County of SanDiego

HEALTH SERVICES ADVISORY BOARD

1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, December 1st, 2020

3:00pm to 5:00pm

Microsoft Teams

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1 - District 1	Parker, Richard	Seat 6 – District 3 (Alternate)	Xu, Frank	*San Diego County Tuberculosis Elimination Initiative, Ankita Kadakia*, M.D., Tuberculosis Control and Refugee Health Branch Chief/Medical Director	Dr. Wilma Wooten, Public Health Officer & Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Dr. Kelley Motadel, Child Health Officer, MCSD Pedro Hirsch, Administrative Secretary II, PHS **Additional COSD Staff Present:** Dr. Ankita Kadakia, TCRH Medical Director\Chief
Seat 8 – District 4	Arroyo, Geysil				
Seat 4 - District 2 – Business Owner	Connelly, LaVonna	Seat 14 - Consumer Center for Health Education & Advocacy	Dailey, Jack (Alternate)		
Seat 13 – Health Center Partners of Southern California; for Henry Tuttle	Fraser, Tim (Alternate)				
Seat 11 - San Diego County Medical Society	Hegyi, Paul	Seat 11 - San Diego County Medical Society	Ohmstede, Jennipher (Alternate)		
Seat 7 - District 4 – James Lepanto Consulting	Lepanto, James	Seat 13 – Health Center Partners of Southern California For Dimitrios Alexiou	Tuttle, Henry		
Seat 2 – District 1 – A Healthier Me	Afflalo, Suzanne		Wade, Lindsay		
Seat 14 - Consumer Center for Health Education & Advocacy	Knoll, Gregory	Seat 15 - Behavioral Health Advisory Board	Mendel, Jenifer (Alternate)		
Seat 12 - Hospital Association of San Diego and Imperial Counties	Sumek, Caryn (Alternate)	Seat 12 - Hospital Association of San Diego and Imperial Counties	Alexiou, Dimitrios		
Seat 5 – District 3 –	Cohen, Stuart	Seat 15 – Behavioral Health Advisory Board	Matthews, Michael		

Members Present		Members Absent/Excused		Presenters	HHSA Support
Cardiologist Seat 6 - District 3 Seat 12 - Hospital Association of San Diego and Imperial Seat 3 - District 2 – Mountain Health Seat 16 - Healthy San Diego Professional Advisory Committee	Effron, Harris Gregory Shaplin, Judith Seldin, Harriet (Alternate)	Seat 9 – District 5 Seat 16 - Healthy San Diego Professional Advisory Committee Seat 19, District 3 *Acronyms:* HSDPA: Healthy San Diego Professional Advisory SDCMS: San Diego County Medical Society HCPSC: Health Center Partners of Southern California	Remington-Cisneros, Therese Schultz, James Aguirre, Diana HASDI: Hospital Association of San Diego and Imperial CCHE: Consumer Center for Health Education BHAB: Behavioral Health Advisory Board HSDCA: Healthy San Diego Advisory		Dr. Maggie Santibanez, TCRH, Assistant Medical Services Administrator Marti Brentnall, TBRH, Community Health and Program Specialist Kyle Sands, County Counsel, Sr. Deputy County Counsel **Other Attendees:** Barbara Orozco-Valdivia, Stakeholder Engagement Manger, Blue Shield California Judith Yates, Behavioral Health Board, Chair

Minutes	Lead	Follow- up Actions	Due
12/1/2020	James Lepanto	Will meet with Supervisor Nathan Fletcher re: STD white paper and will bring up Chlamydia in the African American community.	12/15/2020

Next Meeting: HSAB Meeting: Tuesday January 5, 2020, 3:00 – 5:00 pm – Microsoft Teams

Agenda Item	Discussion	
I. Welcome & Introductions	**A.** James Lepanto called the meeting to order at 3:00 PM. **B.** Roll call was noted and quorum established. **C.** James Lepanto: Section in the San Diego Union, called 'Someone You Should Know' and our very own Greg Knoll was profiled. Well deserved. A rolled model for all of us.	
II. Public Comment	No public comment.	
III. Action Items	**A.** Approval of December Agenda and October Meeting Minutes 1. Agenda: Moved by Suzanne Afflalo and seconded by LaVonna Connelly. 2. Minutes: Moved by LaVonna Connelly and seconded by Suanne Afflalo. 3. Board did not meet during the month of November due to a lack of quorum. 4. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.	
IV. Presentation: *San Diego County Tuberculosis Elimination Initiative, Ankita Kadakia*, M.D., Tuberculosis Control and Refugee Health Branch Chief/Medical Director	**B.** San Diego County Tuberculosis (TB) Elimination Initiative 1. Tuberculosis (TB) is a communicable disease caused by a bacterium called Mycobacterium tuberculosis. 2. TB bacteria usually attack the lungs but can attack any part of the body such as the kidney, spine, and brain. 3. TB bacteria spreads through the air from one person to another when a person with TB disease of the lungs coughs, speaks, or sings. 4. Active TB has a high associated mortality of approximately 10%. 5. Those who have been infected, but are not sick, have latent tuberculosis infection (LTBI). Persons with LTBI can become sick with active TB in the future if not treated. 6. In 2019, the U.S. had 8,920 active TB cases, and 32% of those cases were in California.	

C. Tuberculosis in the County

1. Epidemiology

    a. In 2019 San Diego County reported 265 new active TB cases. The County's annual TB incidence is 7.9 cases per 100,000 persons, which is higher than the California rate of 5.3, and more than twice the national rate of 2.7.

    b. 72% of San Diego County active TB cases occurred in persons who were born outside the U.S. The most common medical risk factors are diabetes and HIV.

    c. An estimated 80% of active TB cases are due to progression of LTBI to active TB. Approximately 175,000 San Diegans have LTBI, which can progress to active TB without treatment.

D. Global, National and State on TB Elimination

1. Global: An estimated 80% of active TB cases are due to progression of LTBI to active TB. Approximately 175,000 San Diegans have LTBI, which can progress to active TB without treatment.

2. National: An estimated 80% of active TB cases are due to progression of LTBI to active TB. Approximately 175,000 San Diegans have LTBI, which can progress to active TB without treatment.

3. State: An estimated 80% of active TB cases are due to progression of LTBI to active TB. Approximately 175,000 San Diegans have LTBI, which can progress to active TB without treatment.

E. SD County TB Elimination Initiative

1. Multi-sector partnerships and binational collaboration uniquely position us for this effort.

2. Increased adoption of blood tests (interferon gamma release assays) to diagnose LTBI reduces false positives.

3. New short-course LTBI treatment regimens now recommended by CDC increase the likelihood of treatment being completed by patients.

F. Recommendations

1. Improve LTBI care cascade outcomes

	a. The LTBI Care Cascade shows the proportions of high-risk populations that have been tested and diagnosed with LTBI as well as the proportions starting and completing LTBI treatment. It assists in identification of gaps in the care cascade to guide further study and development of interventions to successfully close the gaps. b. Given 80% of active TB cases arise from untreated LTBI, LTBI care cascade outcomes can be improved by finding and engaging persons and populations at risk for LTBI, applying focused and effective strategies for TB testing, and optimizing LTBI treatment. c. Providing support and technical assistance for community providers to develop LTBI care cascades within their organizations and use the cascades for self-evaluation of care performance can enhance patient outcomes leading to fewer cases of active TB. 2. Promote awareness of LTBI as a major public health concern which is preventable and curable a. By creating an effective communication campaign to encourage and promote testing and treatment of LTBI, individuals can become aware that LTBI can be diagnosed and treated easily, and treatment of LTBI prevents future development of active TB. b. Effective communication strategies which target high risk populations and healthcare providers who care for these populations can help to address health disparities in TB. c. Promotion of testing and treatment of LTBI with the use of patient education materials in a broad array of languages allows for improved communication between at risk patients and their healthcare providers. 3. Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care a. Developing a surveillance system for LTBI diagnosis and treatment would help to capture metrics along the LTBI care cascade. b. Using the LTBI surveillance system, standard reports would assist in identifying actionable gaps in the LTBI care cascade and measuring the effectiveness of	

interventions designed to address gaps.

4. Implement TB screening in educational systems

    a. Implementing TB screening in educational systems like high schools and colleges can lead to early detection and prevention of active TB and detection of LTBI in younger populations.

    b. By improving TB screening, more thorough contact tracing for students with active TB can be conducted. Screening all college students for TB risk factors with TB screening questionnaires, providing education regarding need for testing, and enhancing communication of local resources for treatment can decrease LTBI and active TB cases.

    c. Developing web-based tools and resources for student populations can allow easier and more timely access to screening, testing and LTBI treatment.

5. Improve access to treatment for LTBI and active TB

    a. Working with pharmacies, clinics, and community healthcare providers to lower cost of treatment options for LTBI including shorter duration options.

    b. Increasing communications for uninsured patients and those who do not have alternative access to care for treatment at county facilities where medication for TB is provided at no cost to the patient.

    c. Creating a system of low to no cost for clinics who serve vulnerable patient populations would assist in treatment of active and latent TB and decrease overall cases.

6. Secure sufficient resources for implementing TBEI strategies

    a. Elimination of TB via public-private partnership with participation from community clinics and healthcare providers and outreach to high risk communities requires increased funding streams.

    b. Sufficient funding will broaden and support TB elimination efforts countywide, especially for those patients who are from vulnerable populations, including the homeless and recent immigrants.

G. Next Steps

	1. We are returning to the Board of Supervisors on November 17, 2020 to submit the proposed TBEI recommendations. 2. If approved, the next phase of work is the development of a detailed TBEI implementation plan. Questions and Comments **From Dr. Stuart Cohen:** Ankita, wonderful and comprehensive presentation. With regards to no. 4, there's probably better ways to improve the TB screening in schools. We need to look at incentives to motivate the medical haul, because ideally that screening should belong with other screenings, such as the lead screening. **Answer from Dr. Kadakia:** Dr. Cohen, that is a great point. We have actually discuss this, and have brought it up to the State. We have spoken to some of the major insurance companies as well. At the National level, how can TB screening become something annually like HIV testing, or like in pediatrics, blood screening. **From James Lepanto:** How are we doing with the intermittent housing for TB? **Answer from Dr. Kadakia:** We do have noninfectious housing that we provide. But the caveat is that it has to be noninfectious TB. For infections we used to have some, but the owner sold [the property], so the patients now, have to remain in a hospital setting until they are no longer infectious. But that really eats up the health care system. Something we learn with COVID, is that infectious housing was developed for patients. Some of this ideas are been looked at for TB.	
V. Chair's Report	**H.** Chair's Report 1. 2020 HSAB Advance Debrief a. Health Equity next steps: The recording is incomplete so brief points discussed during the Advance were discusses. b. Panel was brought in to present about what the County is doing, what the challenges are, and to be as transparent as they can. Comments on Health Equity **From LaVonna Connelly:** I just wanted to mention specifically the grant funding issue. We discussed the fact what is needed in our communities of color, is trust before anything can happen. It is difficult to find a funding source that values relationships enough to make that the measurable outcome. From Greg Knoll: I though you did a great job, Dr. Afflalo, in recapping that discussion. **From Dr. Suzanne Afflalo:** I wanted to follow up, the problem is that they keep bringing up something to the	

community instead of coming in with a blank slate.
From LaVonna Connelly: I just want to say one more thing, basically, I want to point out, that although as the County we address Health Equity, in some people's minds the lack of Health Equity doesn't exist. Someone leaders in our area have not expose themselves to the right people, or narrative, to even believe that equity is an issue.

From Greg Knoll: Regarding the vaccination situation, I understand that we have to vaccinate people who are really critical, but after that, equity demands that we go to the neighborhoods that we have always gone to last.

From Dr. Harriet Seldin: A fallow up to Dr. Afflalo's comments, that the issue came up, that the work is going on to increase diversity within the dental workforce. And this is something that it's been addressed.

2. Navigation
    a. Types of barriers that patients and clients commonly face:
        i. Social determinants of health
            - Access is still huge barrier; access to urgent care after 5 pm in Southeast San Diego is challenging—rely on public transportation.
            - Cultural competence of providers
            - Health insurance: it's not enough to have insurance, you must understand insurance. This problem cuts across many populations. For example, need eye care, finding a specialist, many people have difficulty.
            - Awareness and education: how do I apply, what benefits are available, how do I access?
            - Technology. Assume everyone has access to WIFI or computer—access to health care on-line.
            - Shouldn't computer companies help take care of the digital divide. At senior center, we teach seniors how to get on computer and check their Medi-Cal. Computer access is key.

- Socioeconomic divide. Does the County of San Diego want to do the things that are necessary but difficult to change the current conditions? Example: Nathan Fletcher making sure test ALL communities; only do as well as our poorest communities.
- Immigrants that are illegal, and undocumented folks. Language is barrier.
- Lack of compassion, lack of trust in health care field.

        ii. Patients and clients who are most likely to experience barriers:

- Black and brown people; color of your skin
- Different language groups—Latinx population.
- Poverty, culture, not trusting, not engaging, being used to excluding oneself from opportunity, self-esteem.

- Disabilities, or whoever depend on others to be seen
- Treatment of African Americans in particular
- Need to focus on providers who dismiss African American and poor people. For example, when doctors talk about opioid deaths, the majority are white people, everyone is concerned because son or daughter of someone "important." Nationwide task force launched. Pendulum to the right—now no one gets pain medication. Black folks never get pain medication, and now even less so. Need a better system. Sickle Cell anemia. Chlamydia, not enough emphasis even though affects black women.

iii. What changes do we want to see:

- Coordinated care system—providers across system to be able to talk to each other and share information (health and behavioral health).
- Warm hand, care coordination support, one-on-one systems. Need much more than just sending them to a website.
- Community health workers. We had *promotores* for Latinx, but now are developing community health workers who look like the community they serve. Although it is COVID-19 related, but now will be trained to educate on vaccines. A cheaper way to do a care management.
- Need a pipeline of PA, Physicians, Dentists, Nurses etc. that looks like the community. If pick them right, don't need to teach them about implicit bias. Hard to teach empathy and compassion. Never going to get your HEDIS measures up if don't treat people with respect.
- Behavioral Health has done better, wrap around services. Therapeutic Behavioral Services (TBS) go into the home. It can be done. Can develop a diverse workforce.
- County of San Diego to not be afraid of community engagement. Take the slings and arrows that always come. Do what you can to be trustworthy. All 6 regions have a separate workplan for what they are going to accomplish for health equity. Want specifics including African Americans. What are you going to do for everyone who is compromised? Put a dollar tag on it. For example, CalFresh, complaints use data from 1995; don't respond, you are better than that, much further along.

iv. Solutions that we would like to explore:

- Draw lessons learned from Perinatal Equity Initiative
- What strategies are already in place—what have they tried, are they working, at the County. But we could also get more from the community
- HASDIC study looks at navigation (perhaps Lindsay Wade could share input they got from the community)
- County has done a lot more cause of new Board members; what are the Board Letters coming up and which do they need community input or proactive assistance with the BL. James suggest we meet with the Board

Aides to get some of this insight as to where we most needed.

v. How could we listen to the community:

- My Board participation with Zoom has increased 100% (Greg). It is remarkable, more engagement. If we can make this happen with community folks.
- We need to talk to the White doctors to tell them how to engage Black folks. We need to ask Black community questions, not be afraid. Asking questions and listening is engagement.
- Get community members to present to us to identify what their needs are. Will help us understand who is making an impact. Zoom is pretty easy for community to take part in. I am working on a Compassion Survey with a student (10 African American community members on a focus group to help us design compassion survey—create own survey). This will give us a great sense of what the problems are with providers. Do have to make sure question won't offend but then take it to 200 people, and then will develop a tool kit and webinar to teach professionals in the health care community how to be engaged in each visit. Invite, engage, will take it from there.
- Ramon resources newsletter that Lavonna uses to collect input. We should ask everyone on Board what mechanism do they have to collect community input.
- 2-1-1 has amazing analytics and can learn a lot about what the community needs. May be possible to do a presentation on the needs that are out there. Worried about COVID impact on employment, ACA. We can reach out to Bill York.
- We can always invite folks from the community to everything we do through HSAB.

3. HSAB Community Inspirations Awards Work Group
    a. First time doing this—we wanted to recognize individual and smaller grass roots organization that are making a difference in Health, in Wellness, in Equity.
    b. This will be profiled in the Live Well Advance.
    c. James thanked the workgroup that organized this: Geysil, LaVonna and Suzanne.

<u>Comments regarding Awards</u>

From Greg Knoll: I just wanted to say that I was absolutely floored by this group of recipients. I was touched by the hold thins, you guys did a great job, and hot just the right size. I congratulate you for it.

From LaVonna Connelly: Is there going to be a document created that gives a concise blurb about this organizations? I also want to make it clear about the Awards, we made it all about Health Equity.

From Greg Knoll: There is one thing that I know happened, that I was very pleased about, when the Governor sent the word, that your cored had to have an Equity component.

	From Judith Yates: We need to really be advocates for this to our County partners. We need to address Equity differently. **From Dr. Liz Hernandez:** I just wanted to speak a little about the vaccination process, led by Nick Macchione and Dr. Wooten, and it's under for guiding principles. And one of the principles and Equity and Racial Justice. So it's very important to us that is equitable distribution of the vaccine. **From James Lepanto:** Can subcommittees continue to meet online after COVID? **From Kyle Sand:** A lot had changed since then, and the Governor's Executive Order has relaxed a lot of the rules regarding meetings. I would anticipate because of the Brown's Act, and this is just my speculation because it lags behind technology about a decade. I would guess is that they would probably be a lot of loosing up around virtual meetings on a going forward basis. **From Judith Yates:** I think this is an opportunity for our Boards to work together. Lets discuss this offline, James. If we, as Boards, talk together, I think it would carry more weight., 4. HSAB Subcommittee Discussion - *None* 5. 2020 Board Survey updated - *None* 6. COVID-19 Updates available on County Facebook page.	
VI. Informational Items	None.	
VII. Public Health Officer's Report By Dr. Wilma Wooten	**I.** Influenza 1. For this 2020/2021 flu season week ending November 21, 2020, there have been 32 lab confirmed flu cases reported and no deaths. Among these 10 cases, 73.5% or 25, are Flu A. 2. The total number of influenza vaccinations registered this flu season to date is 982,721 through November 21, 2020. **J.** Mumps 1. In 2020 so far, there have been 40 cases of mumps identified in San Diego County. This compares to 60 for the same period last year. **K.** 2019 Novel Coronavirus 1. A local health emergency was proclaimed and a local emergency was declared on February 14, 202 2. As of November 24, 2020: 3. The current number of COVID-19 cases in the U.S. is over 12,333,452 and 257,016 deaths 4. California Cases 5. The current number of cases in CA is now 1,110,370 cases and 18,726 deaths.	

6. San Diego Cases
7. San Diego County residents – 74,361 with 984 deaths

L. Local Oral Health Program (LOHP):

1. LOHP contractors continue to provide services virtually. To date for this fiscal year, 32 pediatric providers and 18 dental providers are participating in our program and providing important oral health messages. UCSD Dental Health Initiative/Share the Care and County staff are working with home visiting programs to train and support their staff.
2. The San Diego Oral Health Coalition and the Oral Health Advisory Board continue to meet virtually.

M. Tobacco Control Resource Program (TCRP):

1. A Board Letter and recommendations for a Tobacco Retail Licensing program will be returned on 4/7/20, along with an amendment to the flavored smoking product ban to include smokeless tobacco products and a hookah exemption review. Due to COVID-19, the Board Letter date was heard to 10/27/20 for the 1st reading) and went back to the Board on 11/17/20 for the 2nd reading.

N. EISB Funding:

1. The Request For Quotation for PEI's Implicit Bias Educational Training Program was on BuyNet from October 26, 2020 through November 23, 2020. Proposals will be reviewed in the coming weeks.

O. Kresge Emerging Leaders in Public Health Grant:

1. On October 21, the CDPH formally notified the Counties of additional funding supplements to the existing Immunization Action Plan Annual Grant funding. This will be in the additional amount of $1,064,731 and comes with specific requirements about COVID-19 vaccine planning and implementation.

P. New Hires:

1. As of 11/24/2020, there are 485 staff working as COVID-19 case investigators, 78 outbreak investigators and 365 persons working as contact tracers.
2. Administrative Analyst II position in the HIV, STD and Hepatitis Branch filled by Lourdes Pereria, effective 11/20/2020.

Questions and Comments

	From James Lepanto: I know you are going into a vaccination planning meeting. [Is] there any updates you can gives us as far as that development or thoughts on that? **Answer from Dr. Wooten:** They are a lot of things going on: at the National level, the Advisory Committee on Immunization Practices is meeting today to refine the prioritization; the American Academy of Medicine previously put out how vaccines would be prioritize into four phases. The first phase included health care worker, first responders, and staff at long term facilities—that is been tweaked now. An updated, not just staff at LTC facilities, but also staff. The phase 1B, will be initial that have two or more underlaying medical conditions. Those two categories make up about 75% of our entire population. The amount of vaccine that we are going to initially get will be far less, so they will need to be prioritization. In support of COVID vaccine is Influenza. We really want to get everyone to get vaccinated for Influenza, in support of our health care system. **From LaVonna Connelly:** I had heard that CA and a couple other states had gotten together and had decided they were going to review the vaccine…is this still something that will take place? **Answer from Dr. Wooten:** Yes. CA has its Community Advisory Committee for COVID. Locally, our Agency Director Nick Macchione, is conveying a clinical advisory committee. And they are other states—New York has done the same thing. Reviewing the information that has been published by the pharmaceutical company. **From LaVonna Connelly:** [With regards to Contact Tracers] Is there going to be like a job announcement or are you going to use County workers? **Answer from Dr. Wooten:** We have enough Contact Tracers, it is the Case Investigators. And those positions are usually Epidemiologist and Nurses and a few Social Workers, that are interviewing those cases. That is a longer interview process—about two hours—because we ask a lot of information. The contact tracers is usually about an hour or less. **From Dr. Richard Parker:** [Dr. Wooten] thank you very much for the update, that is a lot if information. Questions regarding the distribution of the vaccine, when do you anticipate that hospitals and physician's offices will be receiving the vaccine? And for private practices is there a methodology for requesting the vaccine? **Answer from Dr. Wooten:** The County does not make that determination. It is determined at the Federal level and CDPH. It's been on the news that's as soon as the EUA is provided, within hours vaccines will be shipped. And you have to have to be already signed dup on this COVID-19 READY. **From Paul Hegyi:** We are getting 300,000 doses in this first batch, there is estimated to be 2.5 million health care workers in the state. [Comments on storage capacity]. Answer from Dr. Wooten: You are very correct. They are two pharmaceuticals that have submitted their application, Pfizer and Moderna.	

	From Greg Knoll: Tell about the purchase of refrigeration equipment. Answer from Dr. Wooten: The County helped the major hospitals systems registered on COVID READY and they provided what allocations they would required. But just because you said you require x number of doses it does not mean you are going to get that number of doses. For refrigeration capabilities we have water freezers, but for instance if we don't know exactly when its going to come, we do have a relationship, I believe it is with UCSD, we can store it in their freezers. **From Caryn Sumek:** That the EAC had connected with us, they purchase 30, but the challenge is just because they do it, doesn't mean that the Feds might redirect those somewhere else. The County is doing everything to advocate, but we don't have any control over the supply.	
VIII. Round Table	**From Dr. Stuart Cohen:** I just wanted to mentioned, that there was a wonderful article in the Sn Diego Union Tribune, in the column, 'People You Should know', and it testify to the goodness, integrity, and wonderful life and times of one Greg Knoll. And anybody that has come in contact with him, knows the type of person he is and the goodness he has done for San Diego. Congratulations Greg! **From Greg Knoll:** I wanted you [James] to know how wonderful you've done as Chair, you've been fabulous. I've been in a lot of boards, and I have not seen a better Chair in terms of the work you do, behind the scenes and in front. I appreciate you a lot. *[Applause]*	
IX. Public Comment	No public comment.	
X. Adjournment	Meeting adjourned at 5:09 pm.	
XI. Supplemental Information	Next HSAB Meeting: Tuesday January 5, 2020, 3:00 – 5:00 pm – Microsoft Teams	