



Health Services Advisory Board Meeting Public Health Services Report

February 3, 2026





Public Health Director Update

Adrienne Yancey, M.P.H.
Interim Public Health Director
Public Health Services



Welcome Interim Asst. Public Health Director



Effective January 23, 2026, Tina Emmerick assumed oversight of PHS operations as the Interim Assistant Public Health Director.

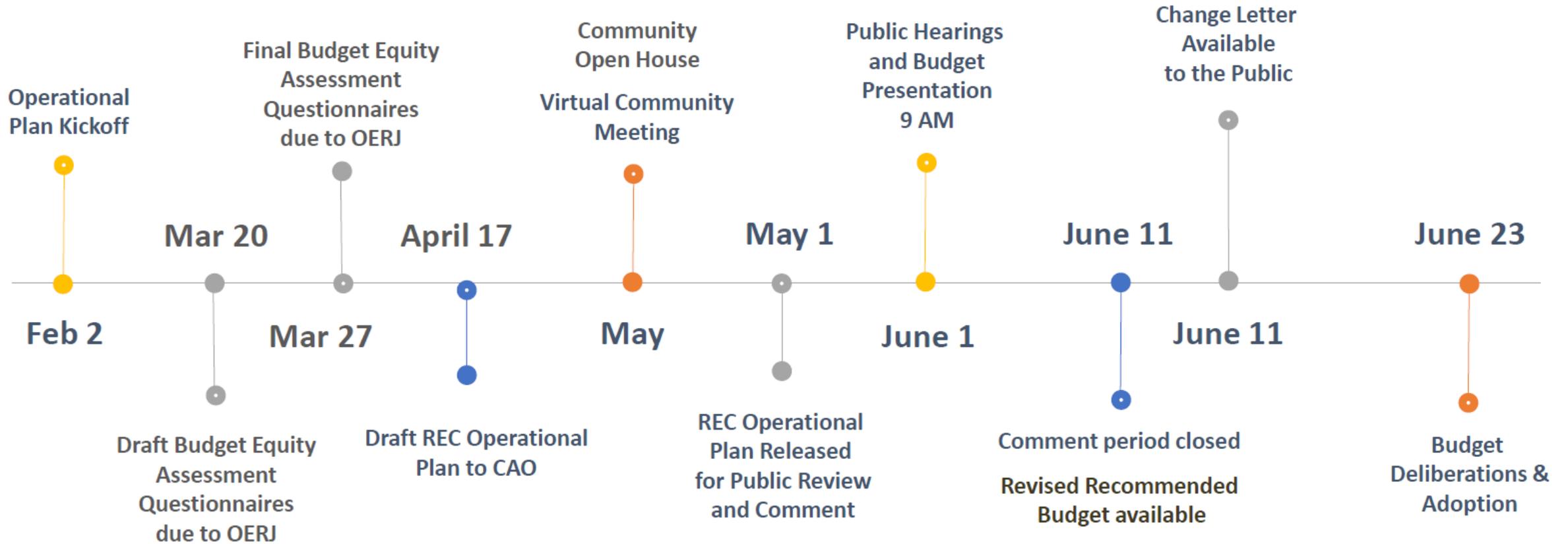
Amy Menolez will take over as the Interim Chief for the Tuberculosis Prevention & Care Branch during this time.

Tina has more than 20 years of experience during her career with the County of San Diego, in-service to the San Diego community. Her strengths are communication, positivity, woo, developer and adaptability. Outside of work, Tina loves baking, adding to her kindness rock garden and going on adventures with her husband and two daughters.





OPERATIONAL PLAN TIMELINE



Public Health Services

BOARD LETTER FORECAST

Board Meeting Date	Subject
March 3, 2026	Acceptance of Additional LabAspire Funds
April 21, 2026	Authorize acceptance of funding for the Refugee Health Programs (RHAP/RHPP) and apply for future funding opportunities
April 26, 2025	Authorize acceptance of funding for Sexually Transmitted Infection Prevention and Collaboration, from CDPH
May 12, 2026	Authorize acceptance of funding from California Department of Public Health for Future of Public Health Funding
August 18, 2026	Authorize acceptance of funding from the CDC for Strengthening US Public Health Infrastructure and Workforce via the Public Health Infrastructure Grant
September 15, 2026	Authorize Certification Statements for California Children’s Services Programs



Public Health Lab and Lab Staff Featured on RPHO

Featured | County of San Diego Public Health in CDPH Regional Public Health Office January 2026 Newsletter

Sections

- **San Diego County Bolsters Disease Defense With New Public Health Lab Veterinarian:** PHL's Veterinarian Dr. Julie Breher introduction and highlights.
- **Closing Loops and Streamlining:** PHL begun building a testing model for zoonotic disease investigation processes to help close the epidemiological loop on zoonotic disease outbreaks in humans.
- **But Wait! There's More:** Dr. Breher and epidemiology team established a data hub for companion animals within the county.
- **Taking Notice:** Additional recognition of Dr. Breher's expertise at both the state and national levels for her expertise, and recent participation in a three-part consortium on One Health and wildlife zoonotic disease management.

Southern California Region San Diego County

San Diego County Bolsters Disease Defense With New Public Health Lab Veterinarian



There's an old adage that says even just one person can make a difference, and San Diego Public Health Laboratory's Veterinarian Dr. Julie Breher is definitely proving that to be true.

The County of San Diego (CoSD) Public Health Laboratory (PHL) created this much-needed veterinary position using Future of Public Health (FoPH) funding. This PHL veterinarian role is critical for the county as it's responsible for everything from testing and preventing the spread of zoonotic diseases (ranging from rabies to Avian Influenza) to responding to bioterrorism threats such as anthrax.

Once hired, Dr. Breher wasted no time. She played an intrinsic role in the design of CoSD's new PHL facility, which broke ground in October of 2023, and had its ribbon cutting in May of 2025. While much of the design was already finalized by the time Dr. Breher came on board, she was immediately able to contribute to schematic design changes that increased the space's efficiency and safety.

Dr. Breher consulted on layout, equipment, lighting, and as a result, the new laboratory's rabies and necropsy spaces are superior in quality and are cost efficient and functional. They're all being used to investigate and test specimens for various zoonotic pathogens, which help the county safeguard public health overall. FoPH funding also supports 19 additional staff positions in the PHL, which are vital to long-term sustainability.



Necropsy and rabies testing lab space.

The expansion of county animal testing for rabies was one of Dr. Breher's first major achievements, and she did extensive outreach to all county local animal health officer (LAHO) jurisdictions to provide training and support on animal bite management and specimen submissions. This integrated approach has resulted in a streamlined rabies testing process that is much more efficient in terms of cost and communication, and it's

Legacy of Care Gala: An Evening of Legacy, Leadership, & Community Impact

 March 14, 2026

 6:00 PM – 10:00 PM

 San Diego Natural History Museum

Featured Presentation: World Premiere of the 25-Minute Documentary

Featuring the work and legacy of Dr. Suzanna Afflalo documenting her body of work in the San Diego community, including the Health and Resource Fair.

Sign Up by February 28 at:

www.iwcprimarycare.com/legacyofcare



Suzanne Afflalo, MD
Medical Director & Co-Founder
IWC Primary Care
CEO & Founder, A Healthier Me



Public Health Officer Update

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



Respiratory Virus Surveillance

Highlights

San Diego County Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

January 29, 2026

COVID-19

Hospitalizations
2,025

Deaths
71

Outbreaks*
102

6/29/2025 – 1/24/2026

Influenza

Hospitalizations
1,013

Deaths
10

Outbreaks*
5

6/29/2025 – 1/24/2026

RSV

Hospitalizations
242

Deaths
3

Outbreaks*
0

6/29/2025 – 1/24/2026

*In residential congregate settings

COVID-19, Influenza, and RSV Hospital Census

Figure 3.1. COVID-19-Positive Hospitalized Patients, Weekly Census Snapshot,* San Diego County

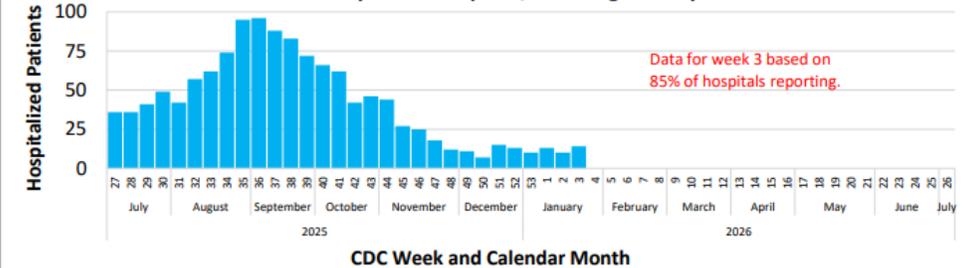
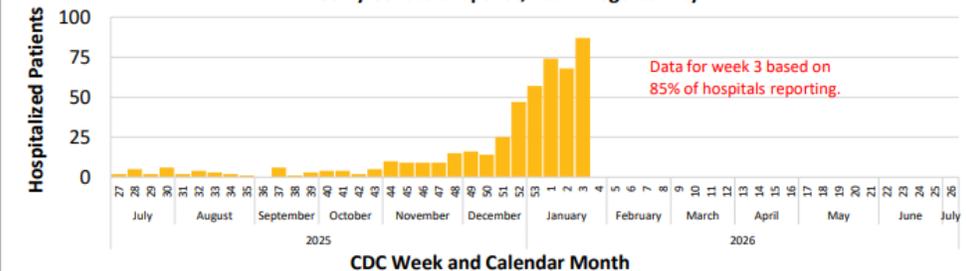


Figure 3.2. Influenza-Positive Hospitalized Patients, Weekly Census Snapshot,* San Diego County





February 3 Health Advisory: Trichophyton mentagrophytes genotype VII (TMVII)

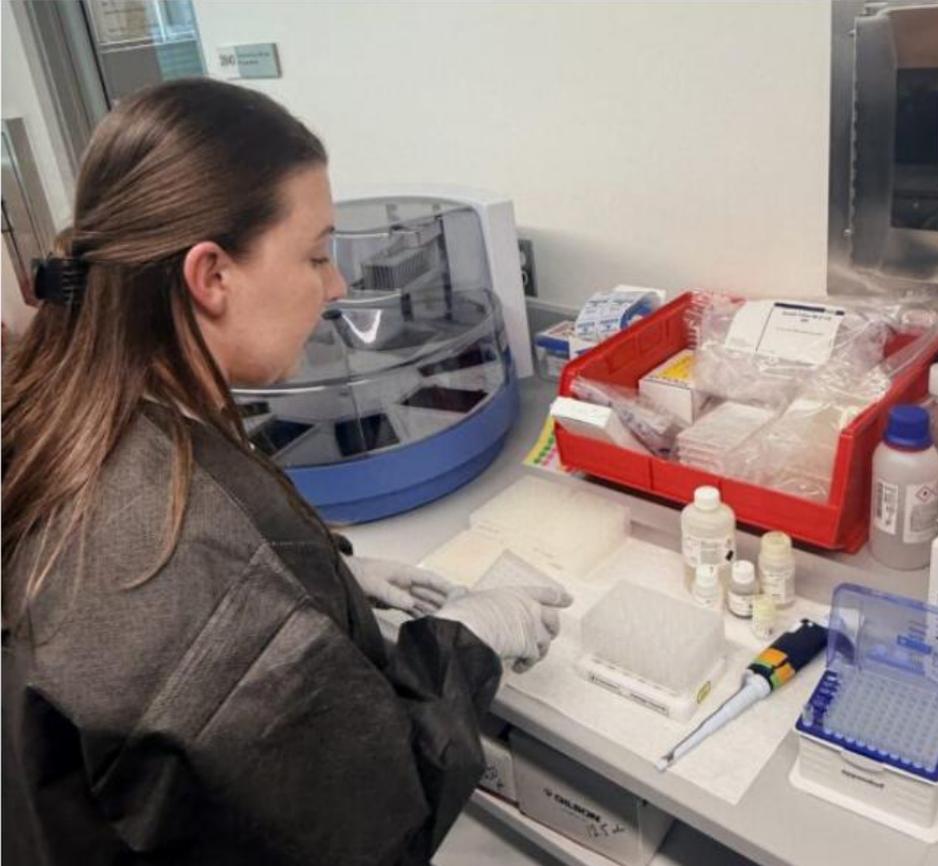
Key Messages

- [Two cases of Trichophyton mentagrophytes genotype VII \(TMVII\) were identified in San Francisco in 2025.](#)
- Health care providers should have a high suspicion for TMVII in patients presenting with extensive, inflammatory, painful, or persistent skin lesions affecting the genitals, buttocks, or face, particularly if there is no response to standard topical antifungal therapy.
- TMVII is an emerging dermatophyte infection that is often spread through skin-to-skin or intimate, often sexual, contact and can be spread through sharing of clothing, towels, and bedding.

[2-3-2026.pdf](#)



County Public Health Lab Starts Testing Local Wastewater for Diseases



By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office

Jan. 7, 2026 | 9:39 AM

- For the first time, the County's public health lab began routine in-house wastewater testing, with the results available on an online public dashboard.
- Routine wastewater testing gives public health officials a snapshot of what diseases are circulating locally and the ability to track trends often before they are detected through the medical community's robust testing.
- Paired with surveillance data, public health officials can make decisions about the deployment of public health tools, health messaging and recommendations for the public, and alerting local health partners.

[County Public Health Lab Starts Testing Local Wastewater for Disease | News | San Diego County News Center](#)

Free Trainings Available to Save Lives



By [Yvette Urrea Moe](#), County of San Diego Communications Office

Jan. 23, 2026 | 4:15 PM

- More than 750,000 people have learned hands-only CPR as part of the Revive & Survive San Diego Initiative launched in January 2024. The initiative is closer to its goal of training one million people to do hands-only CPR.
- Training more people to do chest compressions will save additional lives. Administering CPR immediately to someone experiencing cardiac arrest can double their chances of survival.
- [You can help the program reach its goal.](#) Learn more about the no-cost training opportunities. Revive & Survive is a joint effort between the County of San Diego and UC San Diego.

[Free Trainings Available to Save Lives | News | San Diego County News Center](#)



January 23 Health Advisory: New World Screwworm Outbreak in Northern Mexico

Key Messages

- New World screwworm (NWS) is a parasitic fly whose larvae feed on living tissue and can infest mammals and birds; it largely affects livestock but can also affect pets, wildlife, and humans.
- On January 20, 2026, the CDC released a [Health Advisory](#) that confirmed NWS animal cases in the Mexican state of Tamaulipas, which shares a border with the U.S. state of Texas.
- Given the potential for geographic spread, CDC issued this Health Advisory to increase awareness of the outbreak and to summarize CDC recommendations.
- No NWS infestations related to this outbreak have been identified in people or animals in the United States as of January 20, 2026.



County Public Health Officials Urge Childhood and Adolescent Vaccine Schedule



Image Credit: Shutterstock

By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office

Jan. 8, 2026 | 2:59 PM

- County public health officials continue to encourage childhood and adolescent vaccinations recommended by the [American Academy of Pediatrics \(AAP\)](#).
- The County's vaccine schedule aligns with the California Department of Public Health (CDPH) and the [West Coast Health Alliance](#). These recommendations follow a recent decision by the Centers for Disease Control and Prevention (CDC) [to modify its vaccine schedule](#).
- More information on vaccines can be found on the [Public Health Services' Immunization Unit website](#).

[County Public Health Officials Urge Childhood and Adolescent Vaccine Schedule | News | San Diego County News Center](#)



January 9 Health Advisory: West Coast Health Alliance Recommends American Academy of Pediatrics Vaccine Schedule

Key Messages

- On January 5, 2026, the [Centers for Disease Control and Prevention \(CDC\) announced updates](#) to its Childhood Immunization Schedule; however, the [West Coast Health Alliance and the California Department of Public Health \(CDPH\) continue to recommend vaccination in alignment with the American Academy of Pediatrics' \(AAP\) Recommended Child and Adolescent Immunization Schedule](#).
- The changes were not based on new scientific evidence or safety concerns.
- The vaccines proposed for removal from the routine immunization schedule include those for hepatitis A, hepatitis B, invasive meningococcal infections (including ACWY and B), influenza, respiratory syncytial virus (RSV), and rotavirus. Although still recommended, the Human Papillomavirus (HPV) vaccine schedule was reduced to a single dose for children.
- These recent CDC schedule changes did not follow established procedures for national vaccine policy updates and may increase the risk of vaccine-preventable diseases in children nationwide.



WCHA Endorses AAP

The West Coast Health Alliance joint statement



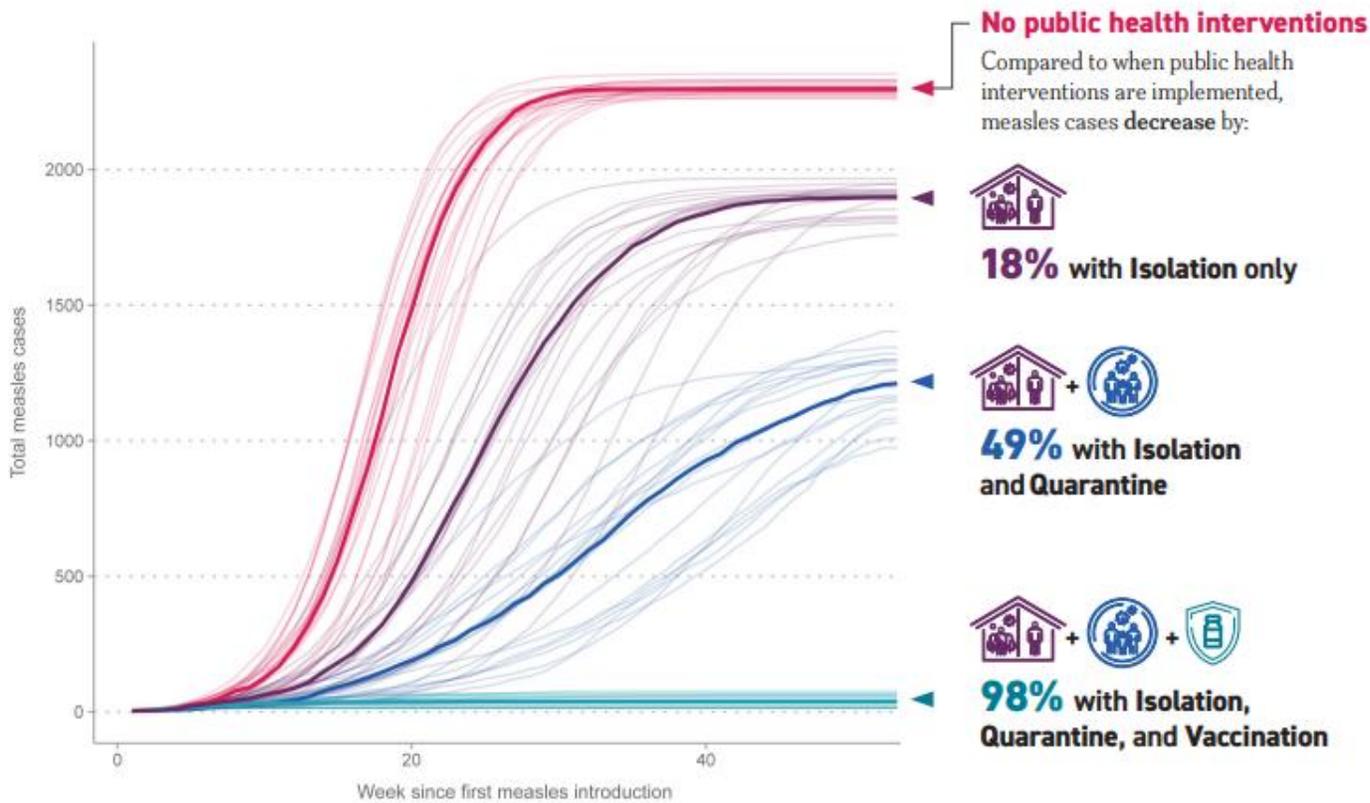
Monday, January 26, 2026

Press Release | WCHA Endorses Annual Update of American Academy of Pediatrics Vaccine Schedule

- The West Coast Health Alliance (WCHA) endorses the 2026 American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule, as do professional medical and health organizations representing more than one million health care providers, reflecting a broad consensus on the safety and benefits of the recommended immunizations.
- The [AAP issued the annual update to its Recommended Child and Adolescent Immunization Schedule for 2026](#), based on a thorough and deliberate review of medical evidence. These recommendations also continue to thoughtfully consider specific disease risks and health care delivery in the United States.
- The [2026 AAP Immunization Schedule](#) reflects the most current science-based safety and benefits of immunizations that protect individuals and communities from infectious diseases and have saved millions of lives in the United States. Annual updates are important to incorporate new evidence.
- The WCHA believes the AAP Immunization Schedule should continue to serve as the foundation for the immunizations routinely recommended by healthcare providers and guide conversations between providers and families.

Interventions to Control a Measles Outbreak

Isolation, Quarantine, and active Vaccination can substantially reduce the spread of measles, particularly in communities with low MMR vaccination coverage.



Modeling can illustrate the impact of public health interventions on the magnitude and timing of measles outbreaks following the introduction of measles into a community with low MMR vaccination coverage. This model is of a community with 15,000 total people, 5 initial infections, and 85% overall immunity against measles. The model assumes that interventions are implemented as soon as the measles introduction is identified and that 50% of the eligible population follows the public health intervention guidance.



State of Tobacco Control 2026 – CA Local Grades



State of Tobacco Control 2026
California Local Grades



American Lung Association.

18+ Points: **A** 13-17 Points: **B** 8-12 Points: **C** 3-7 Points: **D** 0-2 Points: **F**

10+ Points: **A** 7-9 Points: **B** 4-6 Points: **C** 1-3 Points: **D** 0 Points: **F**

4+ Points: **A** 3 Points: **B** 2 Points: **C** 1 Points: **D** 0 Points: **F**

1 - point added to overall grade if jurisdiction has a strong flavored tobacco control policy that includes hookah, looseleaf tobacco, and premium cigars.

1+ Points: **A**

[State of Tobacco Control 2026 | California | American Lung Association](#)

San Diego County

	Carlsbad	Chula Vista	Coronado	Del Mar	El Cajon	Encinitas	Escondido	Imperial Beach	La Mesa	Lemon Grove	National City	Oceanside	Poway	San Diego	San Marcos	Santee	Solana Beach	Vista	San Diego County Unincorporated
Overall Tobacco Control Grade	C	C	D	D	B	C	B	D	B	C	C	C	F	C	C	F	B	C	C
Total Points	5	6	4	4	10	5	8	3	9	5	7	7	1	5	6	1	9	6	7
Smokefree Outdoor Air	D	C	A	A	A	A	A	C	B	D	C	B	D	D	C	D	A	C	C
Dining	4	4	2	4	4	4	4	4	3	0	4	4	0	2	4	0	4	4	4
Entryways	0	0	4	4	4	4	2	0	0	0	0	4	0	0	0	0	4	0	0
Public Events	0	0	4	4	4	4	4	0	4	0	0	0	0	0	0	0	4	0	0
Recreation Areas	3	4	4	4	4	4	4	4	4	4	3	3	3	3	3	4	4	4	4
Service Areas	0	2	4	2	4	4	4	2	4	2	2	2	2	2	2	4	2	2	2
Sidewalks	0	0	1	1	1	1	1	0	1	0	0	1	0	0	0	0	0	0	0
Worksites	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Total Points	7	10	19	20	22	21	19	10	17	6	9	14	5	7	9	6	20	10	10
Smokfree Housing	A	F	F	F	C	F	F	F	C	F	F	F	F	F	F	F	F	F	F
Nonsmoking Apartments	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nonsmoking Condominiums	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nonsmoking Common Areas	4	0	0	0	4	0	0	0	4	0	0	0	0	0	0	0	0	0	0
Total Points	12	0	0	0	4	0	0	0	4	0	0	0	0	0	0	0	0	0	0
Reducing Sales of Tobacco Products	F	A	F	F	A	F	A	F	A	A	A	A	F	A	A	F	A	A	A
Tobacco Retailer Licensing	0	4	0	0	4	0	4	0	4	4	4	4	0	4	4	0	4	4	4
Total Points	0	4	0	0	4	0	4	0	4	4	4	4	0	4	4	0	4	4	4
Restrictions on Flavored Tobacco Products	N/A	N/A	N/A	N/A	N/A	Y	N/A	Y	N/A	N/A	Y	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A
Flavored Tobacco Products	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0
Total Points	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0
Emerging Issues Bonus Points																			
Emerging Products Definition - Secondhand Smoke	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Emerging Products Definition - Licensing	0	1	0	0	1	0	1	0	0	1	0	1	0	1	1	0	1	1	1
Emerging Products Definition - Cannabis	0	0	1	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0
Retailer Location Restrictions	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	1	1
Sale of Tobacco Products in Pharmacies	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Minimum Price of Cigarettes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Minimum Pack Size of Cigars	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total Points	1	2	2	1	3	2	3	1	1	2	3	2	1	3	3	1	2	3	6

Unflavored Tobacco List

- Flavored tobacco is illegal to sell
- CA Department of Justice published the Unflavored Tobacco List (UTL)
- To communicate and help retailers, this flyer was created
- Flyer is recognized as a best practice example across the state and added to the Rover Library, a statewide database of tobacco control materials

[Unflavored Tobacco List | Unflavored Tobacco List](#)

IMPORTANT INFORMATION

Notice of Published California Unflavored Tobacco List



What is the Unflavored Tobacco List?

The State of California has published the **Unflavored Tobacco List (UTL)**, effective December 31, 2025. The UTL lists tobacco/nicotine products that can be sold in California.

Products **NOT** listed on the UTL are considered prohibited flavored tobacco products under Health & Safety Code §§ 104559.1(g) and 104559.5(a)(6) and may not be sold.

How Retailers Can Use the UTL

The UTL is intended to be a practical compliance tool for retailers.

Retailers are encouraged to:

- Check products before ordering new inventory
- Confirm whether existing products are authorized for sale
- Use the UTL when reviewing product updates



Important Exemptions

Certain products are exempt from flavored prohibitions, including:

- Loose-leaf pipe tobacco
- Shisha (hookah) sold in retailer locations for customers aged 21 and older
- Premium cigars with a wholesale price of at least \$12

San Diego County Requirements Still Apply

Not all products listed on the UTL are automatically authorized for sale in the unincorporated area of San Diego County.

[County Code Section 21.2605\(d\)](#) requires minimum package sizes for cigars:

- Little cigars must be sold in packs of at least twenty
- Cigars must be sold in packs of at least six, unless priced at \$10 or more per cigar

Use the UTL today!

Retailers can search tobacco products by name or UPC using the UTL search tool.

Access the UTL here:
utl.doj.ca.gov/utl

Or scan the QR code below



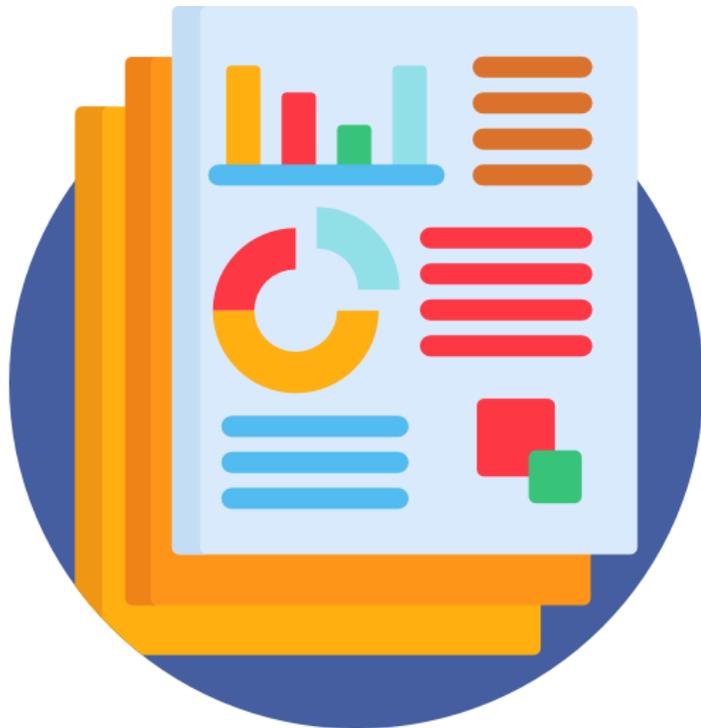
Questions or Need Assistance?

✉ phts-trlapplications.hhsa@sdcounty.ca.gov



San Diego County Changes in 5 Years

How has San Diego County changed in 5 years? Incomes haven't kept pace with housing costs, census data show.



- **The typical San Diego County household now makes \$109,000 a year**, but disparities remain in incomes, poverty, educational attainment and other quality-of-life factors, the latest estimates from the U.S. Census Bureau show.
- The bureau's American Community Survey this week released its estimates about demographics, housing, employment and other topics covering the most recent five-year period, from 2020 through 2024; the survey also publishes estimates representing single-year periods.
- The survey, which generates estimates based on samples of households across the country, is the primary single source of detailed data about all of the nation's more than 342 million people.

Population

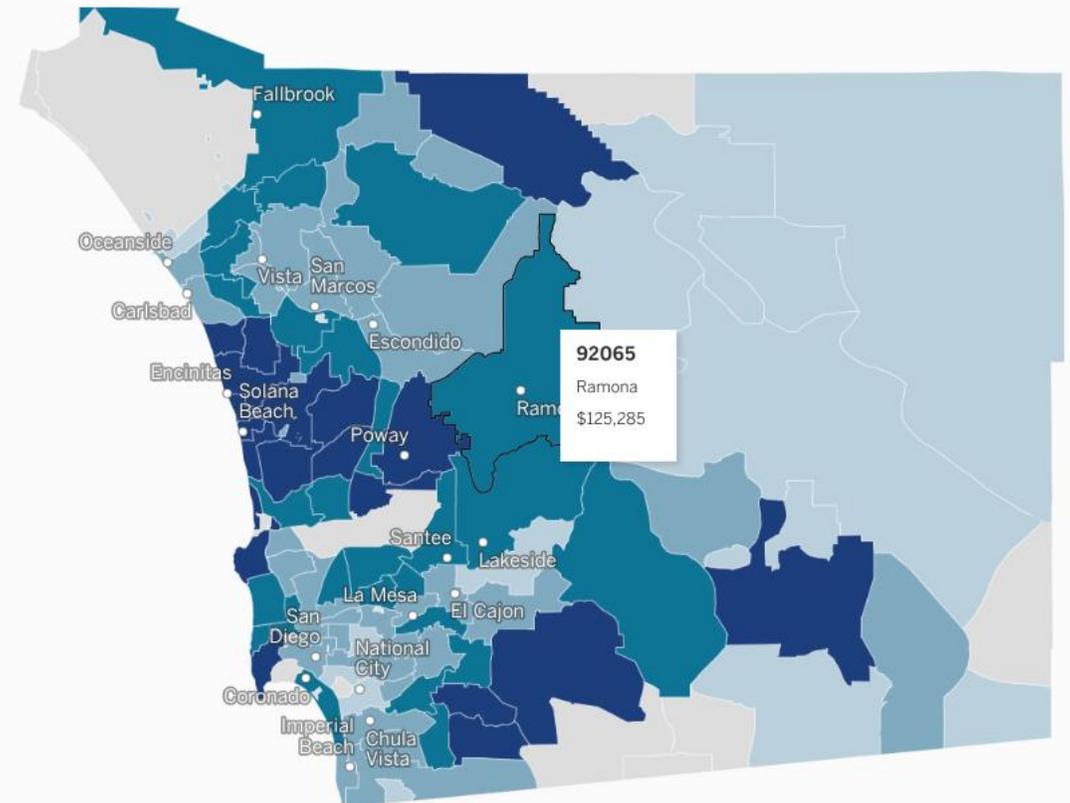
- **Under 3.3 million people living in San Diego County**, according to the survey's one-year estimate for 2024. That estimate is down from 2019, when there were more than 3.3 million people in the county.
- County residents are skewing older, too, and fewer of them are children. **The median age for a San Diego County resident is now 37**, up from 35 in 2014. And **only about 20% of residents are under 18** — down from 22% in 2014.
- **White residents make up the largest share of the county's population at about 42%**, as of the 2024 five-year estimate. That's down from 46% in the prior five-year period.
- **Latinos make up 35% of county residents, while Asians make up 12%, multiracial residents make up 5% — up from 3% in the last five-year period — and Black residents make up 4%. American Indians, native Hawaiians and Alaska Natives altogether comprise less than 1%.**

<https://www.sandiegouniontribune.com/2026/02/01/how-has-san-diego-county-changed-in-5-years-incomes-havent-kept-pace-with-housing-costs-census-data-show/>

How incomes vary across San Diego County

Over the five-year period from 2020 through 2024, the median San Diego County household had an annual income of \$106,000 in 2024 inflation-adjusted dollars. Here's how incomes varied by ZIP code.

■ \$0-\$76,000 ■ \$76,001-\$106,000 ■ \$106,001-\$136,000 ■ \$136,000+



Some ZIP codes have no estimates because too few samples were collected or because the margin of error was too large.
Source: American Community Survey five-year estimates

Housing

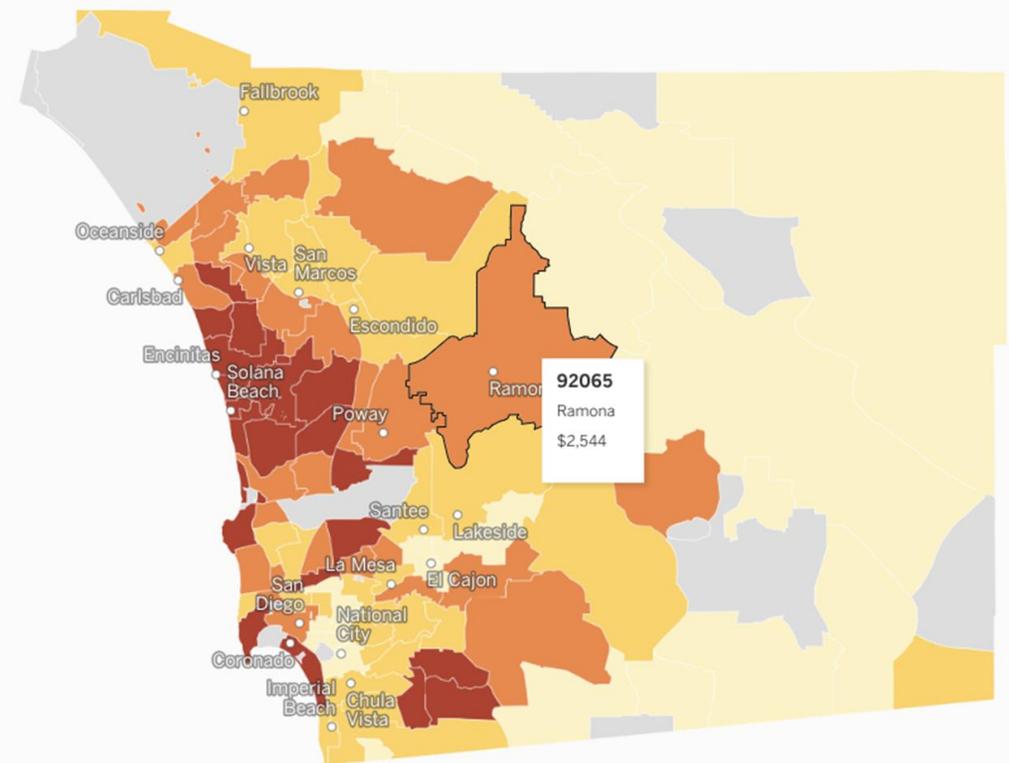
- San Diego County residents continue to pay more for housing every year.
- The **median household's estimated monthly housing cost was 29% less** in 2019 than in 2024 — **from \$1,871 to \$2,413**. Of renting households, **27% paid more than \$3,000 a month in rent**.
- The housing cost burden falls more heavily on renters than owners.
- More than half of renting households in San Diego County — **about 54% — are considered housing cost-burdened**, meaning they spend more than the recommended 30% of their income on housing costs. And more than a quarter of renting households spend more than half of their income on housing.
- **San Diego County renters are more likely to be housing cost-burdened than California renters overall**, of whom 51% are cost-burdened, and U.S. renters overall, of whom only 46% are cost-burdened.
- Meanwhile only 30% of San Diego County homeowners spend more than 30% of their income on housing costs. **More than half of the county's homes, about 54%, are occupied by owners rather than renters.**

<https://www.sandiegouniontribune.com/2026/02/01/how-has-san-diego-county-changed-in-5-years-incomes-havent-kept-pace-with-housing-costs-census-data-show/>

How much housing costs around San Diego County

In the five-year period from 2020 through 2024, the county's median household spent about \$2,400 per month on housing. Here's how those costs broke down by ZIP code in 2024 inflation-adjusted dollars.

■ \$0-\$2,000 ■ \$2,001-\$2,400 ■ \$2,401-\$2,800 ■ \$2,800+



Rancho Santa Fe's monthly housing costs exceeded \$4,000; no specific estimate was given. Some ZIP codes have no estimates because too few samples were collected or because the margin of error was too large.

Source: American Community Survey five-year estimates

Kristen Taketa / The San Diego Union-Tribune

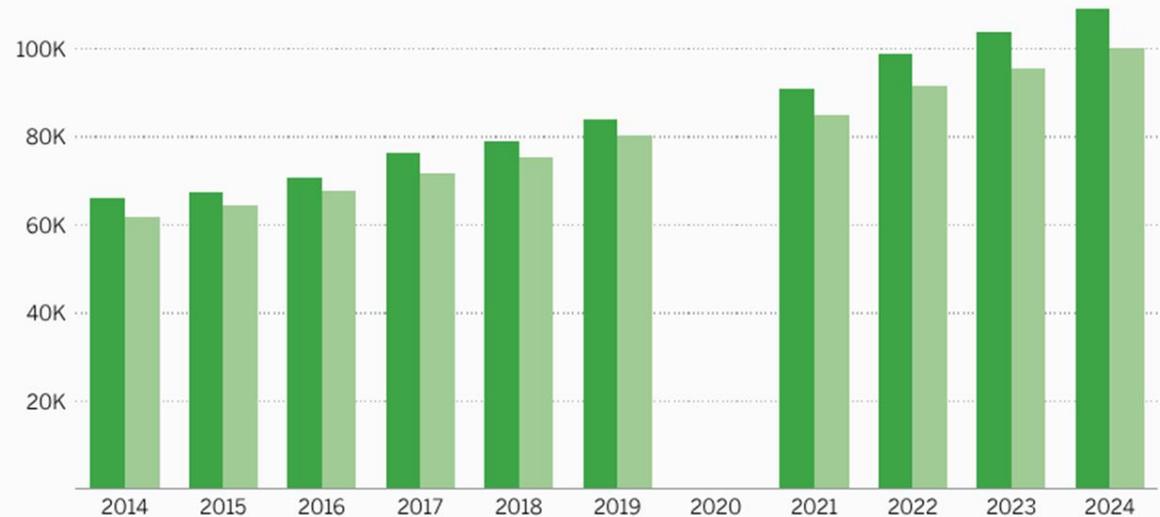
Income

- As prices have risen since the start of the COVID-19 pandemic, so have incomes. **The median household in San Diego County made \$109,000 in 2024, up 27% from the 2019 median of \$84,000.**
- That means income growth didn't keep pace with **housing costs**, which **rose by 29%** over the same period.
- A typical San Diego County resident makes more money than a typical California resident, who made about \$100,000 as of 2024. **Incomes grew at a faster rate in San Diego County than in California overall.**

Incomes rise, outpacing statewide growth

San Diego County's median annual household income rose steadily amid high inflation, and at a faster pace than statewide. Each estimate is inflation-adjusted to its respective year.

■ San Diego County ■ California



An estimate for 2020 is not available due to data collection disruptions caused by the COVID-19 pandemic.

Source: American Community Survey one-year estimates

Kristen Taketa / The San Diego Union-Tribune

<https://www.sandiegouniontribune.com/2026/02/01/how-has-san-diego-county-changed-in-5-years-incomes-havent-kept-pace-with-housing-costs-census-data-show/>

Poverty

- There are also racial disparities in income — **Asian and White county residents make significantly more than their peers of other races.**
- San Diego County’s poverty rate has been on the decline. In 2024, **about 1 in 10 San Diego County residents was making less than the poverty level** of below \$16,000, compared with about 12% of California residents statewide.
- As with income, there are significant disparities when it comes to who lives in poverty. **About 17% of Black residents, 14% of American Indian and Alaskan Native residents and 13% of Latino residents live below the poverty level**, compared to 8% for Asians and 7% for White non-Hispanic residents.
- **People with a disability are also twice as likely as those without one to be living in poverty** in San Diego County — 18% of people with a disability, compared to 9% of people with no disability. **Immigrants are also more likely to live in poverty** — they have a 12% poverty rate, versus 9% of native residents.

Racial disparities in income

In San Diego County, median annual household income varied widely by race and ethnicity, estimates show for the five-year period from 2020 through 2024.

Race	Median household income
Asian	\$130,874
White	\$117,251
Multiracial	\$92,424
Native Hawaiian and other Pacific Islander	\$88,491
Hispanic or Latino	\$86,286
American Indian and Alaska Native	\$83,536
Black	\$68,968

Source: American Community Survey five-year estimates

Kristen Taketa / The San Diego Union-Tribune

<https://www.sandiegouniontribune.com/2026/02/01/how-has-san-diego-county-changed-in-5-years-incomes-havent-kept-pace-with-housing-costs-census-data-show/>

Work

- About **81% of residents between 20 and 64 years old were employed** in 2024. Labor force participation rates were lower for women (76%) than for men (87%). People with education of less than a bachelor's degree, who lived in poverty (48%) and who had a disability (55%) all had below-average labor participation rates.
- **Two-thirds of workers drove to work alone, while only 8% carpooled.** Just 4% walked, 2% took public transportation and fewer than half a percent biked.
- **About 16% worked from home**, which is down from 22% in 2021 during the pandemic but up from 2019, when only 7% worked from home.



Fortified Tortillas (AB 1830)

Enacted January 1, 2026, California tortillas will contain folic acid to help prevent birth defects—a change aimed at closing a gap for Latina mothers.

- **Requires corn masa flour**, as defined, that is manufactured, sold, delivered, distributed, held, offered for sale, or used as an ingredient in the manufacture of a food product to **contain folic acid at a level of 0.7 milligrams of folic acid per pound of corn masa flour**.
- **Authorizes wet corn masa** product that is manufactured, sold, delivered, distributed, held, offered for sale, or used as an ingredient in the manufacture of a food product to **contain folic acid at a level of 0.4 milligrams of folic acid per pound of end product**.
- Exempts snack foods and corn masa flour made by, or supplied to, specified types of businesses, including cottage food operations or a grocery store that also offers conforming products.



LIVE WELL
SAN DIEGO

Fortified Tortillas (AB 1830)

Purpose

Latino communities face a disproportionately higher risk of neural tube defects (NTDs), which are severe birth defects that occur in early pregnancy.

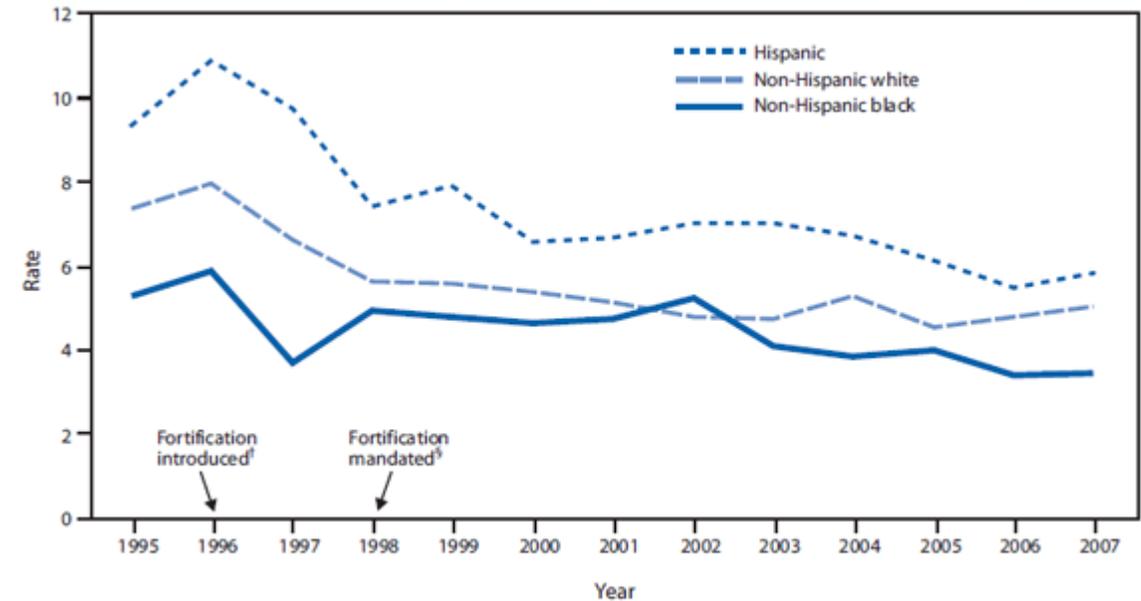
Daily consumption of folic acid has been shown to decrease the risk of NTDs by more than one-half.

In 1998, the United States Food and Drug Administration mandated folic acid fortification of all enriched cereal grain products to provide a baseline level of folic acid to the public, which resulted in a 35-percent decrease in the occurrence of NTDs.

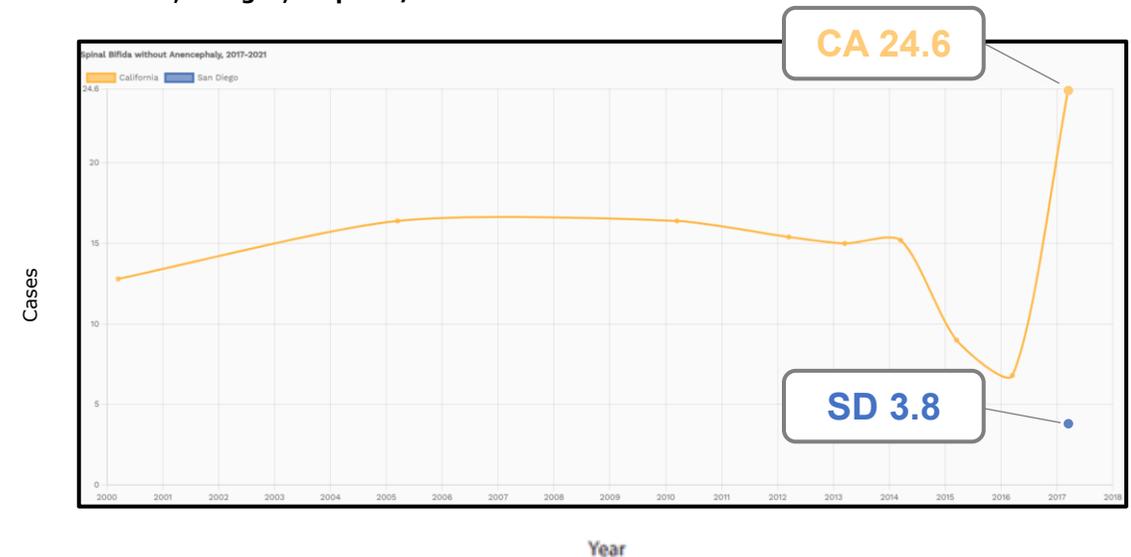
While the American diet often relies heavily on wheat, many Central and South American cuisines depend on corn masa as a staple. The higher rate of NTDs in Latino communities is a symptom in the broader disease of health inequity.

https://calmatters.digitaldemocracy.org/bills/ca_202320240ab1830
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm>
https://data.trackingcalifornia.org/?area=ncdm_bd&event=SPBI&type=PR10K&sex=TOTL&age=TOTL&race=TOTL&year=20172021&co=206073000000000

Neural tube defect rates per 10,000 population, by race/ethnicity and fortification period status --- National Birth Defects Prevention Network,* 1995--2007



Spinal Bifida without Anencephaly, 2017-2021, Average Number of Cases All sexes, All ages, Hispanic/Latino



Fluoride Update

- On January 21, 2026 Olivenhain Municipal Water District's (OMWD) motion to permanently discontinue community water fluoridation (CWF) did not pass.
- The board did vote to temporarily suspend CWF for less than 90 days so that they could address the staff concerns around the safety of handling the large bulks of powdered sodium fluoride used to fluoridate the water.
 - As long as the suspension lasts less than 90 days, they do not need to seek approval from the State Water Control Board.
 - No date has been given as to when the suspension will go into effect.

North County water board votes to temporarily stop fluoridation

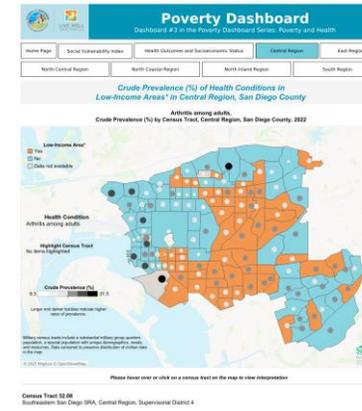
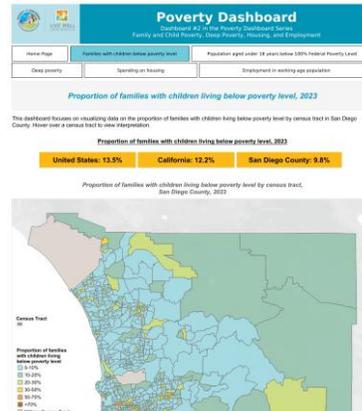
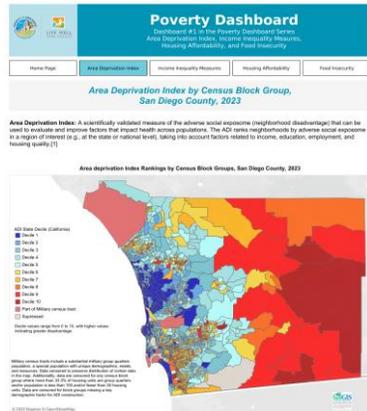
Majority of members say employee safety concerns, not politics, necessitate discontinuing program for up to 90 days





Poverty Dashboard and Brief Series

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/healthequity.html#poverty



Poverty Brief
Brief #1 in the Poverty Brief Series

Poverty in San Diego County: Area Deprivation Index, Income Inequality Measures, Housing Affordability, and Food Insecurity

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit
Prepared November 2023

Summary

Although San Diego County appears to have low poverty compared to other counties across the country, there are communities throughout the county that are experiencing disproportionate levels of poverty and related outcomes such as income inequality, unaffordable housing, and food insecurity.

- The percentage of households living below the federal poverty level was about three times higher than the national average within several communities within MSA City USA in 2023.
- From 2020 to 2023, the cost of a one-bedroom apartment increased by 48.7%, and the cost of a two-bedroom apartment increased 41.4% in San Diego County.
- In 2023, the median household income was not enough to afford a home valued at the median home price in nearly 99% of census tracts in San Diego County.
- In 2023, Central Region had the highest nutrition insecurity rate (34.3%) compared to all HHSA regions.

Key Message

Poverty is a social determinant of health (SDOH) that can contribute to inequitable access to resources and opportunities and increase the risk of adverse health outcomes. To achieve health equity in San Diego County, poverty and income inequality must be addressed at the community level by first identifying communities living in poverty. Areas of high disadvantage are located in various regions and USAs throughout San Diego County and may go undetected when data is presented at the County, regional, and subregional area levels. Identification of these areas of concentrated poverty and income inequality can inform policy makers of communities in need of targeted resources and interventions.

Poverty Brief
Brief #2 in the Poverty Brief Series

Poverty in San Diego County: Family and Child Poverty, Deep Poverty, Housing, and Employment

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit
Prepared August 2023

Summary

Although San Diego County appears to have low poverty rates compared to other counties across the country, there are communities throughout the county that are experiencing disproportionate levels of poverty.

- In 2023, 20% or more of families with children in approximately 16% of San Diego County's census tracts and 28% or more of children aged 18 and younger in 19% of San Diego County's census tracts were living below 100% of the Federal Poverty Level (FPL).
- Approximately 162,157 residents were living below 50% the FPL (deep poverty) in 2023. Additionally, there were communities within San Diego County with deep poverty rates as high as 36%.
- In 2023, 42% of households in San Diego County were housing cost-burdened.
- In 2023, the unemployment rate was 5.9% in San Diego County overall; however, there were communities within San Diego County with unemployment rates as high as 27.0%.

Key Message

To achieve health equity in San Diego County, family and child poverty must be addressed at the community level by first identifying communities living in poverty and struggling to make ends meet. Prevention and reduction of family and child poverty within San Diego communities can reduce negative health and well-being outcomes in adulthood and prevent the cycle of poverty from continuing. Additionally, identifying communities with high rates of other social determinants of health (SDOH) that may increase the risk of falling into poverty, including unaffordable housing and employment, can inform policy makers of communities in need of targeted resources and interventions.

Poverty Brief
Brief #3 in the Poverty Brief Series

Poverty in San Diego County: Poverty and Health

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit
Prepared August 2023

Summary

Poverty is a social determinant of health (SDOH) that can contribute to inequitable access to resources and opportunities and increase the risk of adverse health outcomes. Communities of lower socioeconomic status (SES) have higher rates of morbidity and mortality. These health inequities increase as poverty rates increase.

- Low-income areas tend to have higher rates of health conditions, such as high blood pressure (HBP) and high cholesterol.
- Living conditions most frequently associated with poverty, the majority of the highest age-adjusted mortality rate in 2023 were among Suburban Areas (SRA) within the moderately low, low, and lowest socioeconomic status (SES) categories.

Key Message

To achieve health equity in San Diego County, poverty must be addressed at the community level by first identifying communities living in poverty and struggling to make ends meet. Prevention and reduction of poverty within San Diego County communities can reduce negative health and well-being outcomes in adulthood and prevent the cycle of poverty from continuing. Additionally, identifying communities with high rates of other SDOH that may increase the risk of falling into poverty and reduce the policy makers of communities in need of targeted resources and interventions.

Pathway of Poverty to Poor Health Outcomes

Diagram illustrating the pathway of poverty to poor health outcomes. It shows how poverty leads to social inequities, which in turn lead to health inequities. Health inequities are influenced by living conditions, family and child poverty, and food insecurity. These factors then lead to poor health outcomes, which are further influenced by risk behaviors. The diagram also shows that health inequities can lead to health outcomes, and risk behaviors can lead to poor health outcomes.

POVERTY DASHBOARD/BRIEF #1

Area Deprivation Index
Income Inequality Measures
Housing Affordability
Food Insecurity

POVERTY DASHBOARD/BRIEF #2

Family and Child Poverty
Deep Poverty
Housing
Employment

POVERTY DASHBOARD/BRIEF #3

Social Vulnerability Index
Health Conditions in Low-Income Areas
Health Outcomes and Socioeconomic Status

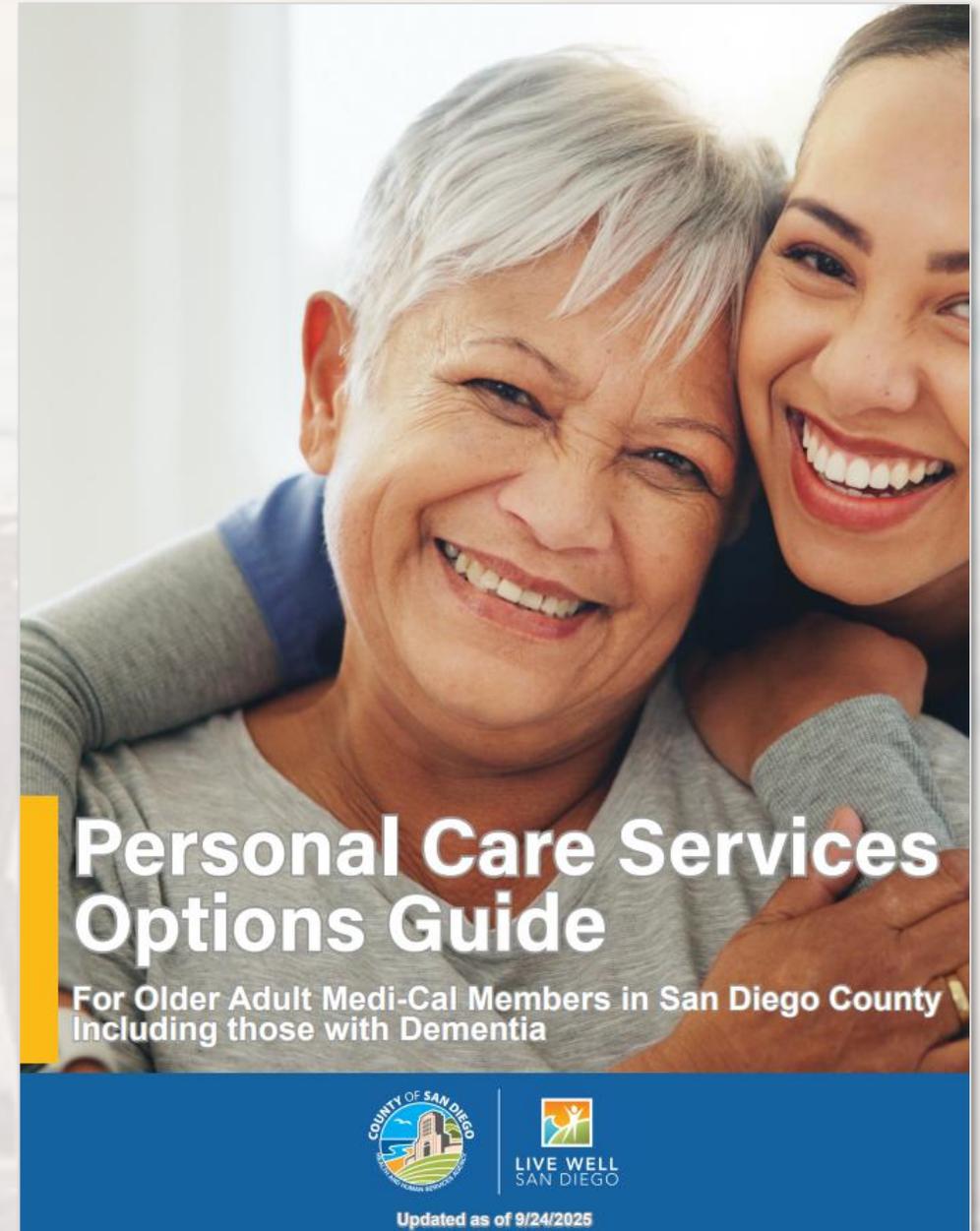
New! Personal Care Services Guide

A Guide for Older Adult Medi-Cal Members in San Diego County including those with Dementia.

- Personal care services help Medi-Cal members who are older adults (55+) and/or people with disabilities continue to live in their communities by providing support in performing essential Activities of Daily Living.
- The [Personal Care Services Guide](#) was created to help professionals such as social workers, clinic staff, and hospital discharge planners navigate and access the various options that exist.
- Our goal is for the Guide to be used by hospital discharge planners, Enhanced Care Management programs and other social workers to help their clients and patients find care.

[Additional Programs and Resources](#)

<https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/Older-Adults/Additional-Programs-Resources.html>



https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/ais/Personal_Care_Services_Options_Guide.pdf

Medicare	Medicaid (Medi-Cal)
Age 65+, most adults – no income criteria	Low-income, any age in California
Federally Funded	Federal and State Funds
Original Medicare = Fee-for-service/any doctor; 20% co-pays.	Fee-for-service varies by state/county
Medicare Advantage = Managed Care	In San Diego County – primarily Managed Care Plans (MCPs)
Hospital/Outpatient/Pharmacy etc	Medicare cost sharing (co-pays etc)
SNF – acute rehab (not long-term custodial)	SNF – custodial care, long-term
A few programs for “social care needs” but not widely used yet	Care via special waivers/programs: IHSS, MSSP, Assisted Living Waiver, CalAIM
<i>For people without Medicare, Medi-Cal covers all of above.</i>	

Medi-Cal Options for Older Adults in San Diego



Regular Medi-Cal Plans The Medi-Cal Plan can also provide Medicare, which is called a Duals – Special Needs Plan (D-SNP), or you can get your Medicare separately (Original or Medicare Advantage).	Program of All-inclusive Care for the Elderly (PACE) Combines Medicare and Medi-Cal	Fully-Integrated Duals-Special Needs Plan (FIDE - SNP) Combines Medicare and Medi-Cal
Blue Shield Promise	Family Health Centers PACE	SCAN Connections at Home
Community Health Group	Gary and Mary West PACE	
Kaiser	San Diego PACE (San Ysidro Health)	
Molina	St. Paul’s PACE	

CalRx[®]: State-powered market intervention for better drug affordability & access



- California Affordable Drug Manufacturing Act of 2020 (Senate Bill 852, Statutes of 2020) empowered CA to enter into partnerships resulting in the production, procurement, or distribution of generic drugs and sell them at a low cost.
- Target areas are drugs where the U.S. health care system has failed to lower drug costs, even when a generic or biosimilar medication is available.
- All CalRx[®] pricing is based on development, production, and distribution costs without rebates or other discounts (other than federally mandated ones).
- Program is housed within the California Department of Health Care Access & Information (HCAI).
- Three major initiatives to date: biosimilar insulin, reproductive health (misoprostol), and naloxone.

Our Vision: An equitable, transparently priced pharmaceutical market where all Californians can afford and access the medications they need for healthy lives.

Civica® Partnership



Civica is developing biosimilars for three of the most popular types of insulins:

Insulin glargine, aspart and lispro (corresponding to brand names Lantus, Novolog and Humalog, respectively)

- CalRx/Civica agreement announced March 2023
- Includes \$50M in milestone payments for Civica to develop and commercialize three low-cost insulins at their Petersburg, VA facility
- Requires that CalRx-branded insulin will be available at unprecedented low prices – **not more than \$30 per vial or \$55 for five pens**

CalRx® Insulin Glargine Pen Launch



While Civica's biosimilar insulin R&D continues, Civica® partnered with Biocon® to deliver an affordable insulin glargine pen option under the CalRx label in CA and Civica label nationwide beginning **January 1, 2026**.



- Interchangeable with Lantus, ensuring seamless substitution for patients
- 100 units / mL (U-100)
- 5 x 3 mL pens per carton
- List price (WAC) for pharmacies: **\$45**
- Maximum suggested retail price (MaxRP) for consumers: **\$55**
- Broad wholesale distribution allows any pharmacy to order
- Manufactured by Biocon outside the U.S.

CalRx[®] Insulin Distribution Update

This map overlays initial data on pharmacy locations that plan to carry CalRx[®] insulin among diabetes prevalence rates by region. As a new product, broad distribution to all parts of the state will take time due to decisions by health plans on formulary coverage and pharmacies on whether to stock.

The darkest orange regions represent diabetes prevalence greater than 20%. The geographic areas with higher diabetes prevalence and lower pharmacy access are **San Joaquin Valley, Rural Inland Northern CA, and sections of Los Angeles County.**

Region	Diabetes Prevalence
Southern San Joaquin Valley	11.90%
Northern San Joaquin Valley	11.39%
Los Angeles	11.37%
Inland Empire	10.72%
San Francisco Bay Area	10.04%
Superior California	10.02%
Orange	9.92%
San Diego - Imperial	9.82%
Central Coast	9.65%
North Coast	9.24%

Sources: CalRx pharmacy survey data as of 1/9/26 and 2023 aggregated diabetes prevalence data from the Healthcare Payments Data Program's medical and pharmacy claims, inpatient stays, emergency department visits, and mortalities



Prescriber & Patient Resources



CalRx® Insulin
Affordable for All Californians



CalRx® Insulin Glargine is now available at \$55 for a 5 pack of 3 mL pens¹

CalRx brings Californians a U.S. Food and Drug Administration approved **affordable insulin** option. In partnership with **Civica**®, CalRx lowers the cost of insulin which helps more individuals get the medicine they need. CalRx® Insulin Glargine costs just \$55 for a 5-pack of 3 mL pens without insurance. Your price with insurance may be lower. Ask your insurance what's covered and how much it costs.

What is CalRx® Insulin Glargine?

CalRx® Insulin Glargine-yfgn is a long-acting insulin used to treat diabetes. It contains the same active ingredient and works just like Lantus®. Pharmacists can substitute CalRx® for Lantus® at the pharmacy counter using your existing insulin prescription.

Ask your healthcare provider or pharmacist about switching to **CalRx® Insulin Glargine today!**



Scan the QR code or visit Civicalnsulin.org

Get more information by asking your healthcare provider or visiting the CalRx website at <https://calrx.ca.gov/biosimilar-insulin-initiative/>



¹CalRx® Insulin Glargine pens will be available January 1, 2026, in pen form only (vials will be available at a later date). This flyer is provided for informational purposes only. Consult with your doctor about managing your diabetes.

CIVICA® **CIVICASCRIP™**

New low-cost Civica insulin glargine-yfgn now available

The new low-cost insulin glargine-yfgn is **interchangeable for the reference brand, Lantus^{®1}** (insulin glargine), allowing substitution at the pharmacy counter.²

WHOLESALE PER BOX \$45

MAX RECOMMENDED CONSUMER COST \$55

The new insulin glargine-yfgn is available in pre-filled pens. It is available to wholesalers for \$45 for a box of five pen cartridges. We have set a maximum recommended price to the consumer of no more than \$55/box.

Insulin glargine-yfgn is manufactured by Biocon Biologics. It has a Civica label and is marketed nationally by CivicaScript. In California, it carries a CalRx® brand as part of our partnership with the state. Specific information about the use of insulin glargine-yfgn can be found [here](#).

	Civica-branded NDC: 72572-422-05	CalRx-branded NDC: 72572-424-05
Preferred on these formularies	Anthem Blue Cross of California Commercial	Blue Shield of California Commercial Federal Employees Plan Commercial
Available via these wholesalers	Cardinal Health cardinalhealth.com	Cencora cencora.com McKesson mckesson.com
Questions?	Contact us at InsulinQuestions@civicarx.org	

¹ Lantus® is a registered trademark of sanofi-aventis U.S. LLC. ² Subject to state law. *CalRx® is a state of California program that empowers the state to develop, produce and distribute generic drugs and sell them at low cost.

Civica reduces drug shortages, ensuring that critical generic medications are available and affordable to all. Because eliminating shortages and high prices is in the best interest of patients. Learn more at CivicaRx.org.

©2024 CIVICA. All Rights Reserved. 2024-0322

CalRx® Insulin Glargine
Frequently Asked Questions (FAQs)



What is CalRx® Insulin Glargine and why is it different?
CalRx® Insulin Glargine is a low-cost, biosimilar, long-acting insulin produced under a California state initiative to make essential drugs more affordable. CalRx® Insulin Glargine is designated interchangeable, meaning that it is the same as the reference product, Lantus®. Your pharmacist can substitute it for eligible long-acting insulin products without requiring a new prescription.

How do I switch to CalRx® Insulin Glargine from another insulin?
Many patients can switch from other long-acting insulin products without needing a new prescription. Your pharmacist can confirm eligibility. Switching should only be done under supervision and monitoring by your healthcare provider to prevent issues with blood sugar control.

Do I need a new prescription?
No. CalRx® Insulin Glargine is designated interchangeable, meaning that it is the same as the reference product, Lantus®. Your pharmacist can substitute it for eligible long-acting insulin products without requiring a new prescription.

Will it work the same as Lantus®?
Yes. It's held to the same FDA standards and has been shown in rigorous testing to be just as effective and safe.

What will CalRx® Insulin Glargine cost?
The maximum retail price for CalRx® Insulin Glargine is \$55 for a 5-pack of 3 mL pens, although your costs may be lower if purchasing through insurance.

Can I purchase a single CalRx® Insulin Glargine pen for \$11?
No. CalRx® Insulin Glargine can only be purchased as a 5-pack of 3 mL pens at the maximum retail price of \$55, an average cost of \$11 per pen.

When will CalRx® Insulin Glargine be available in vials?
CalRx's insulin manufacturer, Civica®, continues its ongoing efforts to independently produce insulin glargine vials and pens under the CalRx® label. Civica is making good progress, and the State of California remains committed to making sure this initiative is successful.

Why is this needed?
Many Californians—especially those who are uninsured or those with high deductibles—still struggle to afford insulin. CalRx® Insulin Glargine helps ensure no one has to skip or reduce insulin due to cost.

Page 1 of 2

Page 2 of 2

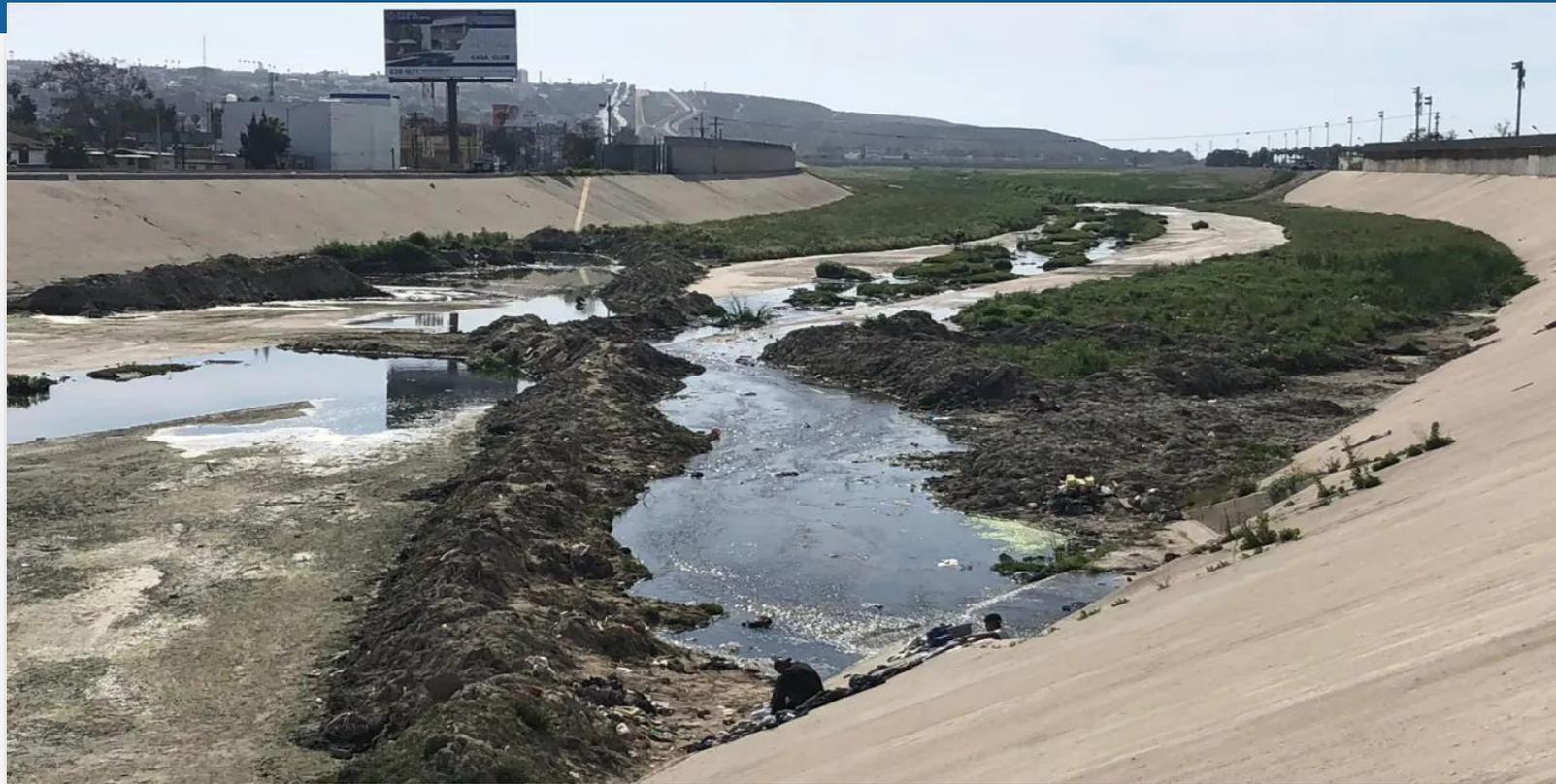
[CalRx Insulin - Flyer](#)
[Downloads – CalRx \(Other Languages\)](#)

[FINAL-CVSC_25_Insulin-Consumer-Factsheet_12-16-25.pdf](#)

[CalRx Insulin Glargine - Frequent Asked Questions](#)
[Downloads – CalRx \(Other Languages\)](#)



Tijuana River Valley Sewage Crisis Updates



Health Services Advisory Board Meeting



Thank you!



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.