started out mental, then it became behavioral. And I think that what I'm hearing and seeing doesn't really change that. The stress is so much affecting everybody, that it's not just the behavioral health community that's feeling it, wherein, maybe 10 years ago, it was more so in the behavioral health area, and perhaps in the pediatric. So now what we're seeing is it's across the board. I think that's one of the conclusions that I would probably draw.

And the second thing I wanted to comment on is that, and not to let hospitals or clinics off the hook on this, but everybody I talk to has trouble getting appointments. They know how to navigate the system, and they still have trouble.

So, I think we need to look at this from a systems perspective that doesn't blame any one player, but rather says, what are the reasons for that limited access making people not feel like they can get the help they need? And I think, at least for hospitals and clinics and medical office buildings and people that employ that group, a huge factor's got to be the workforce. Is that accurate, Lindsay?

Lindsey Wade: Yeah, that's accurate. Access to care - it's a problem. Our research team reframed it as less burden on the emergency departments, I think, strategically, because we really need to keep our focus on what the access crisis is leading to, which is a very precarious situation in our EDs, and we know that in the healthcare community, but the community is also seeing that. We heard a lot as we were talking about access to care questions from providers themselves, doctors who were saying "you need to go to the emergency department". And they know that is not helping our healthcare system function more efficiently, but what's their option? We heard providers say things like, "we know that sending someone to the ED for a mental health crisis is not our preferred access point". But very often, it ends up being the access point. Our system is picking up the slack for resources that just don't exist in the community. The ED staff will tell them to go back to their primary care provider. And then when the patient can't do that because of the wait time, they go back to the ED, then the ED staff will see the same patients, and they'll feel irritated, and the community member also ends up feeling dismissed.

Tim Fraser: Hearing this, what do we do here as the HSAB? How do we start to look at it from our County to say, how do we work together and see where the County can step in? Whether it's helping with outreach and enrollment and prioritizing and recommending they put more money into that to keep people insured to ask them to step up and open some free clinics to know where we can send the EIS population, which right now we can't? The next question for the board is, this is very good information, but what are we actually going to do with it, and how is it going to charge us to talk to our Supervisors to do more?

Barry Jantz: I am not sure we answered that today. So, Lindsey, for those who may not be familiar, talk a little bit more about the three-year process. So, this is a point in time when the Community Health Needs Assessment is a point in time, and then in the second year. So, talk about that because that is part of the answer, but i not the entire answer.

Lindsey Wade: We have, for the hospitals, for the most part, have had their boards approve their individual community health needs assessment reports and have created their implementation plans. Our board of directors is adopting our regional priorities, which will also include the needs assessment. But what's unusual about us in San Diego, again, is that we never stop the work. And so just today, some of you may have gotten an email from us. We're releasing our Phase 2 survey, we call it Phase 2, where we go back out to our community partners and members.

Barry Jantz: What does the time frame look on that next phase?

Lindsey Wade: We can have that survey sent out to all of you. We can put it in the chat as well. But that's the first place where you guys can all weigh in, in terms of what we got right or what's missing.

Barry Jantz: Okay, so for today, we've heard it, we will take this as not great information, but what we probably expected. We've heard it in a different way and we will continue to look at it.

Caryn Sumek: Tim, to your point, I think what we need to do is just continue to look at ways we advocate, where we're finding those gaps, right? If we have 300,000 to 400,000 folks losing Medi-Cal, we need to do some advocacy here in addition to other venues. So, I think the more that we're transparent and talk about and kind of prioritize what those challenges are, and the better informed we keep each other, that's kind of part of our task as the HSAB.

Dr. Jennifer Tuteur: I think one of the things that we've seen some of the other advisory boards do is start to vote on the areas that are priority for them, and three, maybe four, we did this in Healthy San Diego. You can't do everything at once, so is there something here that you all think are the top two, like three things?

Dr. Harriet Seldin: We're talking here, the overall needs assessment, and then thinking about the HR1, but I'm thinking right now, is the government shutdown and what's affected by that? Because I haven't heard discussion about that piece of it. Does that affect hospitals as far as the home health?

Caryn Sumek: And we're analyzing that right now, but right now, no one has suspended those services, because we're only seven days in, right? And if the government resumes, then you can get retro payments, so I think people are committed to patient care and continuity of care, but we're going to have to watch it.

Victoria Floyd: I think everyone's very dedicated to patient care regardless of the payment right now, because we do know that mechanism of retroactivity does come into play. I was just going to note that they just passed an item to establish a fiscal subcommittee on HR1, so I don't know if it's appropriate for us to ask the chair's office, the Vice Chair's office, to weigh in on that. Somebody can go and represent, just having some kind of say-so in that subcommittee, because they really do want to talk about Medicaid and the ongoing challenges, just FYI.

Barry Jantz: We can do a letter to the supervisors reminding them that we're here.

| | |
|--------------------------------|--|
| | <p>Dr. Jennifer Tuteur: There are two supervisors that will be leading it, but there's also, at the same time, some discussion about how ad hocs will occur, and whether or not, those policies will be different. I think, at this point, there's a couple (board of supervisor members), I think this is at least the second ad hoc that's waiting.</p> <p>Dr. Elizabeth Hernandez: Yeah, and this ad hoc committee, subcommittee, should not stop this advisory board, if you'd like, to write letters, or to connect with your board, specific Board of Supervisors. I just wanted to share that as well, so I appreciate you sharing that, Tori.</p> <p>This advisory board has an annual strategic planning committee every year, for the most part, that would be an excellent opportunity to start strategizing about those bigger picture, larger system issues, as a collective group. So just wanted to throw that out there as an opportunity to pause, brainstorm as a collective group and come up with a strategic plan, to continue to elevate that to the Board of Supervisors.</p> <p>Barry Jantz: We have a rather new strategic plan. We should bring it back next month. We said we were going to do that starting on a quarterly basis anyway. It's been just a little bit longer than that. I think we bring that back next month and just have a look at it to see what our priorities were, how it fits with what we're talking about.</p> |
| IV. ITEMS FOR APPROVAL | None |
| V. CHAIR'S REPORT | A. Youth Engagement: None |
| VI. INFORMATIONAL ITEMS | A. Subcommittee and Work Group Updates: None |

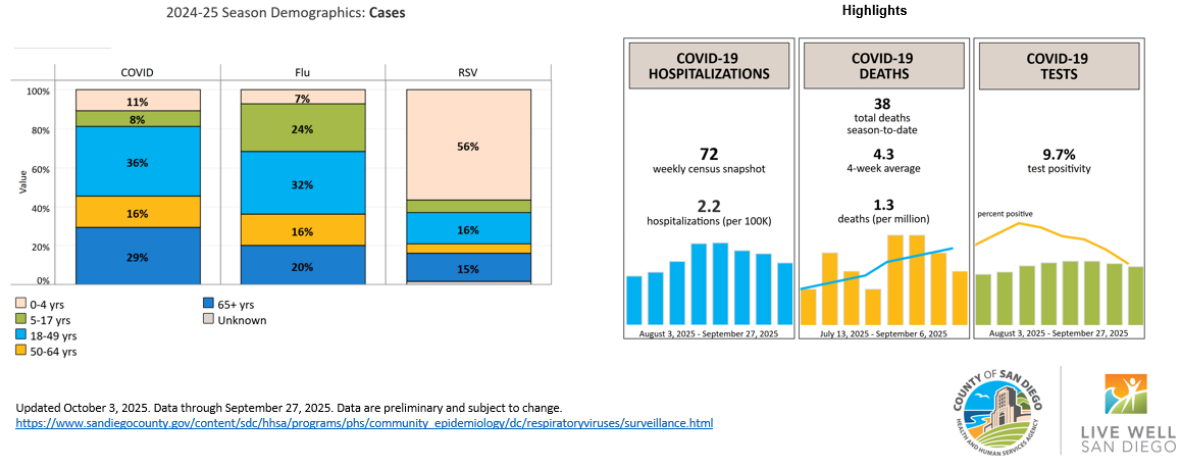
VII. PUBLIC HEALTH SERVICES
LEADERSHIP REPORT

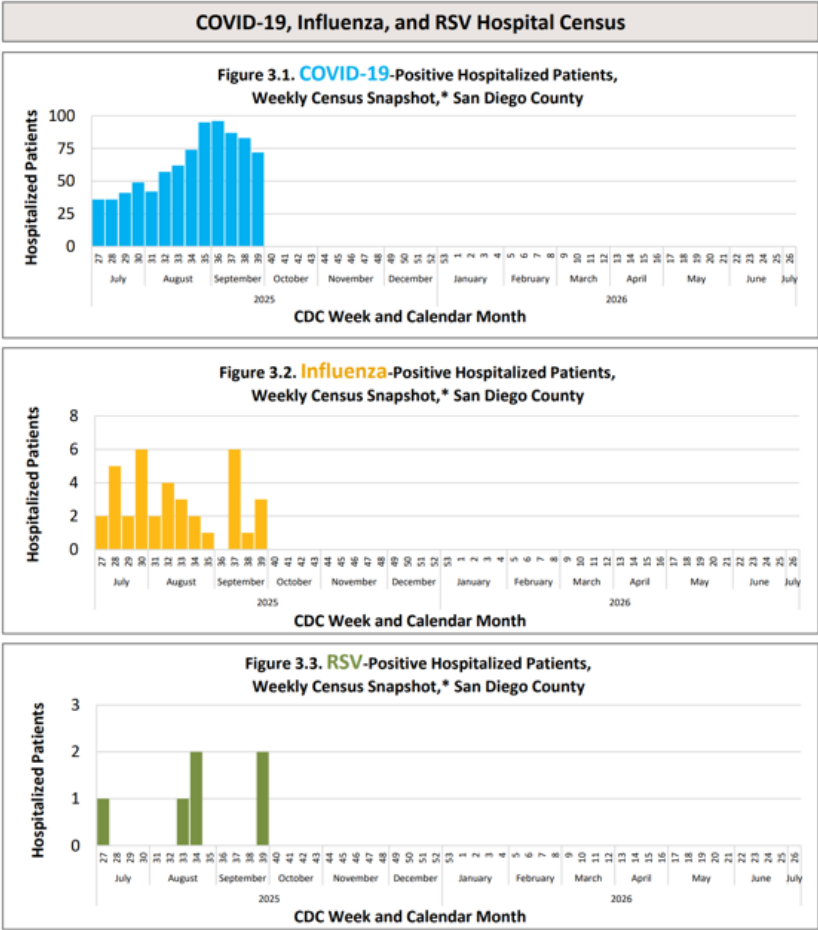
Sayone Thihalolipavan, M.D., M.P.H.,
Public Health Officer, PHS

Elizabeth Hernandez, Ph.D, Director,
PHS

Health Services Advisory Board Meeting Public Health Services Report
Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS

Respiratory Virus Surveillance



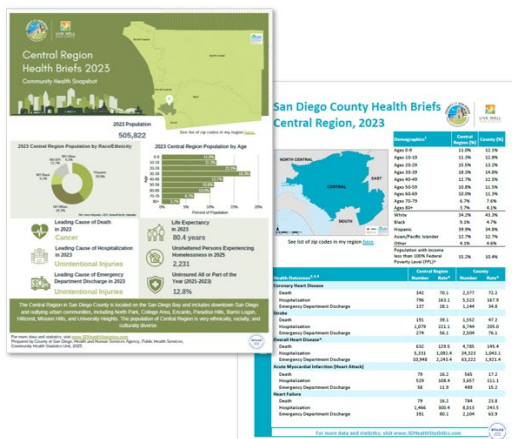


- Board Approves Next Steps in Tijuana River Valley Soil Contamination Study | News | San Diego County News Center
 - The County Board of Supervisors voted to ask the State Water Resources Control Board to fund a \$1.4 million study to test the ground and water within the Tijuana River Valley for contamination.
 - The two-year study, called a Sediment Quality Object Triad Analysis, is a standard scientific method for testing soil and sediment chemistry, toxicity and ecological impacts.
 - As part of the study, 11 sites from Los Peñasquitos Lagoon to Famosa Slough will be tested to get a broader understanding of sediment along coastal waterways.
 - <https://www.countynewscenter.com/board-approves-next-steps-in-tijuana-river-valley-soil-contamination-study/>
- September 19 Health Advisory: Ebola Outbreak in the Democratic Republic of the Congo
 - Key Messages:

- On September 4, 2025, the Ministry of Public Health, Hygiene and Prevention in the Democratic Republic of Congo (DRC) confirmed an outbreak of [Ebola virus disease \(EVD\)](#) in the remote Kasai Province.
- No suspected, probable, or confirmed cases related to these outbreaks have been reported in the United States. The current risk to U.S. and California residents is low.
- Healthcare providers should routinely ask patients with acute and possibly infectious illness about international travel in the three weeks before symptom onset.
- Healthcare providers and clinical laboratories should immediately report cases of suspected EVD to the [County Epidemiology Unit](#).
- October 6 Health Advisory: Updates to Fall 2025 Respiratory Virus Vaccine Recommendations in CA
 - Key Messages:
 - On September 17, 2025, California Governor Newsom signed Assembly Bill (AB) 144. This law shifts the authority for setting California’s vaccine recommendations from the Centers for Disease Control and Prevention’s (CDC)’s Advisory Committee for Immunization Practices (ACIP) to the California Department of Public Health (CDPH).
 - As a result, all providers in California should now follow CDPH vaccine recommendations which may differ from those issued by ACIP.
 - Under AB 144, vaccines recommended by CDPH must be covered by California Health Plans, including Medi-Cal managed care plans. This means that these insurance plans will cover vaccines recommended by CDPH even if ACIP does not recommend them.
 - This bill also provides liability protection to providers who administer vaccines based on CDPH recommendations. Additionally, it allows pharmacists to independently initiate and administer immunizations recommended by CDPH.
 - Per CDPH’s 2025–26 Respiratory Vaccine Recommendations, all Californians ages six months and older who choose protection are recommended to receive updated COVID-19 vaccines. For the RSV vaccine, the age of when vaccination is recommended for persons at risk was lowered to 50 years. The Influenza vaccine recommendations remain unchanged from last year.
- The Overall U.S. Sexually Transmitted Infection (STI) Burden Remains Substantial, but signs of progress continue
 - In 2024, more than 2.2 million cases of chlamydia, gonorrhea, and syphilis were reported. While this represents a nine percent decline in STI morbidity compared to 2023 (and the third consecutive year of decreases), there is still more work to do. Compared to a decade ago, the overall STI case burden in the U.S. remains 13% higher and reported congenital syphilis cases increased again last year for the 12th year in a row.
- CA Age into Assets Recruitment
 - September 25, 2025 – Press Release: Statewide Recruitment
 - California Commission on Aging and Elders Join Forces to Turn Age into an Asset and Adults ages 60+ into Mentors for Younger Generations
 - Call to Action
 - Adults ages 60+: Give one hour a week. Change two lives. Sign up at [Elders.ai](#)
 - Parents/Guardians: Enroll your child (ages six to 17) for a weekly virtual mentor. Sign up at [Elders.ai](#)

- If approved, this LOSOP authority would give the County Local EMS Agency (LEMSA) the option to enhance capacity to support County Public Health vaccination campaigns and allow EMS personnel to vaccinate one another, which has been requested by County Fire Chiefs.

This initiative has been enthusiastically supported by the County of San Diego Public Health Officer, Chief Medical Officer, Chief Nursing Officer, Chair of the Health Services Capacity Task Force, and EMS agency physicians.



- Health Briefs are easy-to-read, printable health statistics by HHS Region using data from the Community Profiles and the California Health Interview Survey (CHIS).
- Each health brief contains information on non-communicable diseases, communicable diseases, maternal & child health, injury, behavioral health, ADRD, environmental health, and access to care data.



Leading Health Conditions Among Older Adults
in San Diego County, 2023

Deaths Among Ages 60+, San Diego County, 202

| Conditions | Deaths | |
|---|------------------|--------|
| | Rate per 100,000 | Cases |
| Overall Heart Disease | 576.0 | 40,000 |
| Coronary Heart Disease (CHD) | 295.5 | 20,000 |
| Overall Stroke Diseases | 240.8 | 16,000 |
| Heart Failure | 99.0 | 6,000 |
| Overall Cancer | 575.1 | 40,000 |
| Lung Cancer | 103.2 | 7,000 |
| Pancreatic Cancer | 49.5 | 3,000 |
| Colorectal Cancer | 48.6 | 3,000 |
| Non-Alzheimer's Dementia | 199.0 | 13,000 |
| Stroke | 189.6 | 13,000 |
| Alzheimer's Disease | 104.1 | 7,000 |
| COPD/Chronic Lower Respiratory Diseases | 115.0 | 8,000 |
| Diabetes | 103.4 | 7,000 |
| COVID-19 (multiple cause of death) | 70.5 | 5,000 |
| Parkinson's Disease | 33.7 | 2,000 |
| PdAs | 48.6 | 3,000 |

- **The Leading Health Conditions Impacting Older Adults** *briefs* identify the leading health conditions impacting older adults in San Diego County. Cases and rates are presented by age group or geographical area within the following three reports.
- **Leading Health Conditions Among Older Adults in San Diego County, 2023**
 - Cases and rates are presented for older adults aged 60 years and over and by age group for those 60-69, 70-79, and 80 years and older in 2023.
- **Leading Health Conditions Among Older Adults in San Diego County by Health and Human Services Agency Region, 2023**
 - Cases and rates are presented for older adults aged 60 years and over in Central Region, East Region, North Central Region, North Coastal Region, North Inland Region, and South Region in 2023.
- **Leading Health Conditions Among Older Adults in San Diego County by Supervisorial District, 2023**
 - Cases and rates are presented for older adults aged 60 years and over in each of the five Supervisorial Districts in 2023.

Also from a federal government shutdown perspective, also wanted to make you aware, and you likely already know this, because you're probably doing something similar in your organizations, that we are, at the County level, preparing and looking at what federal contracts and grants opportunities we have now that may be at risk, just for a worst-case scenario. So just want to make you aware, and again, I'm sure you're doing something similar.



SAVE THE DATE!

Wednesday, October 22, 2025
San Diego Convention Center
8:00 am - 5:00 pm

Connect with thousands of partners and colleagues committed to the collective impact movement - *creating healthy, safe, and thriving communities together!* We invite you to join us as a speaker, exhibitor, sponsor, or attendee.

Notable Sessions for...



11:00 AM – 11:45 AM | Perspectives on Trust in Public Health: Panel and Dialogue (PHO et al.)

- Explore actionable approaches that strengthen credibility, center community voices, and create new practices for public health that resonate across sectors and populations.
- Trust is the foundation of effective public health—and it has never been more strained.
- Rebuilding and sustaining trust requires more than better messaging: it requires genuine dialogue, new practices, and deeper relationships across differences.

1:15 PM – 2:00 PM | Integrate Dental Health Services in Schools to Improve Student Health (MCS et al.)

- Learn how La Mesa Spring Valley School District and the County of San Diego partnered to improve oral health of students.
- Tooth decay is the number one chronic disease in children, and in most cases, it is preventable.
- In San Diego County, 1 in 3 kindergarteners in high need areas have untreated tooth decay. Untreated dental decay can cause pain and infection, leading to emergency room visits and hospitalization

2:15 PM – 3:00 PM | Advancing Health Equity Research and Data Excellence (DPHO et al.)

- Explore the achievements and lessons learned from the research collaboration, between San Diego State University and the County of San Diego Health and Human Services Agency, as part of the Live Well Center for Innovation & Leadership partnership.
- By breaking down institutional silos and building trust around data sharing, the partnership is helping shape research that directly influences public health policies—ensuring community needs are not only studied but truly addressed through action.

- 3rd SEAPED Coalition Meeting at SE Live Well Center
 - September 23, 2025 – 3rd Coalition Meeting for Racial and Ethnic Approaches to Community Health (REACH) Safe and Equitable Access to Parks and Everyday Destinations (SEAPED).




- Summary
 - This coalition meeting serves as a key milestone, for REACH Year 3, before Community Outreach and Engagmeent begin in October 2025.
 - The goal of SEAPED is to increase physical activity among Mid-City and Southeastern San Diego communities by developing and implementing designs, plans, and quick-build infrastructure that advance active transportation-supporting features and elements by June 2028.
 - SEAPED is a project under the Physical Activity strategy in REACH.
 - SEAPED Coalition has grown to more than a dozen member organizations!

Public Health Services

| BOARD LETTER FORECAST | |
|-----------------------|---|
| Board Meeting Date | Subject |
| September 30, 2025 | Authorize Acceptance of Title V Maternal and Child Health Block Grant Allocation Including the Perinatal Equity Initiative Allocation from the California Department of Public Health |
| December 9, 2025 | Authorize acceptance of funding to address Sexually Transmitted Infections and apply for future funding opportunities |



Media/Community Events



| Targeted Date and Time | Description & Location of Event |
|---|---|
| November 2023 and ongoing | Perinatal Equity Initiative (PEI) radio ads run on local radio stations, Z90 and Magic 92.5. Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website. |
| June 2024 and ongoing | PEI creatives (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies. |
| September – October 2025  | The Racial and Ethnic Approaches to Community Health (REACH) Immunization Media Campaign , in partnership with iHeart Media, Inc., aims to increase vaccination coverage for COVID-19 and other vaccine preventable diseases to reduce health inequities among racial and ethnic populations with the lowest vaccination rates. |
| October 5, 2025  | EISB participated in the 5th Annual Latine Pride Community Event , at the Soap Factory. Educational flyers on RSV, flu, Hepatitis A, and HPV were distributed. Attendees were also provided information on local vaccine resources, with a focus on flu shot accessibility. Free promotional items, including sunglasses, frisbees, water bottles, tote bags, and string bags, were shared to help attract and engage the community.  |

Media/Community Events



| Targeted Date and Time | Description & Location of Event |
|---|--|
| October 8, 2025  | The Regional Connect Networking event with Health & Wellness Fair , at Palomar Health, will be hosted by the North San Diego Business Chamber and focused on supporting the holistic wellbeing of the community. Attendees will be able to connect with local health experts offering resources and services across physical, mental, and emotional wellness. |
| October 13, 2025 (CSUSM) October 16, 2025 (SDSU)  | CSUSM Interprofessional Education Event and Career Fair and SDSU Fall Career and Internship Fair will promote student internships, public health, and HHSA as an attractive career choice. The Office of Workforce Development team will be tabling and performing community outreach and recruitment opportunities. |
| October 15, 2025 | The Border Health Consortium of the Californias will convene its 6th Binational Symposium , at UABC Tijuana Campus, to bring together public health leaders, practitioners, and researchers—from both sides of the border—to discuss shared public health priorities and strengthen cross-border collaboration. This year’s symposium highlights a multi-level dialogue across federal, state, and local sectors, addressing evolving binational health priorities and spotlighting successful models of collaboration. |

Highlight

Champion Provider Fellow, Dr. Wai-Yin Chan, receives recognition from the American Academy of Pediatrics California Chapter 3 for improving pediatric oral health.

- On **September 13, 2025**, Dr. Wai-Yin Chan, Champion Provider, received the Mark Cheven, MD, AAP-CA3 Ally Award 2024 from the American Academy of Pediatrics California Chapter 3 (AAP-CA3) for leadership and collaboration on medical-dental integration to improve pediatric oral health.
- Since 2022, Dr. Chan has led the Medical-Dental Integration Workgroup, a San Diego County Oral Health Coalition.
 - In this role, Dr. Chan was instrumental in creating continuing education courses that brought pediatric medical and dental providers together.



Question and Answer:

Barry Jantz: Anything on the DCAO position?

Dr. Elizabeth Hernandez: Kimberly Giardina’s last day will be November 6th. They're in the process of recruiting for the interim, and so hopefully sometime this month they'll have that announcement, and of course, we'll bring that person here.

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| | <p>Tim Fraser: The County of Santa Barbara has now made the decision that their public county FQHCs will not be seeing undocumented (individuals) and are beginning to push their patients to the FQHCs not associated with the County. And it was a business decision because of the federal grants and what is being put at risk for them. I assume our County of San Diego will not be following suit and will continue to service undocumented individuals like the rest of us. What is that part of when you discuss budget planning for federal grants?</p> <p>Dr. Elizabeth Hernandez: We are still serving all clients that come to our clinics.</p> |
| VIII. ROUNDTABLE | <p>Dr. Susan Afflalo: The next Health Fair is on November 5th.</p> <p>I know the need is going to get greater as cuts start happening in our community. We already saw an increase in the number of households we fed; 430 households were fed for food distribution and so there's more visits. Some of the vendors said that they saw more people last week; they're also afraid to go anywhere, but at least this seems to be a safe space for them, so they're coming and getting resources. And for people that are not comfortable going to the clinic, or may lose their insurance or something like that, whatever services are out there that you guys can provide for free, come on down.</p> <p>Dr. Elizabeth Hernandez: If there is a need to use Live Well Advanced mobile office, or Big Bus, for any of “A Healthier Me” events, please don't hesitate to ask. The County of San Diego Public Health Services Department is happy to support that.</p> |
| IX. PUBLIC COMMENT | None. |
| X. ADJOURN | Meeting adjourned at 4:30 PM. |
| Next Meeting | <p>HSAB Monthly Meeting: Tuesday, November 19, 2025</p> <p>CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 402A, from 3:00 pm to 5:00 pm</p> |