

MAJOR ACCOMPLISHMENTS

COUNTY OF SAN DIEGO
PUBLIC HEALTH SERVICES



2016-2017

Including Research Efforts, Publications, and Quality Improvement Projects



LIVE WELL
SAN DIEGO

L402



Inquiries regarding this document may be directed to:
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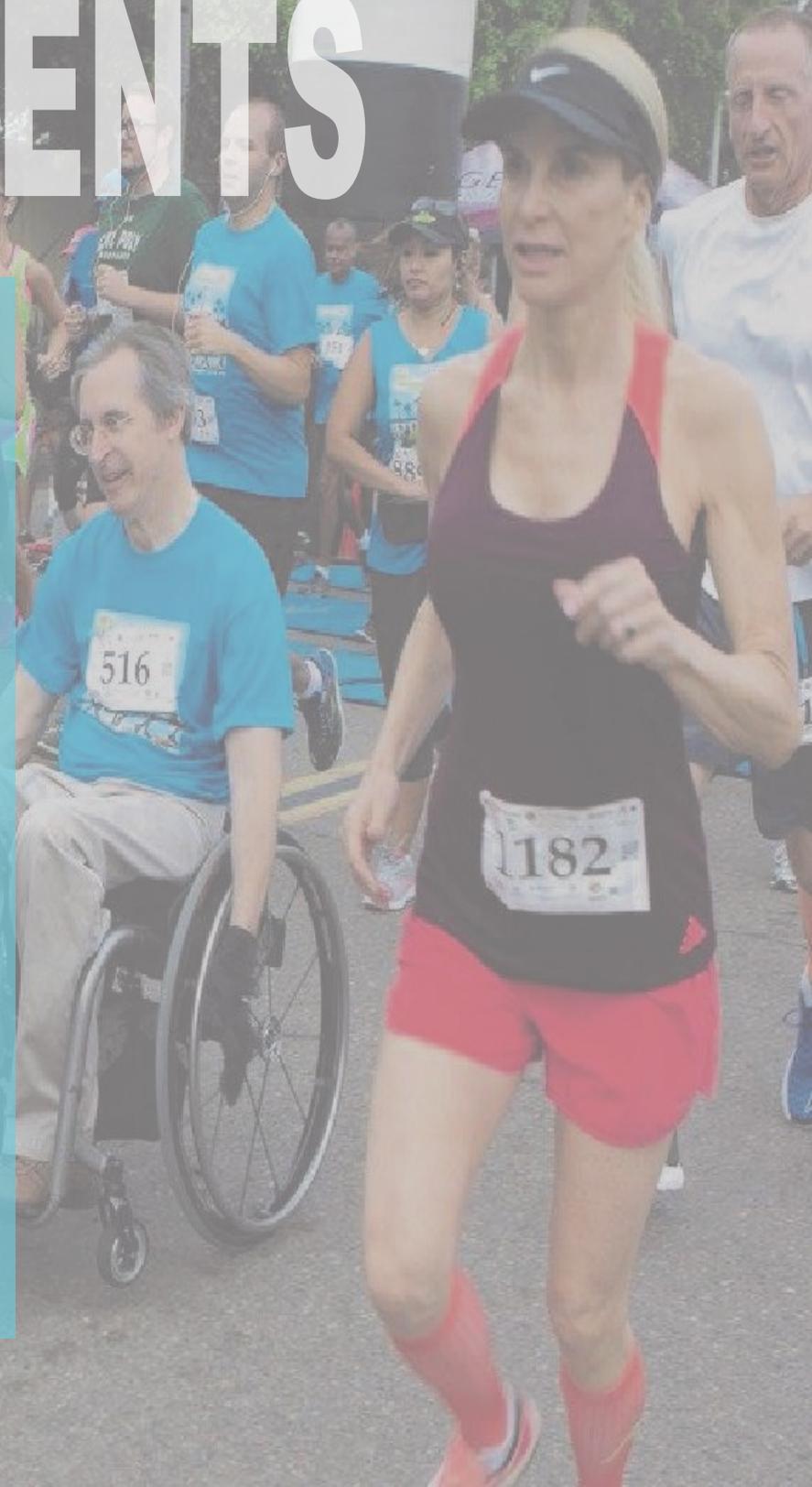
This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego*, www.LiveWellSD.org. Major accomplishments were achieved from July 1, 2016 to June 30, 2017.

Thanks to Bruce Even for his work in the development and graphic design of this report.



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The *Public Health Services 2016-2017 Annual Report of Major Accomplishments* document presents a summary of the major accomplishments that the Department of Public Health Services (PHS) has achieved during this fiscal year. Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches, which includes Public Health Services Administration; Emergency Medical Services; Epidemiology and Immunization Services Branch; HIV, STD and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health. This document is divided into the following six sections:

MAJOR ACCOMPLISHMENTS

Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria—specific, measurable, attainable, relevant, and time-bound.

QUALITY IMPROVEMENTS PROJECTS

Each branch was required to work on at least one quality improvement (QI) project. This section includes a total of six projects. Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

PUBLICATIONS AND PRESENTATIONS

Each branch was required to publish at least one publication or presentation, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other publications, newsletters, or online communications. This section chronicles 49 such publications and presentations.

RESEARCH

A brief description of 11 branch research projects are listed.

STAFF AWARDS AND RECOGNITION

This section highlights 33 Department of Public Health Services staff who received awards and/or recognitions for outstanding work.

STAFF DEVELOPMENT

This section lists 67 staff who completed staff development trainings during this time period.

MESSAGE

DR. WILMA WOOTEN PUBLIC HEALTH OFFICER



I am pleased to present the *Public Health Services 2016-2017 Annual Report of Major Accomplishments* document. Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County. The Department works to: 1) prevent epidemics and the spread of disease; 2) prevent injuries, promote and encourage healthy behaviors; 3) protect against environmental hazards; 4) respond to disasters and assist communities in recovery; and 5) assure the quality and accessibility of health services throughout the county.

As a public health department accredited by the Public Health Accreditation Board since March 2016, and while managing approximately 486 employees with a budget of over \$119 million, and 150 contracts, several significant achievements were accomplished during fiscal year 2016-2017 (please see list on following page).

These achievements align with the County's vision and mission; reflect the ten essential public health services; and embody *Live Well San Diego*, the regional plan to achieve the County's vision of healthy, safe and thriving communities.

I invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

Sincerely,

A handwritten signature in blue ink that reads "Wilma J. Wooten, M.D." with a stylized flourish at the end.

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer & Director,
Public Health Services

SIGNIFICANT ACHIEVEMENTS

PUBLIC HEALTH SERVICES

- **4,551** emergency medical personnel certified by Emergency Medical Services.
- **44,971** birth certificates and **22,344** death certificates processed by the Office of Vital Records.
- **61,850** doses of influenza vaccine distributed through the Immunization Program.
- **9,222** disease investigations conducted by the Epidemiology Program.
- **70,705** specimens tested and diagnosed for disease by the Public Health Laboratory.
- **12,584** services to **6,392** clients at Sexually Transmitted Disease (STD) clinics provided by the HIV, STD, and Hepatitis Branch.
- **4,523** persons were provided HIV-related services and **79%** of Ryan White clients newly diagnosed with HIV were linked to care within 90 days.
- **13,864** positive syphilis results were processed by the HIV, STD, and Hepatitis Branch.
- **13,278** chronically ill, physically disabled and severely ill children provided assistance by California Children Services.
- **70,021** child health screenings facilitated through the Child Health and Disability Prevention Program.
- **9,139** persons received direct education as part of the Nutrition Education and Obesity Prevention program.
- **250** nursing students from six local and distance-learning colleges or universities had their placement in clinical preceptorships coordinated by Public Health Nursing Administration.
- **195** of **198** tuberculosis cases completed the recommended treatment course provided by the Tuberculosis Control Program.
- **2,833** of **2,873** refugees who started the health assessment process, completed the process in the Refugee Health Program.

VISION, MISSION, AND VALUES

County of San Diego

VISION—A region that is Building Better Health, Living Safely and Thriving

MISSION—To efficiently provide public services that build strong and sustainable communities

VALUES—Integrity, Stewardship, and Commitment

Health and Human Services Agency

VISION—A region that is Building Better Health, Living Safely and Thriving

MISSION—To make people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County

VALUES—Integrity, Stewardship, and Commitment

Public Health Services

VISION—Healthy people in healthy communities.

MISSION—To promote health and improve quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters.

VALUES—Collaboration, Diversity, Respect, Responsiveness, Transparency



PHS ORGANIZATIONAL CHART



COUNTY OF SAN DIEGO | HEALTH & HUMAN SERVICES AGENCY | PUBLIC HEALTH SERVICES
ORGANIZATIONAL CHART



Wilma J. Wooten, MD, MPH
 Public Health Officer & Director
 Public Health Services (PHS)

Community Health Statistics
Leslie Ray, MPH, MPAA, MA
 Sr. Epidemiologist

Admin Support
James Patterson
 Departmental Budget Manager

MAA – TCM
 Vacant
 Agency Program Manager

Contract Support
Jamie Beam, MPA
 Agency Program & Ops Manager

Elizabeth Hernandez, PhD
 Assistant Director

Saman Yaghmaee, EdD
 Deputy Director

Sayone Thihaololipavan, MD, MPH
 Deputy Public Health Officer

Public Health Nursing
 Vacant
 PHN Manager

Office of Performance Mgmt.
Jackie Werth, MPA
 Performance Improvement Mgr.

Office of Health Equity
Jo-Ann Julien, MEd
 Health Planning Program Spec.

Office of Border Health
Justine Kozo, MPH
 Chief, Border Health

CCS

Vacant
Chief

Marie D. Green, MD, MPH
Medical Director

Alex Kahn
Human Services Program Manager

| | |
|---|---|
| Medical Therapy Chief Rehab Services Kristen Dimou | PH Nursing PHN Supervisor Katherine Ginfee, RN |
| | PHN Supervisor Anne Forsythe, RN |
| | PHN Supervisor Yolanda Herlich, RN |
| | Temporary Expert Professional (TEP) Mary Zahler, MD |

EISB

Karen Waters-Montijo, MPH
Chief

Eric McDonald, MD, MPH
Medical Director

Edward Smith
Principal Administrative Analyst

| | |
|---|--|
| Childhood Lead Poisoning Karee Hopkins, PHN PHN Supervisor | Epidemiology Lourdes Garber Admin Secretary II |
| Epidemiology Jeffrey Johnson, MPH Sr. Epi/Data Analysis & Surveillance | EIS & CSTE Fellows/ Resident Gabriella Escuitra, MPH (CSTE), & Jessica Healy, PhD (EIS) |
| Immunization Annie Kao, PhD, MPH Sr. Epi/Investigation | |
| Immunization Melissa Thun, PHN PHN Supervisor | |
| Immunization Kimberly Pettiford, MPH Field Community Coordinator | |
| Public Health Laboratory Brett Austin, MA Laboratory Director | |
| Vital Records Heidi Lowe Human Services Program Mgr. | |

HSHB

Patrick Loose
Chief

Winston Tilghman, MD
Medical Director

Lauren Brookshire
Assistant Medical Services Administrator

| | |
|--|---|
| AIDS Case Management Amy Applebaum, MS Community Health Program Spec. | Clinical Services Lorena Perez, PHN Clinic Nursing Supervisor |
| HIV/AIDS Care & Treatment Kirk Bloomfield, MPH Community Health Program Spec. | Temporary Expert Professional (TEP) Physicians (4) |
| HIV Counseling & Testing Heidi Aiem Field Community Coordinator | HIV/AIDS Care & Treatment Tara Beeston, Community Health Program Spec. |
| HIV Prevention Lori Jones, MA Community Health Program Spec. | Surveillance Lawrence Wang (5 FTE) Surveillance Specialist |

MCFHS

Thomas Coleman, MD
Chief & Medical Director

Alfie Gonzaga
Admin Services Manager II

| |
|---|
| Chronic Disease & Health Equity Vacant Health Planning Program Spec. |
| Maternal Child Adolescent Health Rhonda Freeman, MPH CHDP Coordinator |
| Surveillance Deirdre Browner, MPH Sr. Epi/Chronic Disease Surveillance |

PHPR

Vacant
Chief (PHN Manager)

Vielka Daniel
Admin Analyst II

| |
|---|
| EPI – Bioterrorism Catherine Blaser, PHN PHN Supervisor |
| Grant Administration Gary Wells, MBA Health Planning Program Spec. |
| Preparedness & Response Patrick Buttron EMS Coordinator |

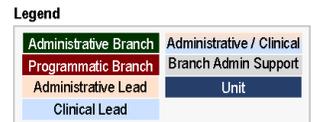
TBRH

Susannah Graves, MD, MPH
Chief & Medical Director

Janette Dubski, RN
PHN Manager

| |
|---|
| Case Management Lorena Gonzalez-Fabry Supervising Disease Investigator |
| Clinical Services Krystal Liang/Pam Kennedy PHN Supervisor |
| Clinical Services Cynthia Ringoot PHN Supervisor |
| Education & Outreach Marti Brentall Community Health Program Spec. |
| Refugee Health Christine Murto, PhD Community Health Program Spec. |
| Surveillance Lawrence Wang (5 FTE) Surveillance Specialist |

- Acronyms**
- CCS: California Children Services Branch
 - EISB: Epidemiology & Immunization Services Branch
 - HSHB: HIV, STD & Hepatitis Branch
 - MAA: Medi-Cal Administrative Activities
 - MCFHS: Maternal, Child & Family Health Services Branch
 - PHPR: Public Health Preparedness & Response Branch
 - TBRH: Tuberculosis Control and Refugee Health Branch
 - TCM: Targeted Case Management



PHS ADMINISTRATION



Dr. Wilma J. Wooten
Public Health Officer



Liz Hernandez
Public Health Services
Administrator



Dr. Sayone Thihalolipavan
Deputy Public Health
Officer



Saman Yaghmaee
Deputy Director

Number of employees 486

Total budget managed \$119 Million

Number of contracts 150

PHS BRANCHES

WHAT WE DO

Administration, Public Health Services (PHS)

Public Health Officer and PHS Director: Wilma J. Wooten, M.D., M.P.H.

Directs all PHS programs and services. Safeguards the public's health, promotes health and wellness, and responds to public health emergencies. PHS Administration includes: 1) The Office of Border Health (OBH), which services as a liaison and facilitates collaboration, communication, and coordination between California and Baja California to address shared public health concerns along the U.S.-Mexico border. 2) Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM). MAA assists County and community programs to recover the costs of enrolling their clients into Medi-Cal covered services. TCM provides specialized case management services to individuals covered by Medi-Cal in defined target populations.

Emergency Medical Services Branch

Branch Chief: Andy Parr

Ensures quality emergency medical services (EMS), is involved in community education, prevention activities and research, and provides planning and medical response activities for bioterrorism, natural and man-made disasters. The EMS Branch is the recognized local emergency medical services agency (LEMSA) for San Diego County.

Epidemiology and Immunization Services Branch

Branch Chief: Karen Waters-Montijo

Identifies, prevents and controls communicable diseases and conducts surveillance for various conditions. Works to reduce vaccine-preventable diseases by improving immunization coverage rates via case investigation, education, community collaboration, immunization record assessment, and an immunization registry.

HIV, STD, and Hepatitis Branch

Branch Chief: Patrick Loose

Helps to assure the development and delivery of quality HIV prevention and treatment services. Controls the spread of STDs by treatment and partner services, screening and prevention, disease surveillance, and reporting. Viral hepatitis preventive services include screening of at-risk persons and protective vaccination.

Maternal, Child, and Family Health Services Branch

Branch Chief: Thomas Coleman, M.D., M.P.H.

Works to promote health and to protect and support pregnant women, children, families, and communities. To prevent chronic diseases and obesity, the Chronic Disease and Health Equity Unit pursues policy, systems, and environmental change strategies that create healthy places, improve health equity, and make the healthy choice the easy choice. The California Children's Services program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with chronic medical conditions.

Public Health Nursing Administration Branch

Branch Chief: (Vacant)

Provides administrative support to Public Health Nurses who promote and preserve the community's health via education, outreach and collaborative activities. Also provides clinic and nursing quality assurance monitoring.

Tuberculosis Control and Refugee Health Branch

Branch Chief: Dr. Susannah Graves

Detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. Provides basic health screening and referral services for refugees during their first few months in San Diego County.





PHS MAJOR ACCOMPLISHMENTS

(By Branch)

ADMINISTRATION OF PHS

A man in a white lab coat is seated at a long wooden conference table, working on a laptop. The room contains several white office chairs, a television mounted on the wall, and various items on the table like a water bottle and a mug.

EXECUTIVE OFFICE

BORDER HEALTH

BUDGET AND FISCAL SERVICES

CONTRACT SERVICES

HEALTH EQUITY, CLIMATE CHANGE,
TRAUMA INFORMED CARE, AND
WORK DEVELOPMENT

MEDI-CAL ADMINISTRATION
ACTIVITIES AND TARGETED CASE
MANAGEMENT

PERFORMANCE MANAGEMENT AND
IMPROVEMENT

PERSONNEL

Administrative Office

- Convened the 16th annual *Live Well San Diego* Public Health Champions award ceremony on April 7, 2017.
- Onboarded eight Live Well San Diego partners: Rady's Children's Hospital, Christie's Place, American Liver Foundation-Pacific Coast Division, Circulate San Diego, Trauma Research and Education Foundation, San Diego Diplomacy Council, Multicultural Health Foundation, and The Arc Of San Diego, in FY 16-17.
- Issued four Public Health Services (PHS) newsletters, keeping staff informed of the department's activities in FY 16-17.
- Hosted 258 students and volunteers to support the PHS pipeline in FY 16-17.
- Posted 23 California Health Alert Network (CAHAN) communications in FY 16-17, including two test alerts.
- Facilitated the publication of 82 PHS-related news stories on the County NewsCenter webpage.
- Implemented ScreenScape, a digital signage software on televisions in the main hallway, and Tuberculosis Clinic and Sexually Transmitted Diseases Clinic waiting rooms at the Health Services Complex at Rosecrans. The software enables the broadcasting of educational videos and signage, news stories, and other informational materials
- Managed the hepatitis A outbreak from March to June 2017.

258

Number of students and volunteers hosted

Border Health

- Conducted three emergency preparedness workshops with over 120 attendees in total in an effort to: share County emergency and public health resources and increase membership in the partner relay—the system for communicating information in multiple languages during emergencies (organized in collaboration with the Office of Emergency Services [OES]).
- Organized a special training on June 13, 2017, for the refugee community, with 43 attendees, that focused on emergency preparedness and mental health (organized in collaboration with OES and other HHS departments).
- Coordinated the 33rd annual blood drive, which took place during April 2017. The goal for 2017 was 400 pints and the County exceeded this number by collecting a total of 444 pints during the month, including 73 first time donors.
- Planned and carried out four regular bimonthly San Diego Border Health Collaborative meetings and organized two special trainings on health equity in September 2016 and cultural competency in November 2016 (all efforts were in collaboration with the California Department of Public Health, Office of Binational Border Health [CDPH-OBBH]).
- Convened two Border Health Consortium of the Californias meetings in San Diego and Tijuana in November 2016 and May 2017 (meetings were organized in collaboration with the CDPH-OBBH and the US-Mexico Border Health Commission).

444

Number of pints collected at annual blood drive

Border Health (continued)

- Facilitated a binational (California-Baja California) emergency preparedness meeting on March 3, 2017 in order to improve collaboration regarding disaster preparedness and response in the border region. The meeting was attended by 60 people representing local, state and federal agencies from the United States and Mexico. This was part of the PHS' Audacious Goal of developing a Five- Year Binational Strategic Plan in collaboration with key partners including, but not limited to, the Office of Emergency Services and the Department of Environmental Health.
- Coordinated three international visits to PHS: 15 health professionals from Swedish parliament who were interested in Tobacco prevention efforts; one physician from Zambia who was interested in learning more about PHS' approach to TB and HIV prevention; and 18 medical professionals from various countries who were participating in a Diplomacy Council exchange and were interested in learning more about the County's HIV, TB, Border Health and Emergency Preparedness and Response efforts.

Budget and Fiscal Services

- Provided information/language for Legislative Analyst Office survey on Public Health Financing in August 2016.
- Provided financial information for Public Health Services (PHS) and Public Health Centers for the Intergovernmental Transfer report, which generates several million dollars in revenue for the Health and Human Services Agency (HHS), in January 2017.
- Conducted and provided oversight for PHS Fee Analysis Board Letter, approved by the Board of Supervisors on April 25, 2017.
- Provided two financial literacy training to the HHS Financial Threading Group and PHS

2

Number of audits for PHS programs that resulted in no findings

Leaders in June 2017.

- Coordinated transition of EMS and Public Health Nursing Administration offices from PHS to MCSD, February through June 2017.
- Prepared for Auditor and Controller federal funding Schedule of Expenditures of Federal Awards audits for two PHS programs which resulted in no findings.
- Provided inventory, fiscal management, contract management, and facility information to use in the PHS Manager's Manual.

Contract Services

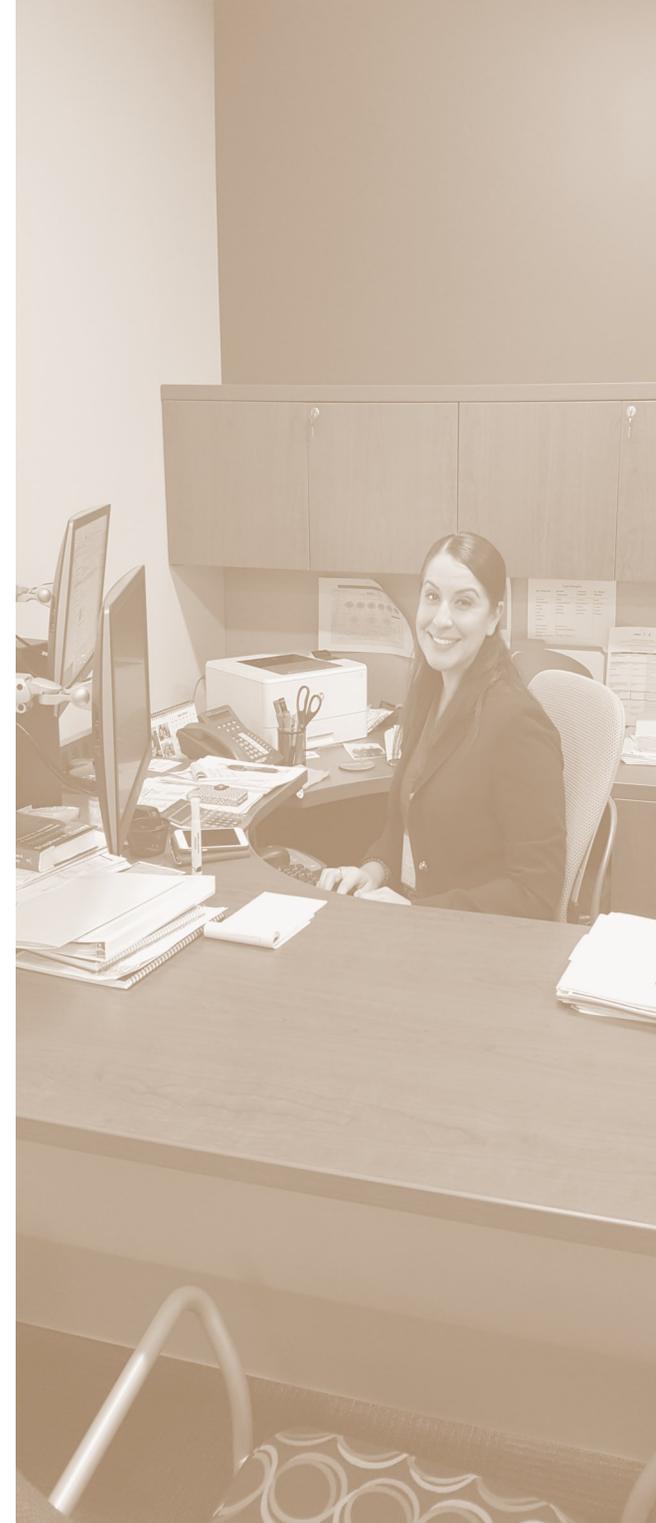
- Administered 150 contracts across six branches and Administration
- Offered 19 Contract Basics Trainings at PHS Contracts Group Meetings.
- Provided support to develop 23 Memorandums of Agreement and Memorandums of Understanding.
- Completed two contract audits in FY 16-17.
- Completed 30 procurements and 114 amendments for FY-16-17.

30

Number of completed procurements

Health Equity, Climate Change, Trauma Informed Care, & Workforce Development

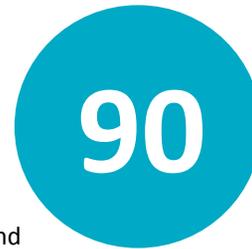
- Reactivated and launched the Reducing and Eliminating Health Disparities with Information (REHDI) web page.
- Developed a series of 101 Training Power Point Presentations for all staff to educate them and build their capacity to integrate health equity and climate change into the delivery of PHS: Public Health History, Public Health Concepts, Public Health Data, Health Equity Parts 1 and 2, and Climate Change.
- Hosted a series of 11 Health Equity and Metrics Workshops within PHS designed to look at disparities and disproportionality in the data and identify ideas to address those, along with performance metrics to demonstrate progress towards reducing them.





Health Equity, Climate Change, Trauma Informed Care, and Workforce Development (continued)

- Ensured that 90% of PHS staff were trained on Customer Service and Cultural Competency in 2016-2017.
- Hosted 12 Health Equity, Climate Change and Diversity and Inclusion meetings to increase organizational capacity to deliver the health equity agenda.
- Collaborated with the California Department of Public Health (CDPH) on Health Equity and Climate Change, including work on a Vulnerability Assessment for the Region and training in the form of technical assistance on implementation of health equity through the health equity and Metrics workshops. Hosted state officials for the pilot health equity workshop on October 10, 2016.
- Completed countywide assessment for PHS on how to make key PHS facilities increasingly trauma-informed in FY 2016-2017.
- Initiated collaboration with the University of California, San Diego, on climate change and public health through the Center of Excellence for Health Promotion and Health Equity as well as various grants.



Percentage of PHS staff trained on Customer Service and Cultural Competency

Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)

- Recovered \$10.5 million in federal MAA/TCM revenues to offset local costs.
- Provided a total of 13 webinars to 203 trainees and a total of nine in-person trainings to 157 trainees for the required annual MAA/TCM training.
- Added Fallbrook Elementary, Fallbrook High, and Ramona School Districts as School-Based Medi-Cal Administrative Activities providers.
- Developed a system to identify the need for staff to code time spent on hepatitis A mitigation to MAA; and provided specific training and established a desk aide with protocols to sustain MAA hepatitis A coding proficiency.



Millions of dollars recovered in MAA/TCM revenues to offset local costs.

Performance Management and Improvement

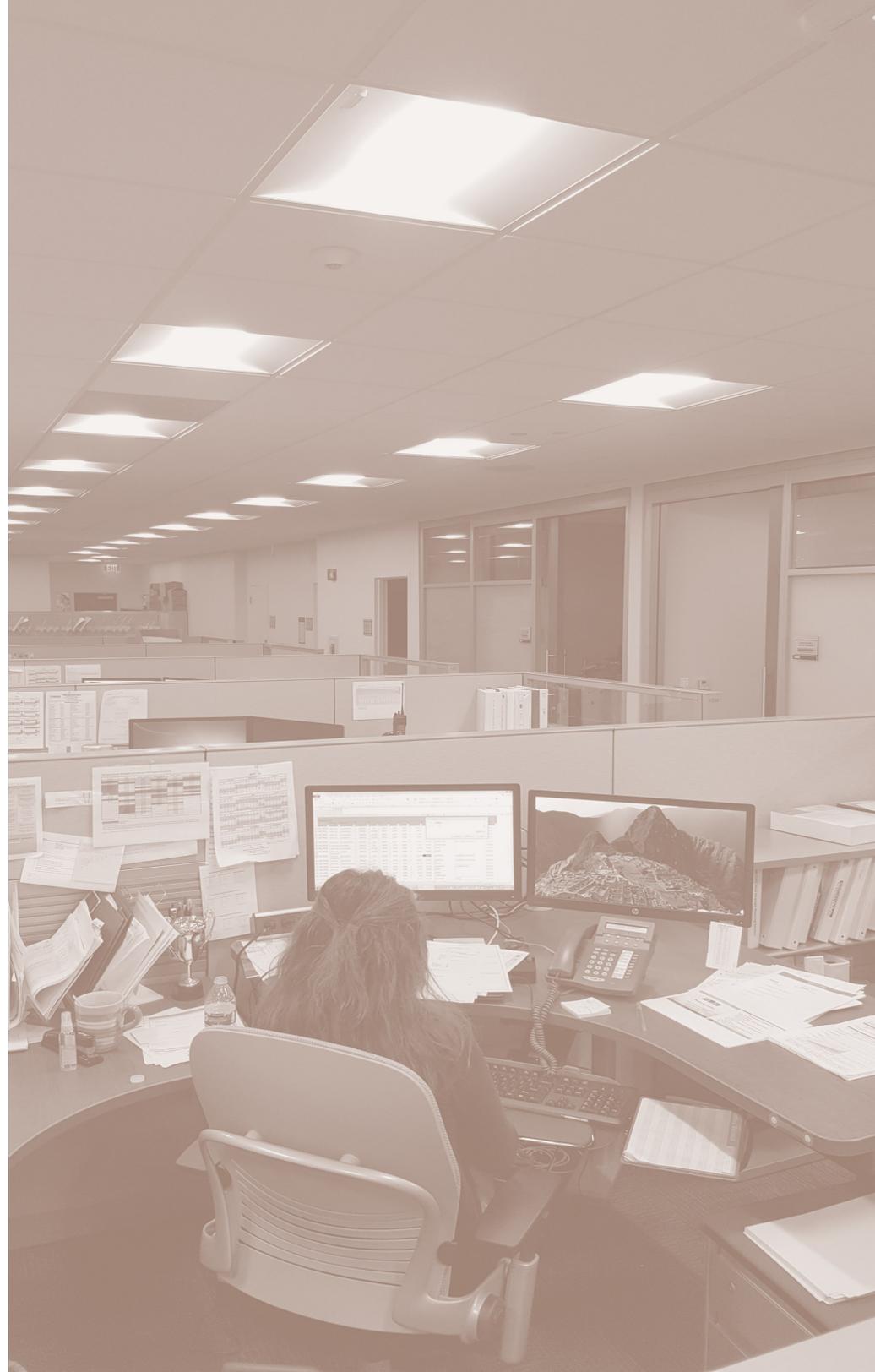
- Convened the Local Public Health System Assessment on September 23, 2016, bringing together 210 participants—across every sector and including many entities involved in the local delivery of the 10 Essential Public Health Services. The purpose was to identify strengths and weaknesses of the overall system and determine opportunities for improvement. Reflecting improvement across virtually all of the essential public health services, the scores for the 2016 Scores were higher than the scores in 2012, when a similar assessment was conducted.
- Provided technical assistance to seven quality improvement projects, resulting in greater efficiencies and improved customer satisfaction in programs across each of the branches, during FY 16/17. Improvements were wide ranging—linking foster children to medical care in a timely fashion, improving immunization status of CCS children, connecting clients with a newly confirmed HIV diagnosis to primary care within a tighter timeframe of 30 days, and strengthening compliance with new emergency management requirements, among other topics.
- Encouraged the development of a strong Quality Improvement (QI) culture by convening a QI Technical Consultation Panel to provide feedback to QI project teams in Spring of 2017, and hosting two QI workshops and a QI resource fair during summer 2017. The QI Resource Fair was the premier event of its kind, with fun and engaging exercises, videos, games, and “storyboard” exhibits for all staff to experience.
- Strengthened the performance management culture by the following actions:
 - ◇ Facilitated Metrics Workshops across all of the branches to develop strategic priorities and refine performance measures through a health equity lens. The output of these workshops will inform new branch strategic plans and dashboards to help PHS managers and staff alike track progress toward results.
 - ◇ Produced regular Performance Flash Reports that capture the latest performance data, drawing from scorecards maintained by each branch, utilizing the InsightVision application.

122

**Number of
PHS staff who
attended the
inaugural
Quality
Improvement
Resource Fair**

Personnel

- Trained PHS staff on Workplace Violence and Active Shooter Preparedness, in September and October 2016.
- Streamlined the background process for new employees in February 2017.
- Trained PHS senior staff on performance appraisals in Spring 2017.



EMERGENCY MEDICAL SERVICES



ADMINISTRATION

**BASE HOSPITAL, TRAUMA, AND
SPECIALTY CARE CENTERS**

COMMUNITY HEALTH STATISTICS

DISASTER MEDICAL RESPONSE

EPIDEMIOLOGY AND SURVEILLANCE

**HEALTH EMERGENCY RESPONSE
AND HOSPITAL PREPAREDNESS**

PREHOSPITAL OPERATIONS

EMERGENCY MEDICAL SERVICES



5

Administration

- Increased oversight for the Emergency Medical Services (EMS) system by amending an agreement with FirstWatch to monitor response times in FY 16/17, in May 2017.
- Implemented new EMS fee schedule to ensure fiscal stability in April 2017.

Base Hospital, Trauma and Specialty Care Centers

- Executed new hospital designation agreements for trauma centers and base hospitals in June 2017.
- Replaced existing radio console equipment in base hospitals with new technology in April 2017.

Community Health Statistics

- Worked with all Health and Human Services Agency Divisions throughout the fiscal year to generate project specific data reports, including a wide range of reports and updates to support *Live Well San Diego*, and Aging and Independence Services priorities, such as Age Well Communities, Alzheimer's Disease, and the Aging Summit 2016.
- Published the 2015 Demographic Profiles in May 2017.
- Produced the San Diego Atlas of Foreign Born Populations, a series of seven different atlases that break down place of birth, languages spoken, and linguistic isolation across the county in May 2017.

Number of major exercises EMS coordinated and was a participant

Disaster Medical Response

- Assisted with hepatitis A virus (HAV) outbreak response, beginning in April 2017 through December. Efforts included: dispensing more than 10,000 doses of vaccine to at-risk individuals, deploying vaccinating foot teams into high risk areas frequented by homeless populations, distributing hygiene kits, and meeting with health care providers and homeless service organizations to enlist support in combating the hepatitis A outbreak.
- Conducted a mandatory Statewide Medical Health exercise on November 17, 2016. The exercise participants included local hospitals, clinics and skilled nursing facilities staff as well as activation and deployment of Medical Reserve Corps volunteers.
- Coordinated and participated in an additional four major exercises in FY 16/17. These major events included: an Alternate Care Site (ACS) full scale exercise in May 2016, Miramar Airbase mass casualty drill in August 2016, a simultaneous mass vaccination points of dispensing (POD) exercise in October 2016, and a county-wide mass casualty drill in June 2017.
- Collaborated with Region VI Medical and Health Operational Area Coordinators (MHOAC) and California State emergency managers to coordinate, plan, and conduct disaster planning and exercises for Region VI. Participation in these quarterly meetings in FY 2016-2017 is essential to ensure a region-wide response in the event of a major disaster.
- Completed hospital demobilization plans in May 2017 at all Hospital Preparedness Program (HPP) hospitals to assist in the process of returning to "normal operations" after an event.
- Conducted mass fatality management training in February 2017, in collaboration with the County of San Diego's Medical Examiner's Office, to assist area hospitals with their individual plans. Subsequently each of the 19 HPP members revised and updated their



Epidemiology and Surveillance

- Implemented a new prehospital information and communication system, County of San Diego Local Emergency Medical Services Information System, to ensure compliance with State reporting requirements, in June 2017.

Health Emergency Response and Hospital Preparedness

- Held 10 San Diego Healthcare Disaster Coalition meetings (disaster preparedness and planning sessions) with major stakeholders including: healthcare, law, fire, military, Office of Emergency Services, and American Red Cross, in FY 16-17.
- Medical Reserve Corps (MRC) volunteers integrated with County Public Health Nurses (PHNs) and other County staff to vaccinate at six Regional flu Points of Dispensing sites in October 2016, as an exercise opportunity for working collaboratively in the event of an outbreak or biological agent attack.
- Trained 28 MRC volunteers on Basic Life Support/ First aid in March and April 2017.
- Trained 29 PHNs and 13 MRC volunteers on their Mass Care and Shelter roles and responsibilities operations in August 2016.
- Trained 24 PHNs on skills they will need in the setting of a disaster shelter, point of dispensing site, communicable disease surge impacting Epidemiology and Immunizations Services Branch or Tuberculosis Control, or other emergency situations, in August 2016.

4,551

Prehospital Operations

- Credentialed 4,551 prehospital personnel, including EMT, Paramedic and Mobile Intensive Care Nurses in FY 16/17 from July 1, 2017 through June 30, 2017.
- Basic Life Support (BLS) First Responder agencies inspected and approved to Advanced Life Support (ALS) First Responder level in rural areas of San Diego County in FY 16/17.
- Implemented online application process for credentialing of emergency medical technicians, paramedics, and mobile intensive care nurses in January 2017.

Number of prehospital personnel credentialed, including emergency medical technicians, paramedics and mobile intensive care nurses

Note: EMS officially transferred to the Medical Care Services Division in July 2017.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES



CHILDHOOD LEAD POISONING
PREVENTION PROGRAM

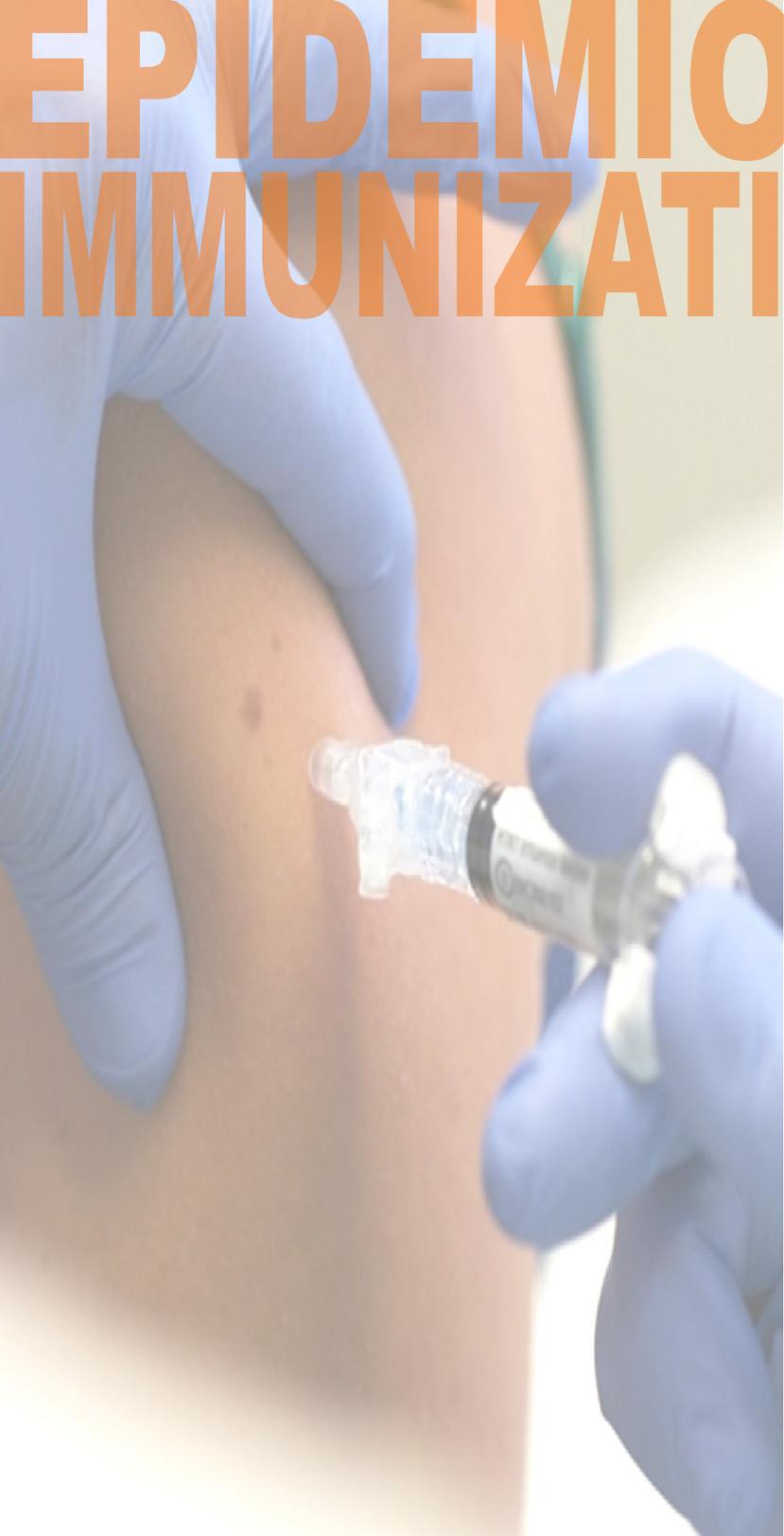
EPIDEMIOLOGY

IMMUNIZATIONS

PUBLIC HEALTH LABORATORY

VITAL RECORDS

EPIDEMIOLOGY AND IMMUNIZATION SERVICES



Childhood Lead Poisoning Prevention Program

- Provided information and education to 1,687 families with children through the provision of presentations and print materials at childcare facilities, Head Start sites, community centers, libraries, and health fairs in FY 16-17.
- Advised 621 healthcare providers on lead updates and management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters in FY 16-17.
- Provided 102 children with Public Health Nursing case management services in FY 16-17.

Epidemiology

- Registered 23,032 reported disease cases.
- Investigated 9,222 of total disease cases.
- Completed 607 contact investigations.
- Completed investigations for 235 outbreaks.
- Verified 525 cases of HIV disease.

70,705

Number of specimens tested and diagnosed for disease

Immunizations

- Managed 61,850 doses of publicly provided influenza vaccine provided throughout San Diego county in FY 16-17.
- Completed 95 collaborative mass vaccination events with Public Health Centers staff and Bioterrorism Public Health Nurses in FY 16-17.
 - Onboarded eight providers (representing 44 sites) using electronic interfaces to the San Diego Immunization Registry.
 - Provided immunization reporting on 10,484 Hepatitis A vaccines from March–June 2017, during the hepatitis A outbreak during 2016-2017.

Public Health Laboratory

- Tested and diagnosed 70,705 specimens for disease in FY 16-17.
 - Performed 2,286 water tests in FY 16-17.
 - Performed 419 rabies exams (animals) in FY 16-17.
 - Completed 68,000 clinical tests in FY 16-17 (exclusive of rabies and waters).

Vital Records

- Registered 44,971 birth certificates for all San Diego County births in Calendar Year 2016.
- Registered 22,344 death certificates for San Diego County deaths in Calendar Year 2016.

HIV, STD, AND HEPATITIS

ADMINISTRATION

AIDS CASE MANAGEMENT

CLINICAL SERVICES

HIV/AIDS CARE AND TREATMENT

HIV EDUCATION AND PREVENTION

STD PREVENTION AND CONTROL

Clear Channel

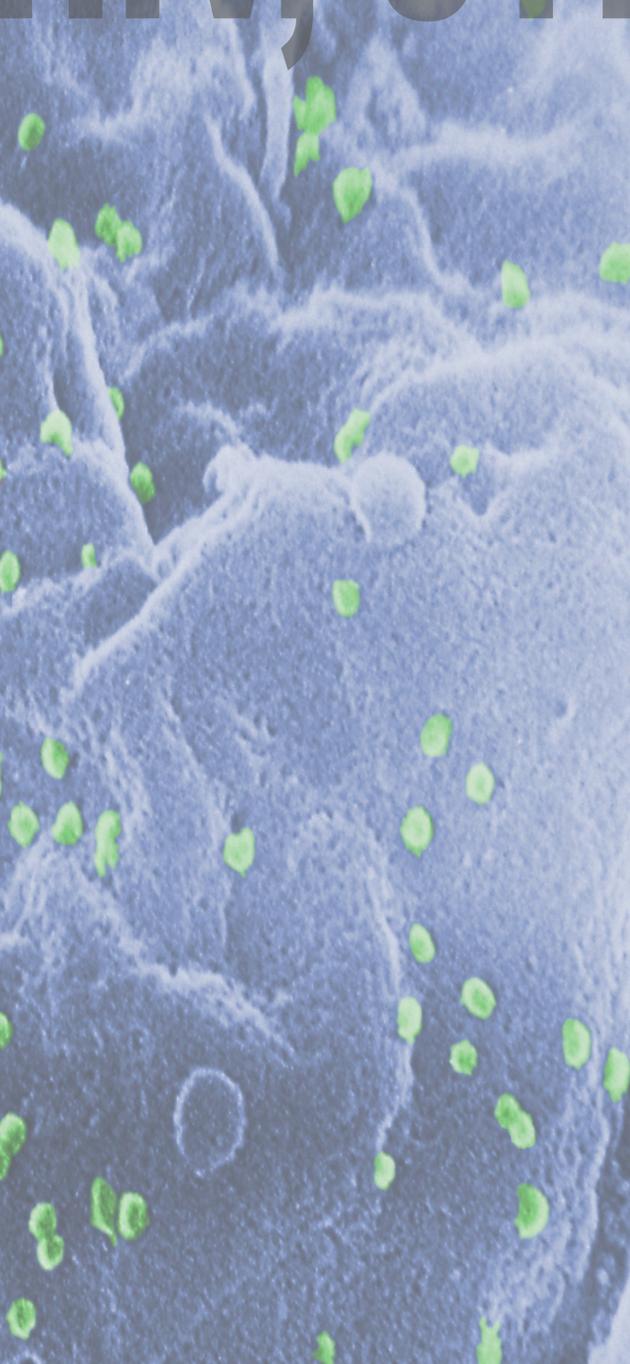
PrEP PREVENTS HIV

PREPSANDIEGO.COM

VHSA

001296

HIV, STD, AND HEPATITIS



Administration/Getting to Zero

- Established a Medical Advisory Committee to support the second recommendation of the Getting to Zero initiative, which is engage public and private healthcare systems in the goals of the initiative. The first meeting was held on August 24, 2017.
- Launched a social marketing campaign, PrEP San Diego, on March 1, 2017, to educate the community about PrEP, which supports the first recommendation of the Getting to Zero initiative.
- Competed (successfully) for funding under the California Department of Public Health Strategic HIV Prevention Projects. Only four awards were made, and San Diego was the only health department that was funded. San Diego County will receive \$1.8 million dollars over the next two years (July 2017 through June 2019).
- Completed the unification HIV Health Services Planning Council and HIV Prevention Group into a single planning body, the HIV Planning Group. The membership of the HIV Planning Group was established and the group convened for the first time in September 2016.
- Managed 49 active contracts.
- Completed 79 contract amendments.
- Brought in \$16,824,598 in revenue.

AIDS Case Management

- Placed 82 unduplicated clients into the Intensive Case Management (ICM) program. All clients in Intensive Case Management received at least 1 HIV primary care visit.
 - ◇ All 82 accessed Medi-Cal upon enrollment and were linked to insurance to cover the expenses of their medical visits and medications.
 - ◇ 56 of the 82 clients enrolled in program successfully accessed or maintained qualification for sources of income, including linkage to State and Federal benefits as well as employment.
 - ◇ Achieved a 100 percent participation rate for all 82 clients in the ICM program in wellness workshops and weekly structured physical activities in alignment with *Live Well San Diego*.
 - ◇ Connected qualifying graduates of the ICM program with appropriate supportive housing programs, via available waitlists.
 - ◇ Ensured that 100 percent of clients who completed ICM program continued with medical care, relapse prevention, affordable housing, and other supportive services following completion of the program.
- Screened over 300 HIV+ inmates in the county jails through the Jail Case Management Program.
 - ◇ Provided reentry counseling to 263 inmates within 30 days prior to their release from custody, which included development of post release plans focused on connection to medical care, access to medications post release, appointments for Medi-Cal and/or Covered California, and Medical Case Management.
 - Worked with Jail Medical Staff to ensure over 250 inmates left custody with medications for post-release.
 - Developed a system, in collaboration with the University of California, San Diego, to allow for staff to schedule medical appointments for inmates prior to release, so that each patient had a scheduled medical appointment prior to release from custody.

Over
300

Number of HIV+ inmates in the County jails screened through the Jail Case Management Program

Clinical Services

- Provided 12,584 services to 6,392 people in the Rosecrans and regional clinics.
- Implemented a new program to provide non-occupational HIV post-exposure prophylaxis (nPEP) to uninsured and underinsured clients, and to link insured clients to nPEP via local healthcare facilities.
- Enhanced access to HIV pre-exposure prophylaxis (PrEP) by stationing a dedicated PrEP navigator in the Sexually Transmitted Disease (STD) clinic and developing a referral system for PrEP candidates.
- Transitioned from paper-based to electronic confidential morbidity reporting.
- Implemented a system to enable processing of debit and credit card payments, thereby offering clients more options for payment of the fee for STD clinical services.
- Implemented a system to enable broadcasting of public service announcements, educational videos, news stories, and other informational materials through the television monitor of the STD clinic waiting room.
- Mitigated the effect of a nationwide Bicillin L-A® shortage by temporarily changing prescribing practices and accepting referrals for Bicillin L-A® from facilities that experienced shortage of the medication.
- Ensured minimal interruption of STD services during the relocation of the

12,584

Number of services provided at the Health Services Complex at Rosecrans and Regional clinics

North Coastal Public Health Center to a temporary facility.

- Collaborated with the California STD/HIV Prevention Training Center to hold a STD clinical update conference for local clinicians on October 20, 2016. A total of 51 clinicians completed the training.
- Improved communication with clients by providing encrypted e-mail to staff members involved in STD follow-up and case management.
- Diagnosed and managed 38% of the 523 primary and secondary syphilis cases reported in San Diego County in calendar year 2016.
- Educated 64 local health professional trainees, including nursing and nurse practitioner students and medical residents and fellows of various specialties, from local teaching institutions, as well as nurses new to the County. These local health professional trainees learned how to diagnose and manage STDs and take sexual histories. Nursing students and County public health nurses learn how to perform venipuncture and administer medications and vaccines.
- Provided 70 doses of meningococcal vaccine to gay and bisexual men at the CityFest Street Fair in Hillcrest on August 21, 2016, in response to an outbreak of invasive meningococcal disease among gay and bisexual men in Orange and Los Angeles Counties.

6,392

Number of clients who received services at the Health Services Complex at Rosecrans and regional clinics



HIV/AIDS Care and Treatment

- Maintained a viral load suppression rate of 51% which is on par with the state rate of 52% and close to the national rate of 55%.
- Ensured that 79% of Ryan White clients newly diagnosed with HIV were linked to care within 90 days.
- Reduced unmet need in people living with HIV to 25% for both HIV and AIDS.
- Provided HIV-related services to 4,523 unique persons
- Received a score of 96 out of 100 on the annual Ryan White application.
- Received a \$148,825 (1.1%) increase in Part A/MAI funding for care and treatment services for FY 16-17.
- Completed and released new HIV service standards for all Ryan White care, treatment and support services for FY 16-17.

HIV Care and Treatment/Sexually Transmitted Diseases Field Services/Surveillance

- Implemented new surveillance-based interventions, including programs for (January – June 30, 2017):
 - ◇ High-risk gonorrhea disease: 30 cases investigated May –June 2017.
 - ◇ Data to Care: 111 cases initiated between March 10, 2017-June 30, 2017.
 - ◇ Surveillance-Based Partner Services: 117 cases initiated August 2016 – June 30, 2017.
- Conducted 7,105 HIV tests in County STD Clinics, identifying 53 individuals newly diagnosed with HIV and linking 88% to HIV medical care.
- Provided funding so that 2,226 HIV tests were conducted County detention facilities.
- Processed 13,864 positive syphilis results.

79

Percentage of Ryan White clients newly diagnosed with HIV who were linked to care within 90 days

- Investigated 1,123 cases of infectious syphilis (15% increase from 2015).
- Received and processed 18,904 chlamydia cases into the surveillance system (8.5% increase from 2015).
 - Received and processed 4,992 gonorrhea cases into the surveillance system (35% increase from 2015).
 - Met case closure deadlines for CDPH STD Control Branch.
- ◇ Experienced significant increases in STD morbidity (18% in early syphilis, 35% in GC and 8.5% in CT) which resulted in increased workload for both disease investigation staff and clerical staff
 - Provided 166 test kits for chlamydia and gonorrhea home-testing through the Don't Think, Know program.
- Completed and disseminated annual data slides and 12 monthly community STD reports.

1,123

Number of investigated cases of infectious syphilis

HIV Education and Prevention

- Contracted for risk reduction services that included:
 - 4,105 outreach contacts;
 - 88 events reaching 1,432 people
 - 151,144 web hits;
 - 511,514 social media followers; and (Facebook, Twitter and Instagram).
- Conducted 1,557 one-time and 829 multi-session interventions.
- Linked 12 individuals with HIV to primary care.
- Assisted 197 HIV-negative individuals in obtaining pre-exposure prophylaxis.

STD Prevention and Control

- Conducted 61 STD presentations for 1,300 representatives of health care, social service, and community-based organizations, community colleges, universities, schools, school nurses, and students.
- Conducted three all-day STD/HIV Update for Educators courses on August 12, 2016, November 17, 2016 and March 1, 2017, in conjunction with the California Department of Public Health, STD Control Branch and the San Diego County Office of Education (SDCOE), that were attended by 89 people, including health educators, clinicians, teachers, and school staff.
- Assisted San Diego Unified School District (SDUSD) with four rounds of Middle School and High School Sexual Health Education Teacher Trainings of 297 teachers, conducting presentations on STDs.
- Assisted Oceanside Unified School District's (OUSD) with the implementation of a new sexual health education curriculum in their elementary and middle schools, including creating scope and sequence of lessons and editing the lessons to meet California Healthy Youth Act

(California Education Code sections 51930-51939) requirements. Trained OUSD middle school teachers and school nurses and selected elementary school teachers. Created resources for OUSD to inform students of their rights to access sexual health services and local resources. Assisted with three parent/teacher curriculum review meetings.

- Trained Sweetwater Union School Districts' seventh grade and high school sexual health education teachers on January 31, 2017.
- Trained Vista Unified School Districts' middle and high school sexual health education teachers on March 20,

2017.

- Conducted a full-day training hosted by SDCOE on the new sexual health education law, the California Health Youth Act (CHYA), for all districts across the county, on April 19, 2017. Conducted another SDCOE-hosted presentation on CHYA and minors' rights regarding sexual health services for Student Support Services staff from all districts on May 9, 2017.
- Co-led the planning of the 2017 Southern California Sexual Health Summit in Los Angeles, on

February 10, with 170 professionals in attendance.

- Conducted two rounds of a sexual health peer education internship at a high school located in a high STD-morbidity area (Hoover High) in conjunction with Rady Children's Hospital's FACES program.
- Completed the California Adolescent Sexual Health Working Group's official review of various sexual health education curricula assessing alignment with California Healthy Youth Act and in collaboration with California Department of Education, California Department of Public Health and other non-governmental organizational partners.
- Screened 98.9% of all females entering San Diego juvenile detention facilities, surpassing the State goal of 80

95 Percentage of females treated who tested positive for chlamydia and/or gonorrhea within San Diego's juvenile detention facilities

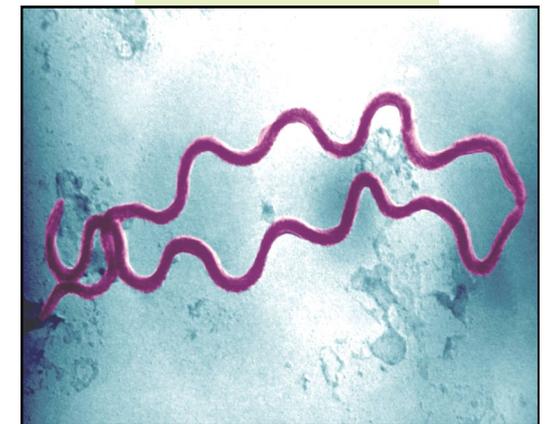
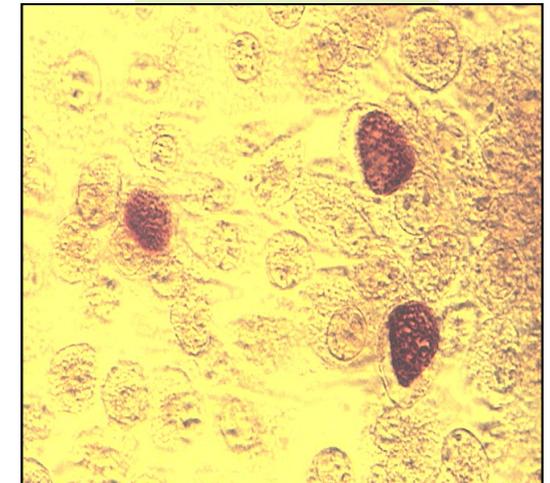
percent.

- Treated 95% of all females who tested positive for chlamydia and/or gonorrhea within San Diego's juvenile detention facilities, surpassing the State goal of 80%.
- Maintained and promoted "Don't Think, Know," a chlamydia and gonorrhea home test kit for young women of color. In FY 16-17, 168 kits were sent and 91 (54%) were returned.

3

Number of full-day STD/HIV Update for Educators courses conducted

95



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

A healthcare professional in a white lab coat and blue surgical mask is examining a child's arm. Another person in a purple shirt is looking on. The background is a plain wall.

CALIFORNIA CHILDREN SERVICES

CALIFORNIA CHILDREN SERVICES
MEDICAL THERAPY PROGRAM

CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM

CHRONIC DISEASE AND HEALTH
EQUITY

MATERNAL, CHILD AND ADOLESCENT
HEALTH

MATERNAL, CHILD AND FAMILY
HEALTH SERVICES—ASSESSMENT
AND CASE MANAGEMENT



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

California Children Services (CCS) Administration/Case Management Program

- Provided medical evaluations, treatment, and case management services for approximately 13,278 chronically ill, severely and physically disabled persons; the top five conditions for San Diego were infantile cerebral palsy, hearing loss, newborn respiratory distress syndrome, congenital heart disease, and fractures.
- Increased efficiency by continuing to train and support medical providers in using the County of San Diego eQuest (electronic medical provider referrals) system for submission of referrals. Met Operations Plan goal that 75 percent of all service requests be submitted electronically via eQuest.
- Held the first Transition Planning Symposium for youth with disabilities on October 1, 2016, which included the collaboration with several community partners. A total of 70 young adults with complex medical needs and their families attended six educational workshops with the contribution of 41 State and local speakers, 31 volunteers and 18 community partners.
- Provided outreach to 12 diverse community partners through 18 in-services throughout San Diego to educate about CCS services and improve care coordination in FY 16-17. Some community partners included the San Diego Regional Center, CureDuchenne, Vista Unified School District, Chula Vista Elementary School District, Olympian High School, Los Penasquitos Elementary School, and County of San Diego Parks and Recreation Department.

13,278

Number of chronically ill, severely and physically disabled persons who were provided medical evaluations, treatment, and case management services

CCS Medical Therapy Program

- Provided 25,184 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for 1,580 CCS children in local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- Opened 241 eligible clients to the Medical Therapy Program from December 1, 2016 to June 30, 2017, with CCS therapy consultants utilizing a newly developed and implemented paperless system which provides increased security of protected health information and expedites the ability of Medical Therapy Units to initiate getting clients in for services.
- Recommended and procured 1,004 medically-necessary pieces of rehabilitation equipment by CCS Medical Therapy Program occupational and physical therapists for CCS clients.
- Promoted public health as a career choice by participating in the educational development of 32 occupational or physical therapy interns from 12 different educational institutes.



Child, Health and Disability Prevention

- Facilitated the provision of 70,021 child health screenings to low-income children through the Child Health and Disability Prevention (CHDP) Program, in FY 16-17.
- Enhanced providers' knowledge and skills on performing pediatric vision and hearing screenings by educating 371 CHDP providers and community partners through four CHDP vision and audiometric screening workshops held at the Health Services Complex, in FY 16-17.
- Facilitated five trainings at the Health Services Complex to 228 providers and their staff on the importance and process of applying fluoride varnish to improve oral health in children and encourage fluoride applications at medical provider offices, in FY 16-17.
- Provided care coordination and follow-up on 9,853 CHDP health screenings conducted throughout the county of children identified with health problems, in FY 16-17.
- Maintained, supported, and provided quality assurance to 160 CHDP providers in San Diego County and certified seven new provider sites to offer no-cost preventive health screenings to CHDP eligible children, in FY 16-17.



Oral Health

- Provided 2,096 oral health screenings to children throughout the county in FY 16-17.
- Coordinated with community clinics and other organizations to conduct an eight site county-wide sealant/varnish event: 382 children were screened, 190 children received fluoride varnish and 198 children received sealants for a total value in services of \$45,880 on February 25, 2017.

Foster Care

- Worked with Child Welfare Services, Regional Public Health Nursing, and Juvenile Probation to provide intensive care coordination activities on behalf of 2,218 children in out-of-home care in FY 16-17.
- Ensured 97% (2,016 of 2,084) of children in out-of-home care received health exams according to CHDP periodicity in FY 16-17; the goal was 90%.
- Ensured 91% (1,292 of 1,416) of children in out-of-home care received dental exams according to CHDP periodicity in FY 16-17; the goal was 90%.
- Provided trainings to 432 persons, including social workers, foster parents, nursing students and high school senior students, about the health care needs of children in out-of-home care, in FY 16-17.

Facilitated the provision of this number of child health screenings to low-income children through the CHDP Program

Chronic Disease and Health Equity

- Developed and implemented Eat Well Practices guidance, for all food and beverages offered by the County, which focus on health, environment, and economy. The guidance was approved by the County Board of Supervisors in December 2016.
- Implemented the Live Well Community Market Program, after approval by the County Board of Supervisors, which aims to increase availability of healthy food and beverages offered in retail outlets in underserved neighborhoods, in December 2016.
- Awarded the Sodium Reduction in Communities contract by the Los Angeles County Department of Public Health, in October 2016.
- Presented best practices to 300 public health professionals at two statewide meetings (February and May 2017) and at one national conference, the Childhood Obesity Conference, in June 2017.
- Supported development of an active transportation plan for the City of El Cajon, which the City used to apply for a state planning grant, in June 2016.
- Provided technical assistance and support to the City of Imperial Beach in April 2016, which helped them secure a \$3.57 million Caltrans Active Transportation Program grant for bike and pedestrian improvements and Safe Routes to School.
- Provided direct education to 9,139 individuals in FY 16-17 as part of the Nutrition Education Obesity Prevention program, including 153 students that

16

Number of food retail stores enrolled in the Live Well Community Market Program to improve access to health food in low-income communities

- participated in an evaluation.
- Enrolled 16 food retail stores in the Live Well Community Market Program to improve access to healthy food in low-income communities in FY 16-17.
- Assisted 24 Live Well @ Work worksites to implement policy, systems and environmental changes that increase healthy nutrition and physical activity impacting 18,498 employees, in FY 16-17.
- Completed a scan of the Local Control and Accountability Plans for 41 school districts in San Diego County in December 2016, to assess district investment in student wellness.
- Established 22 Supplemental Nutrition Assistance Program Education (SNAP-Ed) eligible Wellness Champion child care providers throughout San Diego County who are adopting and implementing wellness policies that improve access to healthy food and physical activity at their child care sites, in FY 16-17.
- Trained more than 55 residents from the three Healthy Cities, Healthy Residents project neighborhoods on food system, place making, and active transportation policy and environmental change strategies, between April and July 2017.
- Contracted with 10 community based organizations to facilitate twelve Resident Leadership Academy



- cohorts, reaching 164 residents from low-income communities, in FY 16-17.
- Hosted two trainings for 150 community-based organization staff to improve their capacity to lead and implement policy, system, and environmental changes in their communities, in September 2016 and May 2017.
- Provided technical assistance to the cities of Carlsbad, El Cajon, Escondido, Lemon Grove, La Mesa, Oceanside, and San Diego on policies related to tobacco retail licensing and smoke-free outdoor dining, in FY 16-17.



Chronic Disease and Health Equity (continued)

- Provided education to 250 state-licensed tobacco retailers regarding tobacco sales laws, raising the legal age to purchase to 21, the inclusion of electronic/vaping devices as tobacco products, and required signage which must be posted.
- Conducted a countywide community needs assessment of 18 tobacco-related indicators from October to November 2016 and used this assessment to identify priorities for the County's comprehensive tobacco control plan.
- Conducted the local Healthy Stores for a Healthy Communities assessment, including 387 tobacco retailer in-store assessments, 400 public opinion surveys, and 14 key informant interviews, from July to September 2016.
- Co-hosted (with the California Department of Public Health) a Law Enforcement Roundtable for over 25 law enforcement representatives and stakeholders on May 10, 2017, with goal of educating them on the benefits of tobacco retailer licensing policies and providing input to the California Office of the Attorney General regarding the distribution of funding to local agencies for enforcement of tobacco laws.
- Led the development of two behavioral health programs, [HealthRight 360—North County Serenity House—may drop \(waiting for Irene's info\)](#) and the Community Research Foundation (CRF) that adopted tobacco-free policies and integrated tobacco cessation in treatment services. CRF's policy became effective in September 2016.
- Secured a four-year grant from First 5 San Diego to increase lactation policies in child care centers and family home care, in May 2016.
- Supported the City of San Diego in completing key planning projects: the Complete Boulevard Planning Study for El Cajon Boulevard, a City of San Diego Vision Zero Corridor, and the Clairemont Community Plan Update's Mobility Existing Conditions Report, in FY 2016-2017.
- Provided Lifestyle Coach training and support in compliance with the Centers for Disease Control and Prevention (CDC)-led National Diabetes Prevention Program (DPP) to 11 community organizations to increase the number of local organizations that offer the DPP program, in August 2016.

250

Number of state-licensed tobacco retailers educated on new tobacco laws

Maternal, Child and Adolescent Health

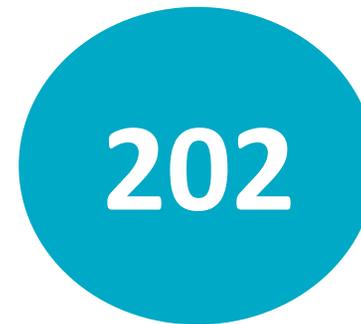
- Increased knowledge and skills by educating 209 providers and community partners at three Perinatal Care Network (PCN) Quarterly Meetings held on November 1, 2016, February 7, 2017, and May 2, 2017. Topics included: prematurity prevention, Zika virus, immunizations during pregnancy, fetal alcohol spectrum disorder, and marijuana during pregnancy and breastfeeding.
- Referred 1,096 pregnant women to a County Family Resource Center for assistance with pregnancy Medi-Cal application through the PCN toll-free phone line (800-675-2229).
- Ensured 80% (478 of 598) of pregnant women without prenatal care were linked to a provider within 30 days of calling the PCN toll-free phone line (800-675-2229).
- Educated 575 staff from clinics, County Family Resource Centers, and community-based organizations about the benefits of referring pregnant women to the PCN for access to care and pregnancy resources. Of those completing a survey, 89% (270 of 303) reported that they will apply the knowledge gained to educate their clients, 48% (144 of 303) reported that they currently and plan to continue to refer pregnant women to PCN, while 40% (121 of 303) reported that although they do not currently refer to PCN,



Percent of pregnant women without prenatal care that were linked to a provider within 30 days of calling the Perinatal Care Network

they will now after hearing the presentation.

- Ensured 100% (97 of 97) of participants in the San Diego County Black Infant Health Program (BIH) received information about the importance of eliminating non-medically indicated deliveries before 39 weeks.
- Ensured 92% (46 of 52) of infants born in the BIH Program were of normal birth weight (2,500 grams or more).
- Ensured 80% (40 of 50) of mothers in the BIH Program continued breastfeeding infants to three months of age.
- Ensured 92% (65 of 71) of women in the Maternal Child Health home visiting program received the recommended number of prenatal care visits.
- Educated 202 childcare providers, students, nurses, and community partners about infant safe sleep practices and SIDS risk-reduction strategies. Of those completing a survey, 97% (193 of 200) reported learning new information from the training and 82% (164 of 200) reported applying the knowledge gained to their work.
- Educated 186 adolescents about the importance of preconception health to optimize physical, emotional, and social well-being throughout the life course. Topics included: nutrition, physical activity, mental health, healthy relationships, personnel hygiene, and medical and dental care.
- Provided intimate partner violence (IPV) identification and response trainings to five Comprehensive Perinatal Services Program providers, reaching 44 staff on February 2, 2017, April 14, 2017, May 12, 2017, and June 21 and 23, 2017. Of those completing a survey, 94% (29 of 31) strongly agreed that the training improved comfort in discussing IPV with patients.



Number of childcare providers, students, nurses, and community partners educated about infant safe sleep practices and SIDS risk-reduction strategies





Maternal, Child and Adolescent Health (continued)

- Maintained implementation of the Learning Management System Domestic Violence Training Modules four-part series that included completion of 206 modules by 121 County employees.
- Provided support and input into developing PHS trauma-informed policy and procedures guidelines.
- Developed a best practices compendium through Big Cities Health Coalition Violence Prevention Workgroup on local initiatives, on January 6, 2017.
- Provided policy review and recommendations to California Department of Public Health Women's Health Initiative regarding Domestic Violence services and support, on September 23, 2016.
- Provided review and recommendations for Probation/Child Welfare Services group treatment standards for child abuse treatment groups, on April 28, 2017.
- Provided administrative support for San Diego Domestic Violence Council's various operational functions, including: nine Steering Committee Meetings, two Executive Team Meetings, nine monthly general meetings, and October Domestic Violence Awareness Month HOPE Regional Rally planning (three events, 200 participants).

121

Number of County employees who told domestic violence training

PUBLIC HEALTH NURSING ADMINISTRATION



PUBLIC HEALTH NURSING

CLINICAL QUALITY MANAGEMENT

NURSE FAMILY PARTNERSHIP/
MATERNAL CHILD HEALTH HOME
VISITING PROGRAMS

PUBLIC HEALTH NURSING ADMINISTRATION



Public Health Nursing

- Facilitated 46 inspections of adult and juvenile detention facilities throughout San Diego County for Title 15; processed 108 inspection reports for review and approval; and sent all 46 reports to Sacramento, and back to detention facility representatives.

Clinical Quality Management

- Coordinated the placement of 200 nursing students from six local and distance-learning colleges or universities, in clinical preceptorships throughout Rosecrans and regional clinics, from September 2016 to June 2017.
- Facilitated public health experiences for 223 nursing students that included preceptorships for 10 students and public health orientations for 172 students, and guest lectures for 41 students, from eight different institutions of higher learning.
- Completed 10 clinic site assessments at all Rosecrans and regional clinics, plus Polinsky, to identify compliance with Title 22 requirements at 90 percent or better. All sites passed with no corrective actions identified.
- Completed phase two of the implementation plan for the Persimmony Electronic Case Management System throughout all six regions, to 20 home visiting public health nurses.
- Maintained clinic credentials and permits for all six regional clinics, plus the two clinics at Rosecrans, during FY 16-17.

250

Number of college or university nursing students placed in clinical preceptorships

Nurse Family Partnership/Maternal Child Health Home Visiting Programs

- Facilitated the achievement of 100 percent of Nurse Family Partnership (NFP) clients having a medical home during the program, in FY 16-17.
- Facilitated the achievement of 100 percent of NFP babies being up-to-date with immunization coverage at 24 months of age, in FY 16-17.
- Facilitated the achievement of 62 percent of Maternal Child Health and NFP clients continuing to breastfeed until their infants were six months of age, in FY 16-17.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

A woman in a white lab coat and green gloves is working in a biosafety cabinet. She is holding a pipette and a small vial. The background shows laboratory equipment and shelves.

**TUBERCULOSIS (TB) CASE
MANAGEMENT**

TB CLINICAL SERVICES

TB EDUCATION AND OUTREACH

TB SURVEILLANCE

REFUGEE HEALTH PROGRAM

TUBERCULOSIS CONTROL AND REFUGEE HEALTH



Tuberculosis (TB) Case Management

- Ensured that 98% (195 of 198) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2014 case cohort.
- Maintained 89% (472 of 532) of contacts evaluated, as per Centers for Disease Control and Prevention recommendations, for the January to December 2015 case cohort.
- Increased the proportion of contacts, identified with new latent TB infection, that start Latent Tuberculosis Infection (LTBI) treatment from 62% (66 of 107 contacts to the January to December 2012 case cohort) to 83% (95 of 114 contacts, to the January to December 2015 case cohort).
- Increased the proportion of contacts completing latent TB treatment who were identified with new LTBI and started treatment, from 55% (36 of 66 contacts to the January to December 2012 case cohort) to 76% (72 of 95 contacts, to the January to December 2015)
- Partnered with University of California, San Diego Medical School on two initiatives to enhance patient-centered care: video directly observed therapy (DOT) for patients with latent TB infection and wireless DOT for patients with active TB disease.

TB Clinical Services

- Provided expert clinical services and consultation for adults and pediatric care, regardless of geographic area, to ensure best practices and safety net TB care, for FY 16-17:
 - Total number of x-ray procedures performed at the Health Services Complex at Rosecrans TB Clinic and regional public health centers: 3,429 (Rosecrans clinic: 2,258; regional public health centers: 1,171);
 - Number of induced sputums: Rosecrans clinic: 996; North Coastal: 67; North Inland: 77; South Bay: 10;
 - Number of TB skin tests placed at Rosecrans TB Clinic: 2,618;
 - Number of QuantiFERON tests done at Rosecrans TB Clinic: 578;
 - Number of nurse visits at Rosecrans TB Clinic: 1,796; and
 - Number of provider visits at Rosecrans TB Clinic: 856 (new patients: 460; return patients: 396).
- Provided QuantiFERON testing for 78% (598 of 767) of contacts to active cases.



Percent of tuberculosis cases where a recommended treatment course was completed

TB Education and Outreach

- Conducted 70 TB presentations to community groups in the County of San Diego, reaching over 1,900 individuals, in FY 16-17.
- Completed phase one and initiated phase two of the three-phase TB prevention outreach campaign, in FY 16-17. Phase one products include “TB Stops with Me” (TBSWM) tag line and logo. In addition, five videos were developed in partnership with the County Communication Office for distribution to the San Diego County central TB clinic and the six regional public health centers. They include two educational videos, both in English and Spanish, two latent TB treatment patient testimonial videos, and one TB career development video. In addition, complementary TBSWM materials (i.e., posters, magnets and stickers) were developed to promote the TBSWM brand. Phase two expands the campaign to include outreach to county area healthcare providers and was initiated in November 2016, with the first meeting of the Partnerships in TB Elimination group.
- Updated and posted a TB fact sheet and epidemiologic trend tables on the County website, in March 2017.

TB Surveillance

- Exceeded the 2016 California average for the proportion of TB cases tested for HIV infection (91%) and the 2015 California average for fully evaluating contacts to infectious TB cases (89%).
- Maintained the percentage of all cases with TB who have been tested for HIV infection at 92% (235 of 256) for the January to December 2016 case cohort.
- Ensured 95% (242 of 256) of TB cases were reported to PHS within one working day from the start of treatment for the January to December 2016 case cohort.

Refugee Health Program

- Ensured 90% (2,117 of 2,188) of incoming refugees started the health assessment process in the County of San Diego (Met: 97%) from October 1, 2015 to September 30, 2016.
- Ensured 90% (2,833 of 2,873) of refugees who started the health assessment process completed the health assessment process in the County of San Diego (Met: 99%) from October 1, 2015 to September 30, 2016.

90

Percent of incoming refugees who started the health assessment process in San Diego County





QUALITY IMPROVEMENT PROJECTS

(By Branch)

Public Health Services branches are required to work on at least one quality improvement (QI) project. Steps for each of the six projects listed on the following pages include identifying an opportunity and plan for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

ADMINISTRATION OF PHS

FY 2016/17

COUNTY OF SAN DIEGO PHS STORYBOARD

LOCAL BRANCH: Public Health Services – Administration
 ADDRESS: 3851 Rosecrans, San Diego, 92110
 PHONE NUMBER: Jackie Werth at 619/542-4183
 POPULATION SERVED: Internal: QI Project Teams
 External: Quality Improvement on Quality Improvement Projects
 PROJECT TITLE: _____



PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem

Consistent with national public health accreditation, all Public Health Services (PHS) branches must maintain a quality improvement (QI) program. The Public Health Officer expects each PHS Branch to conduct a QI project each year (larger branches conduct two projects) totaling eight projects. However, there are indications that PHS staff needs additional technical support in order to be successful. A baseline National Association of County and City Health Officials (NACCHO) self assessment survey conducted in 2014 revealed a need to strengthen capacity. The site visit report from the Public Health Accreditation Board (PHAB) said that PHS should “embed” training for staff and provide stronger problem statements with data when choosing QI projects.

2. Assemble the Team

- Dr. Wooten, Public Health Officer and Team Sponsor
- Jackie Werth, Performance Improvement Manager and Team Leader
- Eva Ting-Yang, Intern and Team Member
- Hitomi Hayashi, Intern and Team Member
- All Branch QI Project Leads, Team Participants

3. Examine the Current Approach

The current approach had been to convene QI Knowledge Hours (QIKH)—referring to hour long bi-monthly training to all interested staff (who attend via WebEx or in-person) between September 2014 and September 2015. Each

Knowledge Hour featured a QI technique and an exercise. Because attendance had been low (10 staff or fewer), a survey was conducted in September 2015 to gather feedback from the participants. It revealed:

- Scheduling conflicts made it difficult to attend.
- Topics were often not relevant to a particular project.
- Dissatisfaction with the level of technical assistance QI teams were receiving.

4. Develop an Improvement Theory

If we offer more tailored technical assistance during the course of the project, the quality of these projects will improve and QI Project Teams will have greater satisfaction with the support provided.

The AIM Statements are:
 -Improve overall quality of QI Projects as reflected in an increase in the average scores for Charters and Storyboards to 4.5 on a scale of 5.
 -Increase satisfaction of Project Teams with technical assistance provided based on survey responses to 4.5 on a scale of 5.
 -Increase overall score on NACCHO QI self assessment from 3.9 to 4.5 out of 6.

5. Identify Potential Solutions

Figure 1 shows the basic components of this effort from top to bottom.

- Enhance availability of QI resources by refreshing the SharePoint (Performance 2.0), obtaining additional training resources, and sponsoring a QI resource fair.
- Enhance the Charter and Storyboard templates so that staff have more guidance for project design and reporting.

Updated January 21, 2018

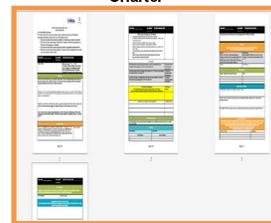
- Create a QI Scoring Tool to use at consultations to help guide the consultation and score projects.
- Deliver project consultations at pivotal points during the fiscal year—early in the FY when charters are prepared; at mid-point when projects are implemented; and at the end of FY when Storyboards are prepared. The mid-point consultation involves convening an expert panel.

To illustrate enhancement of the Charters, Figure 1 compares the original one-page Charter to the new Charter which is several pages long and defines each element of the Charter with examples.

Figure 1:



Figure 2: New Expanded Charter



DO Test the Theory for Improvement

6. Test the Theory

The Scoring Tool helps the reviewer determine if the Charter/Scoreboard answers key questions that are important to a properly structured project according to PDSA (Plan, Do, Study, Act) methods. A Likert Scale is used to score the projects by key elements. The QI Consultation Panel used the same criteria in providing feedback to the project teams.

Scores for Charters and Storyboards during the baseline year of FY 14-15 (before initiating potential solutions) were compared to results for Charters and Storyboards in FY 15-16 and 16-17 (when potential solutions were tested).

STUDY Use Data to Study Results of the Test

6. Check the Results

There is no evidence of improvement either in the overall quality of the Charters or Storyboards after two years of the intervention. Overall average scores did not reach 4.5, but in fact were at 3.8 in FY 16-17 for both Charter and Storyboards, below results for FY 15-16. (see Figure 3).

However, there may be an explanation for the lack of improvement. The evaluation of the projects was considerably more rigorous in FY 16-17 because of involving a special committee from the Performance Improvement Committee to evaluate the projects. Previously, the Performance Improvement Manager with QI Interns conducted these evaluations. This same special committee had also been engaged for the mid-year Technical Consultation in both 15-16 and 16-17. Their feedback was quite detailed, however it was relatively late during project execution so there was not a lot of time for course corrections.

An encouraging sign is that the **Aim Statement (3.1 to 3.6)** and the **Key Metrics (3.0 to 4.4)** in the Charters for 16-17 did show improvement compared to previous years, and these elements are especially critical to project success.

Staff give high marks to the individual project consultation approach. Survey results showed that participants found it useful and said that they modified project design or implementation as a result of the feedback. The QI Technical Consultation Panel in 2016-17 was rated 4.5 on a scale of 5. In 2015-16, the QI Technical Consultation Panel received a score of 4.0 on a scale of 5. These scores are higher than the survey results of 2.4 on a scale of 5 in September 2015 before these solutions were implemented.

Figure 3: Average Results Compared

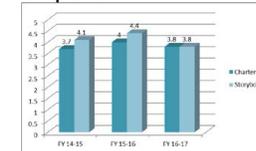
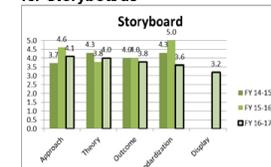
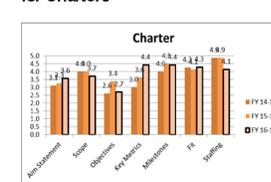


Figure 4: Comparison of Scores for Storyboards



*Note: How the project was “displayed” on the Storyboard was rated only in year 2016-17.

Figure 5: Comparison of Scores for Charters



7. Constraints

There are several constraints to the project. One constraint is inconsistency in the rigor of review which limits comparability of results. Also, the small number of projects evaluated (6-8 each year) means that the findings are not statistically significant.

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Tailored technical assistance will continue to be provided. However, greater emphasis will be in providing assistance earlier in projects, particularly during the design phase. Progress depends on growing QI capacity across PHS so that there are champions or SMEs to help deliver technical assistance.

9. Establish Future Plans

- NACCHO self assessment survey will be administered in February 2018 to determine progress achieved and continuing challenges to building a strong QI culture and practice across PHS.
- QI Tune Up Workshops and a QI Resource Fair were held in Summer of 2017 and are also being planned for 2018. These Workshops help develop QI capacity across all Branches. The Resource Fair is a way that the PIM Committee can engage staff at every level in QI exercises and learning activities.
- Technical assistance will continue to be provided but will experiment with different approaches, including providing more assistance up front during the design or plan phase. A project development form has been rolled out to help ensure project leaders better frame their projects. Regular meetings of QI champions is also being explored.

EMERGENCY MEDICAL SERVICES

FY 2016/17

STORYBOARD

LOCAL BRANCH: Public Health Preparedness and Response (PHPR)
ADDRESS: 6255 Mission Gorge Road
PHONE NUMBER: (619) 285-6429
POPULATION SERVED: All PHPR Staff and Stakeholders
PROJECT TITLE: Improve Conformance to Homeland Security Exercise and Evaluation Program (HSEEP) Standards



PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem
PHPR is required to plan and conduct exercises that advance preparations for emergencies within or impacting San Diego County. These exercises must comply with the Homeland Security Exercise and Evaluation Program (HSEEP).



These exercises include the California Statewide Medical and Health Exercise (SWMHE), a particularly complex, multijurisdictional, exercise that involves as many as 43-185 or more stakeholders.

Local stakeholders depended on the timely release of information from the County disaster planners to start their agency-specific exercise planning process. Delays can impact ability of participants to complete internal planning and staff scheduling, potentially decreasing the effectiveness of the exercise for their facility and increasing dissatisfaction with the County

planning process. In recent years stakeholders have expressed the need for more timely information to maximize the value of their participation.

The HSEEP Exercise Cycle requires specific Design and Development activities to start at least 6 months prior to the date of a planned Full Scale Exercise (FSE).

Figure 1: HSEEP Cycle



To meet requirements, the following planning conferences must take place **at least**:

- Initial Planning Conference (IPC)
 - o 6 months prior to FSE
- Midterm Planning Conference (MPC)
 - o 3 months prior to FSE
- Final Planning Conference (FPC)
 - o 6 weeks prior to FSE

Given resource constraints, and that PHPR has traditionally relied on one employee for planning this complex exercise, it is critical to streamline the HSEEP planning process so as to ensure consistent results and community satisfaction.

- 2. Assemble the Team**
- Les Gardina, QI Lead
 - Gary Wells, QI Team
 - Melissa Dredge, QI Team

- Donna Johnson, Planner
- Lorraine Calzone, Planner

3. Examine the Current Approach

In the past, one person has been assigned the task of developing, facilitating and conducting training to implement the HSEEP. There was no Standard Operating Procedure (SOP) and thereby no clear mechanism for coverage when this employee transitions or retires, or if the employee needed assistance.

In 2016 after the SWMHE, the PHPR Team reviewed performance for adherence to the HSEEP timeline and found only the MPC target date was met (33% of target).

Table 1: 2016 HSEEP Target Dates vs Actual

| Conference | Target | Actual |
|------------|----------|----------|
| IPC | 05/17/16 | 08/03/16 |
| MPC | 08/17/16 | 08/17/16 |
| FPC | 10/06/16 | 10/19/16 |
| FSE | 11/17/16 | 11/17/16 |

AIM STATEMENT

Increase the number of HSEEP planning conferences (Initial, Midterm, and Final) completed on schedule in the 2017 SWMHE compared to the 2016 exercise, which was only one (1) on-time out of three (3) planning conferences.

The PHPR Team met to identify barriers to timely completion of the conference series and found the following challenges could affect performance:

- Scheduling conflicts, leaves
- Lack of trained staff
- Awareness of timing requirements
- Delay in information from key subject matter experts

4. Identify Potential Solutions
Develop a new draft Standard Operating Procedure (SOP) for exercises and evaluation that was to be piloted to cross train a new employee beginning with the November 2016 SWMHE HSEEP cycle.

Increase the number of employees trained to complete a full HSEEP compliant exercise from one employee to two employees by the 2017 SWMHFSE.

5. Develop an Improvement Theory

By implementing an Exercise and Evaluation SOP process, and training staff in the process, staff will improve the reliability of executing the exercise planning cycle and consistency in meeting the national HSEEP standards.

DO Test the Theory for Improvement

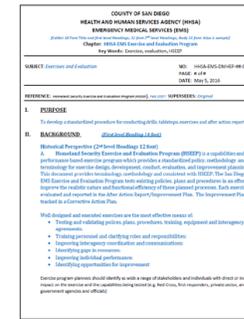
6. Test the Theory

A new SOP was developed by the PHPR Program Manager and QI Project Lead which included an overview on the HSEEP planning process, the procedures for PHPR exercise planning, conduct and evaluation.

The timeline portion of the SOP designed to improve conformance to HSEEP standards for the IPC, MPC, and FPC was "rolled out" to key stakeholders who agreed with the new protocol.

The SOP was next implemented with the training of one new employee with the 2016 SWMHE, and who would then be in charge of planning the 2017 SWMHE.

Figure 2: New SOP for Exercise and Evaluation Program



STUDY Use Data to Study Results of the Test

7. Check the Results
With the potential solutions implemented, conformance to HSEEP standards improved.

Table 2: 2017 HSEEP Target Dates vs Actual

All 2017 HSEEP target dates were

| Conference | Target | Actual |
|------------|----------|----------------------|
| IPC | 05/16/17 | 05/17/17 |
| MPC | 08/16/17 | 07/19/16 |
| FPC | 10/5/17 | 09/26/17 |
| FSE | 11/16/17 | 11/15/17* & 11/16/17 |

met, or exceeded (100% of target).

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
With validation of the SOP, the document will now be entered into the into new PHS policy development and tracking system, PolicyTech. Efforts to train employees will continue.

9. Establish Future Plans

The ability to sustain the capacity to effectively deliver HSEEP-compliant FSEs is critical to stakeholders and the overall efforts to enhance preparedness and response for public health emergencies or disasters in San Diego County.

Additionally, in 2016 the Centers for Medicare & Medicaid Services (CMS) finalized a rule for the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, known as the CMS Emergency Preparedness Rule. It establishes national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.

The regulation went into effect November 16, 2016 and requires all 17 types of CMS provider and supplier types to implement and comply with all associated regulations one year after the effective date, November 15, 2017. For most this included contact with local emergency planners and participation in a FSE.

Figure 3: 17 Provider Types

1. Hospitals
2. Religious Nonmedical Health Care Institutions (2020C)
3. Ambulatory Surgical Centers (ASC)
4. Clinics
5. Freestanding Ambulatory Care Centers (FAC)
6. All Health Care for the Elderly (HC-E)
7. Skilled Nursing Facilities (SNF)
8. Long Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
10. Home Health Agencies (HHA)
11. Comprehensive Outpatient Rehabilitation Facilities (CORF)
12. Clinical Research Programs (CRP)
13. Clinical Laboratories (CLIA) and Public Health Agencies or Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Health Centers (CHC)
15. Organ Procurement Organizations (OPO)
16. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)
17. End Stage Renal Disease (ESRD) Facilities

*To accommodate the needs of over 100 new partners, a separate FSE, 2017 SWMHE – Day 1, was conducted locally on November 15, 2017. This led to the participation of 117 new stakeholders. Compared to the 43 total participants in the 2016 SWMHE, this a significant increase in coordination and workload for exercise planning.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

STORYBOARD

LOCAL BRANCH: Epidemiology and Immunization Services Branch
ADDRESS: 3851 Rosecrans St., San Diego, CA 92110
PHONE NUMBER: 866-358-2966
POPULATION SERVED: Hepatitis B Positive Pregnant Females and their infants
PROJECT TITLE: Perinatal Hepatitis B Prevention Program (PHPP) Pregnancy Determination Project



PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem

The Perinatal Hepatitis B Prevention Project (PHPP) works to prevent Hepatitis B infection in infants born to Hepatitis B+ mothers through case management and promotion of the Hepatitis B vaccine series. Pregnancy status must be determined for all females of childbearing age (14-46 years) who are reported as Hepatitis B positive through the normal communicable disease reporting mechanisms. Two problems with reporting were identified: a) Hundreds of positive Hepatitis B lab reports for women of childbearing age are submitted to the Epidemiology Program without current age of the patient; and b) Providers do not report pregnancy status with Hepatitis test results. To determine eligible cases, multiple hours are invested in contacting physicians to assess age and pregnancy status.

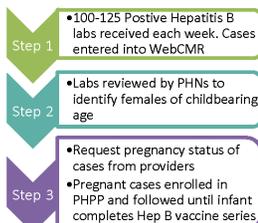
2. Assemble the Team

- Our QI team consists of the:
- Chief of EISB
 - Immunization PHN Supervisor
 - SR PHN & PHPP Coordinator
 - SR PHN case manager
 - PHN case managers
 - Clinical Assistant
 - Education, Training & Outreach Manager

3. Examine the Current Approach

- The Team created a tracking tool to measure the amount of time from receipt of the lab report to determination of pregnancy status. The baseline time to determine pregnancy status in Jan-April 2017 was >100 days.
- Baseline physician reporting rates for pregnancies among women with hepatitis B is <1%.

Steps involved in identifying PHPP case management clients involve:



An Affinity diagram was completed to identify external (provider level), internal (PHPP level) or shared problems. The shared problems were then examined further to identify potential improvement strategies which would potentially lead to improvements on the external and internal problem lists also.

Problem areas identified

- Physician reporting mechanism not user-friendly (**Shared**)
- Unclear responsibility for reporting (**External**)
- Database lacks adequate functionality (**Internal**)
- Staff face competing priorities (**Internal**)

4. Identify Potential Solutions

- Encourage direct reporting from providers by developing an electronic pregnancy report form for providers to submit for all Hepatitis B positive patients.
- Educate providers on benefit of reporting pregnancy status of women with hepatitis B.
- Create a WebCMR alert that identifies females of childbearing age – requires collaboration with WebCMR Data Reporting Unit and may require new report features from vendor
- Assign full-time staff member to pregnancy determination

5. Develop an Improvement Theory

After significant review and discussion of the challenges in the process to determine eligible cases, the Team has theorized that moving from a passive surveillance system to an active surveillance system, improving WebCMR functionality, and assigning a dedicated staff member to PHPP would improve Immunization's ability to identify eligible cases more efficiently.

Timely reporting of pregnancy status is dependent on a) Provider knowledge of reporting requirements; and b) Ease of provider reporting to the PHPP. Timely determination of pregnancy status is dependent on a) ease of identification of women of childbearing age; and b) staff priorities.

DO Test the Theory for Improvement

6. Test the Theory

- Develop Perinatal Hepatitis B and Pregnancy Status Report. The Team developed this form to be filled out by physicians and submitted to Public Health by fax. The form was implemented in Jan 2017 when the Team invited several providers to use the form for reporting pregnancy status. None of the providers responded. The Team has discussed with a large health system that is willing to distribute the form to its providers.

Report form created to collect pregnancy status from providers:

- Identify an MD Champion. The Team identified a provider who was interested in presenting

the PHPP to his peers at the Liver Conference on 4/26/17.

- Implement WebCMR report of hepatitis B cases among women of childbearing age. The team worked with the WebCMR vendor to create a report that would quickly identify women of childbearing age among the reported cases of hepatitis B. This report was implemented in Jan 2017.
- Identify a staff member to work full-time on PHPP. Starting in May 2017, the chosen staff member would work full-time on pregnancy determination on the cases of hepatitis B among women of childbearing age identified by the WebCMR report.

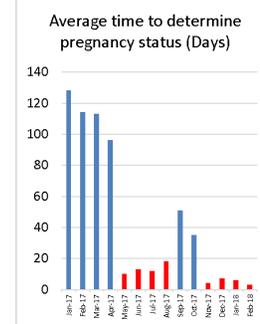
STUDY Use Data to Study Results of the Test

7. Check the Results

- The creation and distribution of the Perinatal Hepatitis B and pregnancy status report did not impact the rate of physician reporting of perinatal hepatitis B.
- The physician champion who encouraged his colleagues to participate in PHPP reporting at the Liver Conference did not impact the rate of physician reporting of perinatal hepatitis B.
- The implementation of the WebCMR report eliminated the necessity of manually determining which of the 500+ cases of hepatitis occurred among women of childbearing age.
- The assignment of a dedicated staff member to PHPP pregnancy determination in May 2017 had a significant impact on average time to determination of pregnancy status (111 days in Jan-April 2017 vs 13 days in May-August

2017). This result was further validated when the dedicated staff member was taken off of PHPP to assist with hepatitis A outbreak response and average pregnancy determination times jumped to 43 days in Sept-Oct 2017. Average time of pregnancy determination fell to single digits when a new dedicated staff member was assigned to pregnancy determination for the PHPP in November 2017.

Impact of dedicated staff member on average time to determine pregnancy status (pilot periods in red):



ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Provider-focused improvement efforts will be discontinued and internal changes will be adopted.

9. Establish Future Plans

The team will continue to utilize the WebCMR report. If the current temp nurse position is not renewed, pregnancy determination will be split among the Immunization PHNs.

HIV, STD, AND HEPATITIS

FY 2016/17

| | |
|---------------------------|--|
| LOCAL BRANCH: | HIV, STD & Hepatitis Branch |
| ADDRESS: | 3851 Roscrans Street, San Diego CA 92110 |
| PHONE NUMBER: | 619-293-4700 |
| POPULATION SERVED: | Persons living with or at risk for HIV and STDs |
| PROJECT TITLE: | Improve the Percentage of Individuals Newly Diagnosed with HIV Who Are Linked to Care Within 30 Days |



STORYBOARD

PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem

Linking individuals newly diagnosed with HIV to care is a crucial component of the County's Getting to Zero initiative. Newly diagnosed individuals benefit from treatment, including reduced morbidity and mortality. Equally important, persons who are successfully treated cannot transmit HIV to anyone else, thus reducing new HIV infections.

Until recently, the national standard was to link 80% of newly diagnosed individuals to HIV primary care within 90 days. HSHB's programs were able to meet this standard. However, with the release of the 2015 updated National HIV/AIDS Strategy (NHAS), the new standard (for 2020) is to link 85% of newly diagnosed individuals to care within 30 days.

HSHB does not yet meet this new standard for linkage to care. In FY16-17, only 77% (71 of 92) of newly diagnosed individuals were linked to care within 30 days. HSHB is engaging in a quality improvement project to improve performance on this very important measure.

2. Assemble the Team

HSHB will be using its internal HIV Clinical Quality Management

Template updated: 10/13/2015

Committee to oversee this project. Members include:

- Lauren Brookshire, HSHB
- Patrick Loose, HSHB
- Kirk Bloomfield, HSHB
- Heidi Aiem, HSHB
- Malek Guerbaoui, HSHB (contract)
- Carter Hantula, HSHB (contract)
- Lorri Freitas, EISB
- Bob Lewis, Family Health Centers of San Diego
- Shannon Hansen, Family Health Centers of San Diego
- Karla Torres, San Ysidro Health Center
- Shannon Irej, Vista Community Clinic
- Jerry Collins, UCSD
- Joseph Burke, HIV Planning Group
- Regina Underwood, Neighborhood House Association
- Dawn Tol, Christie's Place

AIM Statement:

Link 85% of individuals who are newly diagnosed with HIV to HIV primary care within 30 days of diagnosis.

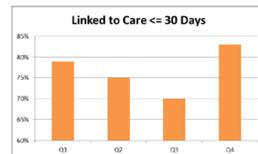
3. Examine the Current Approach

When an individual receives a confirmatory HIV diagnosis in one of HSHB's HIV testing programs, the most important goal is to link that individual to care. Usually, test counselors will schedule the first medical appointment during the disclosure session, and ask clients to sign a release of information so that we can follow up with the health care provider to make sure the

client showed up for the appointment.

The quality improvement team created a cause and effect diagram to identify potential causes for clients not linking to care within 30 days. Most of the causes related to personal factors of the person receiving the diagnosis, including fear, stigma, unstable housing, substance abuse, poverty, and mental health issues.

The team also reviewed all cases of individuals who did not link to care successfully during the past year to identify common themes and concerns.



4. Identify Potential Solutions

The team identified many potential solutions, including provider solutions (improving cultural competency, reducing barriers to care), system solutions (improving coordination of support services that promote linkage to care), and providing more education and information to newly diagnosed individuals about the benefits of treatment.

In reviewing the data, the team also found that individuals who did not

Last Updated: 12/13/17

link within 30 days were not likely to link at all within the first year. In fact, it became clear that the elapsed time between diagnosis and first appointment was predictive of successful linkage to care. Research conducted in San Francisco and Seattle supports this finding.

As a result, the team adopted development of a rapid linkage to care protocol as a solution. Under rapid linkage to care, individuals newly diagnosed with HIV would have their first HIV primary care visit the day of their diagnosis and would begin medication that day as well.

5. Develop an Improvement Theory

Linking individuals newly diagnosed with HIV to care on the same day as they receive their diagnosis will improve the percentage of people who are linked to care within 30 days.

DO Test the Theory for Improvement

6. Test the Theory

October 2017 – March 2018: Develop and finalize rapid linkage to care protocol for individuals who are uninsured. Prepare local systems to ensure possibility of rapid linkage.

April 2018: Deploy rapid linkage to care protocol.

July 2018: Examine results of individuals linked to care using rapid linkage to care.

STUDY Use Data to Study Results of the Test

7. Check the Results

The current timeline projects that initial results will be available at the end of Q4 of FY17-18.

Template updated: 10/13/2015

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Once the new system has been implemented and tested, the HSHB Clinical Quality Management team will assess for success. If successful, the team will standardize the change, and identify next steps.

Last Updated: 12/13/17

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

FY 2016/17

STORYBOARD

LOCAL BRANCH: Maternal, Child, and Family Health Services (MCFHS)
ADDRESS: 3851 Rosecrans St., Ste. 522, San Diego, 92110
PHONE NUMBER: 619-692-8489
POPULATION SERVED: 3,000 Youth in out-of-home care
PROJECT TITLE: Linking Foster Children to Medical and Dental Care



DEFINE Project

Define the Problem and the Project Goals

Foster children (FC) in San Diego County (SD) are mandated to receive preventive health and dental exams (exams) on time, defined as within 30 days from the day of being removed from the home and following the Child Health and Disability Prevention (CHDP) Program periodicity schedule during their time in foster care. The California Department of Social Services (CDSS) has recommended counties set 90% as a target for compliance with exams. SD baseline rates, for the fiscal year (FY) 2015/16 report are included (Table 1). The local Health Advisory Board believed that this County should do better and advocated for a 100% target.

Aim Statement: That all foster care children, 100%, will receive timely physical and dental exams.

Table 1.

| FY 2015/16 Metric | SD Avg. | Target |
|-------------------|---------|--------|
| Physical | 94.6% | 100% |
| Dental | 84.2% | 100% |

Data source: SafeMeasures, extract date: 1/22/17

Data was reviewed by placement type and exam compliance. Despite improvement over FY 2014/15, it was apparent that FC placed with relative and non-relative extended family members (R/NREFM) had lower rates of physical exams (Table 2) and dental exams (Table 3) compared to other types of placements.

Table 2.

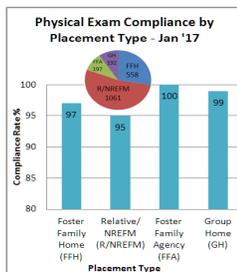
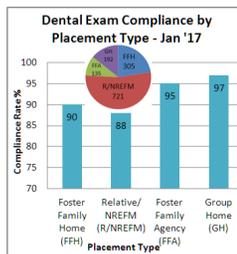


Table 3.



MCFHS has implemented various quality improvement (QI) projects to address exam compliance. In order to ensure FC are receiving all exams on time, the plan and interventions need to be comprehensive to identify and combat barriers at a systemic level, with a specific focus on addressing the needs of R/NREFM caregivers.

Assemble the Team

An expanded team was formed, including Public Health Services (PHS), Child Welfare Services (CWS), Juvenile Probation Department (JPD), and each of the County Regions. The Executive Sponsors are: Wilma Wooten, M.D., M.P.H., Public Health

Officer/Director of PHS, and Cathi Palatella, Director, CWS. The Steering Committee includes leadership from: PHS, CWS, JPD, Office of Business Intelligence (OBI), and Regional Operations staff. The QI project staff includes: HEP (Health & Education Passport) Clerks, Public Health Nurses (PHNs), Social Workers (SWs), and Registrars based on the phase of the project.

MEASURE Current Process

Gather Information on the Current Process

Several tools were used to assess the HEP process and system. Compliance data were reviewed by type of placement (see Tables 2, 3); phone and in-person interviews with caregivers to identify barriers to accessing care; Geographic Information Systems (GIS) mapping to determine locations of medical and dental providers compared to FCs placements; process mapping to identify potential streamlining opportunities; and an affinity map was created to identify root causes and priority issues.

The most common barrier caregivers reported in interviews included:

- Not having the Medi-Cal card when trying to schedule an appointment.
- Child remaining assigned to managed care plan/provider not accepting managed care plan.
- Unable to disenroll child from managed care plan.
- Child disenrolled from Medi-Cal/not familiar with the renewal process.
- Limited awareness of available resources due to lack of training.
- Limited availability of dental providers in the community.

OBI and HCPCFC staff drafted nine process maps in meetings with teams in each Region, Polinsky Children's Center, and Probation. Then HCPCFC staff, with the PHS Performance Improvement Manager, convened a meeting (SWs, HEP Clerks, PHN Supervisors) to synthesize this information into one overall HEP Process Map.

Barriers identified as the HEP Process Map was created and an Affinity exercise conducted include:

- Confidential information must be sent by postal service or fax. It cannot be sent by email or text.
- Several contact attempts are frequently needed before necessary information is communicated or received.
- Different methods used across regions for providing reminders to SWs and caregivers.
- Relative and NREFM caregivers do not have to meet the same training requirements as other caregivers.

ANALYZE Process to Identify Causes

Verify Cause and Effect

The HEP Process Map served as a template. PHNs, HEP Clerks, SWs, Registrars, and PHS staff continued to meet and review the map to identify possible causes for the problem areas in the process.

- When the child is removed from the home, the SW sends form 07-65 to the Registrar, which begins the Medi-Cal enrollment process and should be completed within one business day.
- The group identified caregivers' lack of knowledge about PHN's role as a resource and lack of knowledge about exam requirements.
- Electronic access was the number one need identified through the affinity map.
- PHN health summaries are sent to SW via office mail (hard copy), which saves time, decreases paper use, and improves communication by using email.
- Early contact with caregivers is needed to assess for problems accessing health services, provide education, and connect FC to services.
- Communication between the PHN, HEP Clerk, and SW should begin at

placement and all health related information communicated to PHN.

IMPROVE Implement Solutions and Evaluate Results

Identify Potential Solutions

These solutions were identified:

- SW to send 07-65 forms to Registrar within one business day.
- Instructions to be provided to caregiver at placement regarding FC team roles, available resources, and exam requirements for FC.
- PHN to check Rady Children's Hospital electronic health record system (EPIC) at every initial/change placement.
- PHN to contact caregiver within 7 days of initial placement and provide care coordination and education when necessary.
- PHN to complete Health Summary in HEP and send to SW by email.
- Team to utilize SafeMeasures compliance list to identify upcoming and late medical/dental exams.
- Reminder letters to be sent to caregivers for upcoming and for overdue due medical/dental exams.
- Explore use of electronic access and encrypted email.

Develop, Test, and Implement Solutions that Address Root Causes

Based on the solutions, a "To Be" process was created. East Region began the pilot process effective October 1, 2016 and South Region effective Jan 1, 2017. Frequent meetings have been held to discuss methods for recording measures and to modify "To Be" process as necessary.

Check the Results

Data are collected at key points in the process to identify where the delays are occurring:

- Measure 1:** SW initiates case with form 07-65 within 1 day of placement and Registrar processes 07-65 within 1 business day.
- Measure 2:** PHN reviews HEP and initiates contact with Resource Family within 7 days of receiving SOC 158A from Registrar.

Measures 3a, 3b: HEP Clerk mails HEP within 30 days for initial placement and 48 hours of change of placement.

Measures 4a, 4b: SafeMeasures medical and dental compliance rates (See Tables 4 & 5 for comparison from January 2016 – January 2017).

Table 4.

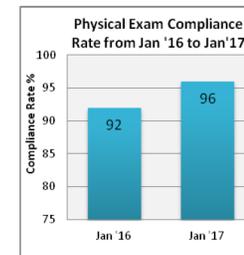
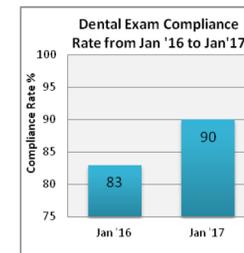


Table 5.



CONTROL Future State Process

Standardize the Improvement or Develop New Theory

- Establish policies and procedures.
- Refine "To Be" process by tasks, staff assignment and other dimensions.
- Expand to other regions as indicated.

Establish Future Plans

- Form Project Teams to assist with ongoing analysis and improvement.
 - 1) Policy, Implementation, and Evaluation.
 - 2) Automation Alternatives.
 - 3) Training/Education/Communication.
 - 4) Dental Resources.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

FY 2015-2017

STORYBOARD

LOCAL BRANCH: Tuberculosis Control and Refugee Health
ADDRESS: 3851 Rosecrans, San Diego, CA 92110
POPULATION SERVED: Individuals with Latent Tuberculosis Infection (LTBI)
PROJECT TITLE: Improving LTBI Treatment Initiation Among Entrants to Drug Treatment Centers and Shelters



PLAN Identify an Opportunity and Plan for Improvement

1. Describe the Problem
Elimination of tuberculosis (TB) in the United States is an important public health goal.

To accelerate TB elimination, testing high-risk populations for latent TB infection (LTBI) and ensuring LTBI treatment initiation and completion is a critical strategy. Without treatment, approximately 10% of individuals with LTBI will develop active TB in their lifetime.

San Diego County TB Clinic and the 6 regional public health centers conduct testing and treatment for LTBI for individuals meeting high-risk criteria, focused on residential programs and persons without health insurance.

The majority tested are persons entering shelters and drug treatment centers.

Persons entering drug treatment centers present for testing based on a state regulation, and those for shelters are following best practice implemented by the facility.

These two groups of clients are often difficult to engage in treatment for LTBI, due to ongoing challenges in their personal and living situations.

Simple test log and chart reviews before the project began found treatment initiation rates of <5%. This finding contrasts to an LTBI treatment initiation of 72% among contacts to infectious cases, under case management of TB staff.

This project was developed to improve LTBI treatment initiation among clients from drug treatment centers and shelters (program clients), beginning in Summer 2015.

Year 1 focused on implementing a data tracking system to establish baseline LTBI treatment initiation and identifying gaps in procedures.

Year 2 activities focused on the Rosecrans TB Clinic, with the goal of identifying an intervention to improve treatment initiation and measuring success, and the plan to expand successful strategies to the 6 regional public health centers.

Aim Statement

Increase the percentage of program clients with LTBI initiating treatment, from baseline of 22% to 40%, by June 2017 — Developed for Year 2.

2. Assemble the Team

The TB Prevention Coordinator was the lead for this project with direction from the Branch Chief and Program Manager, with consultation from the Branch epidemiologist.

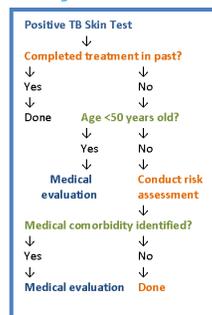
A Branch health educator, the refugee coordinator, a clinic physician, and student intern

assisted in various aspects of the project, including conducting focus groups and developing the educational videos.

3. Examine the Current Approach

Program clients who have a TB skin test placed, return to the clinic for a TB test reading 48-72 hours later. A chest radiograph is ordered for all clients with a positive TB skin test, to check for evidence of active TB before preventive treatment is prescribed.

Figure 1. Positive TB Skin Test Clinical Algorithm



Staff offer a medical appointment at one of the six regional health centers or at the Rosecrans TB clinic, to review preventive treatment options. Limited procedures are in place to follow up on clients that do not attend medical appointments.

4. Identify Proposed Approach
Establish a tracking system to measure LTBI treatment initiation.

Identify barriers and facilitators of LTBI treatment initiation for program clients.

5. Develop an Improvement Theory

If we identify barriers and facilitators of LTBI treatment initiation, we can implement tailored interventions to improve LTBI treatment initiation among program clients.

DO Test the Theory for Improvement

6. Test the Theory

Year 1

1 Observed patient-nurse interactions in the TB test room.

2 Developed new relationships and strengthened existing linkages between TB staff and drug treatment center and shelter programs.

3 Implemented procedures for each program client to complete a Release of Information form, giving TB staff permission to coordinate care directly with program staff.

4 Created and implemented LTBI testing and treatment tracking system in the six public health centers and Rosecrans TB Clinic.

5 Conducted 10 client focus groups and two clinic provider informant interviews to discuss treatment motivation.

6 Performed limited case management, including incentives for appointment attendance — Year 1 & 2 (TB prevention coordinator).

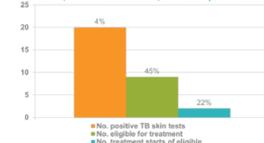
Year 2
Using feedback from focus groups, created educational videos and outreach materials to standardize TB education among clinic patients.

8 Surveyed clients with a positive TB skin test to understand motivation for starting treatment, and potential barriers, providing incentives for survey completion.

STUDY Use Data to Study Results of the Test

7. Findings

Figure 2. Program Client TB Testing and LTBI Treatment, Rosecrans TB Clinic, March-May 2016



Note: 4 TB skin tests done; Of 9 persons with a positive test and eligible for treatment, 3 declined treatment; 4 had no reason documented for why a medical appointment was not scheduled.

1 Consistent staffing of the TB skin test room with the same nurse, adhering to established procedures and standardized patient education is key.

2 Developing relationships between TB staff and individual program clients is critical to engagement; small denomination gift cards seem more helpful in relationship building than as an incentive.

3 Developing relationships between TB staff and drug treatment center and shelter staff is important to coordinate and facilitate required follow-up.

4 **Completed 10 client surveys:**
 • All had scheduled an appointment; could not reach those who did not
 • 8 done at TB test reading

Reasons to start treatment included:

- protecting loved ones
 - doing the right thing
- Outcomes for survey clients:**
6 attended initial appointment
- 4 started treatment
 - 3 completed treatment
 - 2 left program before starting
 - 4 failed initial appointment

5 Via limited case management, identified that extended clinic hours and additional transportation options could facilitate clients' ability to attend appointments, especially clients starting new jobs

6 Follow-up efforts to track and confirm an appointment with each client and their program, as well as coordinate transportation when needed, is labor intensive.

- Estimated staff time to coordinate one appointment: 1.5 – 2 hours
- To complete treatment: 4 monthly or 12 weekly visits

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
LTBI case management, where relationships are built and managed with the help of program staff, may facilitate LTBI treatment initiation for program clients.

Given the expected time commitment for case management and current staffing constraints, case management was not implemented as an intervention during this project period.

9. Next Steps

Explore the possibility of building a case management component in LTBI treatment procedures; low numbers of clients with high staff time commitment Evaluate options to improve efficiency and accuracy of the LTBI tracking system.

TB - Improving LTBI Treatment Initiation Among Entrants to Drug Treatment Centers and Shelters



PUBLICATIONS AND PRESENTATIONS

Public Health Services branches submit abstracts, presentations, and publications at national meetings and submits articles for peer-reviewed journals, other publications, or online communications. Listed are 49 such presentations and publications.

(By Branch)

PUBLICATIONS AND PRESENTATIONS

(By Branch)



Administration of Public Health Services

- Bota, N., Werth, J., Emmerick, T.** San Diego County's Approach to Implementing MAPP Through the Vision of *Live Well San Diego*. National Association of County and City Health Officials Annual Conference. July 18-19, 2016. Phoenix, AZ. PRESENTATION.
- Julien, J., Wilcox, R.** Health Equity in Action. National Collaborating Centre for Determinants of Health. October 28, 2016. PRESENTATION VIA WEBINAR.
- Julien, J., Bota, N.** Health Equity in Action. Texas A&M University Students. October 31, 2016. PRESENTATION VIA WEBINAR.
- Kozo, J.** Partnering with Community Organizations to Create Resilient Communities. *Stories from the Field. National Association of County and City Health Officials*. February 28, 2017. PUBLICATION.
- Kozo, J.** Facilitating Health Communication with Immigrant, Refugee, and Migrant Populations Through the Use of Health Literacy and Community Engagement Strategies: Proceedings of a Workshop. National Academies of Sciences, Engineering and Medicine Workshop. March 15, 2017. Washington, D.C. PRESENTATION.
- Krackov, A., Willis, M., Wooten, W.** Telling Stories with Data: How to Combine Data with Strategy and Storytelling to Improve Public Health. NACCHO Annual Conference, Phoenix, AZ. July 2016. PRESENTATION.
- Wooten, W.** Health Status of African Americans in San Diego County. October 1, 2016. PRESENTATION.
- Wooten, W., Olmeda, J.** TB and HIV Presentations for Visiting African Physicians Delegation. August 29, 2016. PRESENTATION.
- Wooten, W., Olmeda, J.** Tobacco Prevention Strategies for Visiting Swedish Delegation. September 10, 2016. PRESENTATION.
- Wooten, W.** Investing in Health: Means Investing in Social, Environmental and Individual Factors that Influence Health. Association of Public Health Nurses Annual Conference, San Diego. April 25, 2017. PRESENTATION.
- Wooten, W.** Update on Significant Public Health Issues: Vector borne Diseases-Zika. National Medical Association, Region 1 Annual Conference. May 27, 2017. ABSTRACT AND PRESENTATION.
- Wooten, W.** *Live Well San Diego*: Sustaining Prevention Commitment to Action (P21) 2.0, Goal 4: Sustainability: Mobilizing and Braiding Sustainable Funding for Prevention. California Department of Public Health Conference. Sacramento. May 17, 2017. PRESENTATION.

Emergency Medical Services

- Abedin, S., Ray, L., Peña, M., Corcos, I., Kenner Brininger, A., Smith, J., Stepanski, B.** Determining Gaps at the Regional and Community Level in Healthcare Needs and Access: A Sub-County Deep-dive Analysis in San Diego. American Public Health Association Annual Meeting and Expo, October 31, 2016. ABSTRACT and PRESENTATION.
- Abedin, S., Schumacher, B., Smith, J., Smith, R., Ray, Leslie, Peña, M., Corcos, I., Hutchinson, J., Stepanski, B., Kenner Brininger, A.** Social Determinants of Prescription Drug Usage in San Diego County. American Public Health Association Annual Meeting and Expo. November 2, 2016. POSTER.
- Blaser, C., Murto, C.** Haitian Humanitarian Parolees in San Diego: a Local Health Department's Role in a Community-Level Response to an International Crisis. National Association of County and City Health Officials Public Health Preparedness Summit, April 2017. ABSTRACT and PRESENTATION.
- Blaser, C., Murto, C., Zurek, T.** Challenges in Public Health Nursing: Application of the Public Health Nurse Role in a Local Health Department's Response to an Atypical Humanitarian Crisis. Association of Public Health Nursing Conference, April 2017. ABSTRACT and POSTER PRESENTATION.

Emergency Medical Services (continued)

Calzone, L., Dredge, M. San Diego Hospital Integration Project. 2017 Statewide Medical Reserve Corps Coordinators Workshop, March 2017. PRESENTATION.

Corcoc, I., Smith, R., Abedin, S., Peña, M., Kenner Brininger, A., Smith, J., Stepanski, B., Ray, L. Exploring Nutritional Equity by Census Tract in a Large Metropolitan County. American Public Health Association Annual Meeting and Expo. October 31, 2016. ABSTRACT & PRESENTATION.

Corcoc, I., Smith, J., Abedin, S., Stepanski, B., Kenner Brininger, A., Smith, R., Peña, M. Emergency Department Overcrowding: The Role of Behavioral Health Patients. American Public Health Association Annual Meeting and Expo. October 31, 2016. POSTER.

Ray, L., Smith, J., Stepanski, B., Kenner Brininger, A., Abedin, S., Corcoc, I., Peña, M., Smith, R. A Critical Situation: Emergency Department Overcrowding in San Diego County. American Public Health Association Annual Meeting and Expo. October 31, 2016. ABSTRACT & PRESENTATION.

Schumacher, B., Smith, J., Ray, L., Abedin, S., Peña, M., Corcoc, I., Hutchinson, J., Stepanski, B., Kenner Brininger, A., Hartrick, M. Relationship Between Payer Source and Overdose Intent. American Public Health Association Annual Meeting and Expo. November 1, 2016. POSTER.

Schumacher, B., Corcoc, I., Ray, L., Smith, R., Abedin, S., Peña, M., Hutchinson, J., Smith, J., Kenner Brininger, A., Stepanski, B. Geographic Health Patterns in Behavior and Disease. American Public Health Association Annual Meeting and Expo. November 2, 2016. ABSTRACT and PRESENTATION.

Epidemiology and Immunization Services Branch

Escutia, G. Evaluation of Coccidioidomycosis Surveillance in San Diego County, 2010-2014, CSTE

Conference, June 21, 2016. Anchorage, AK. PRESENTATION.

Healy, J., Burgess, C., Chen, T.H., Hancock, W.T., Toews, K.A., Anesi, M.S., Tulafono, R., Mataia, M.A., Sili, B., Solaita, J., Whelen, A.C., Sciulli, R., Gose, R., Uluiviti, V., Hennessey, M., Utu, F., Nua, M.T., Fischer, M. Notes from the Field: Outbreak of Zika Virus Disease—American Samoa, 2016. *Morbidity and Mortality Weekly Report*, October 21, 2016. PUBLICATION.

Johnson, J. Summary of Influenza in San Diego County—2015-2016 Season. 2016 Kick the Flu Conference. September 9, 2016. PRESENTATION.

McDonald, E. Current Issues in Public Health. Association for Professionals in Infection Control and Epidemiology Annual Conference. Temecula, CA. September 16, 2016. PRESENTATION.

McDonald, E. Recognizing Other Vector-borne Disease. Binational Symposium. Mexicali, Baja California, Mexico. September 27, 2016. PRESENTATION.

Nelson, J. Shiga toxin-Producing *Shigella sonnei* in Southern California, 2014. Conference of public health, medical, and health care professionals working in Arizona. July 27, 2016. PRESENTATION.

Steele, S. Increasing Competency in Financial Management for Laboratorians in Public Health. Association of Public Health Laboratories Meeting. Providence, RI. June 10-14, 2017. POSTER PRESENTATION.

Tweeten, S., Electronic Lab Reporting in San Diego County. State Office of AIDS personnel, and Gil Chavez. November 16, 2016. PRESENTATION.

Varan, A. Vaccination Coverage Disparities Between Foreign-Born and U.S.-Born Children. *Journal of Immigrant Minority Health*, August 2016. PUBLICATION.

Zenzola, T. San Diego County Nutrition, Education, and Obesity Prevention (NEOP) Policy, Systems, and Environmental Change. NEOP Directors from California Counties. November 15, 2016. PRESENTATION.



HIV, STD and Hepatitis Branch

Beeston, T. Adolescent Sexual Health Work Group California Healthy Youth Act Curriculum Review. California Sexual Health Education Roundtable. Los Angeles, CA. May 25, 2017. PRESENTATION.

Tilghman, W. The Intersection of Biomedical HIV Prevention & Syphilis Prevention (moderator). California Syphilis Prevention Summit. Los Angeles, CA. January 9, 2017. PRESENTATION.

Tilghman, W. Sexually Transmitted Diseases in San Diego County. *San Diego Physician Magazine*, November 2016. PUBLICATION.

Maternal, Child, and Family Health Services

Browner, D. Improving Population Health Through Innovative Clinical Partnerships. American Public Health Association Annual Meeting and Expo. Denver, CO. November 1, 2016. ABSTRACT and PRESENTATION.

Browner, D., Using the EHR Toolkit and the CDC Surveillance Strategy to Improve Surveillance Capabilities: Lessons from San Diego and Houston. Public Health Informatics Conference. August 21-24, 2016 Atlanta, GA. PANEL PRESENTATION.

Browner, D., Bailey, K., Coleman, T., Thihalolipavan, S., Wooten, W. Innovative Practices to Improve Population Health Surveillance through a Partnership with a Clinical Collaborative. Concordium 2016, Sept 12-13, 2016, Arlington, VA. PRESENTATION.

Browner, D., Thorne, C., Bailey, K., Coleman, T., Thihalolipavan, S., Sidelinger, D., Wooten, W. Improving Population Health through Innovative Clinical Partnerships. American Public Health Association Annual Meeting and Expo. October 30-November 4, 2016. Denver, CO. PRESENTATION.

Browner, D., Thorne, C., Bailey, K., Coleman, T., Thihalolipavan, S., Sidelinger, D., Wooten, W. San Diego County's Community Engagement Model: Empowering Residents to Create Healthy Neighborhoods. American Public Health Association Annual Meeting and Expo. November 1, 2016. Denver, CO. ABSTRACT and PRESENTATION.

Gilleran, A., Blevins, C., Lujan, M., Zenzola, T., Coleman, T., Fleming, D., Wooten, W. San Diego County's Community Engagement Model: Empowering Residents to Create Healthy Neighborhoods. American Public Health Association Annual Meeting and Expo. November 1, 2016. Denver, CO. ABSTRACT and PRESENTATION.

Hughes, B. The Power of SNAP-Ed Partnerships in School Wellness. California Supplemental Nutrition Assistance Program Education (SNAP-Ed) Local Implementing Agencies. February 22, 2017. PRESENTATION

Kleske, D. Panel Discussion: School Wellness Policy Implementation and Local Control Accountability Plan. Southern California Nutrition Education, Obesity Prevention Staff. March 15, 2017. PRESENTATION.

Ratigan, A., Lindsay, S., Lemus, H., Chambers, C., Anderson, C., Cronan, T., Browner, D., Wooten, W. Community BMI Surveillance Using an Existing Immunization Registry in San Diego, California. *Journal of Community Health*, November 11, 2016. PUBLICATION.

Salgado, H., Zenzola, T., Browner, D., Saitowitz, S., Coleman, T., Wooten, W. Use of Atypical Health Funding and Cross-Disciplinary Partnerships to Improve Active Transportation in Low-Income Communities. American Public Health Association Annual Meeting and Expo. November 2, 2016. Denver, CO. ABSTRACT and PRESENTATION.

Stegall, A., Browner, D., Zenzola, T., Lopez, C.R., Coleman, T., Wooten, W. An Evaluability Assessment for a Local Implementing Agency's Supplemental Nutrition Assistance Program Education (SNAP-Ed) Program. American Public Health Association Annual Meeting and Expo. October 30, 2016. Denver, CO. POSTER.

Public Health Nursing Administration

None

Tuberculosis Control and Refugee Health

Brentnall, M. Improving LTBI Treatment Initiation and Completion among Drug Treatment Center and Homeless Shelter Residents. California Tuberculosis Controllers Association Annual Conference. March 2017. PRESENTATION.

Brentnall, M., Gonzalez-Fabiny, L., Dominguez, Y., Lopez, Y. TB 101. The Health and Science Pipeline Initiative Educators Conference. San Diego, CA. October 20, 2016. PRESENTATION.

Shah N.S., Lin G.S.Y., Barry P.M., Cheng Y.N., Schecter G, Desmond E. Clinical Impact on Tuberculosis Treatment Outcomes of Discordance Between Molecular and Growth-Based Assays for Rifampin Resistance, California 2003–2013. Open Forum Infectious Diseases. July 26, 2016. PRESENTATION.



RESEARCH PROJECTS

(By Branch)

Public Health Services branches are involved in research projects in collaboration with community partners. A brief description of each of the 11 projects is listed on the following pages.

RESEARCH PROJECTS

(By Branch)

EMERGENCY MEDICAL SERVICES

None.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

| Title and Purpose of Study | Sponsor/Principal Investigator/County Staff Liaison | Study Period |
|---|---|--------------------------------|
| Evaluation of the Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios | Epidemiology and Immunization Services (EISB)/Jeff Johnson | December 15, 2009-Present |
| Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients | Scripps Health Care System/Jeff Johnson/Jeff Johnson | March 1, 2013-January 2017 |
| The Burden of Mental Illness: Impact on a Level I Trauma Center | Scripps Mercy Hospital/Beth Sise/Jeff Johnson | February 11, 2014-January 2017 |
| Vision and Research Studies, Using Birth and Death Data | University of California, San Diego (UCSD)/Dr. Karen Dobkins/Heidi Lowe | June 1, 2012-January 31, 2017 |

HIV, STD AND HEPATITIS BRANCH HIV, STD AND HEPATITIS BRANCH HIV, STD AND HEPATITIS BRANCH

| Title and Purpose of Study | Sponsor/Principal Investigator/County Staff Liaison | Study Period |
|--|--|------------------------------------|
| Gonorrhea Isolate Surveillance Project (GISP) Laboratory and Epidemiologic Investigation of Gonorrhea Isolates with High Levels of Azithromycin Resistance | CDC, CDPH Sexually Transmitted Diseases Branch/Patrick Loose/Patrick Loose | January 1, 1987-Present |
| San Diego Syphilis Database (SDSD): Evaluating serologic response to syphilis treatment in HIV-infected compared to HIV-negative individuals. | UCSD, Charles Hicks,/Dr. Winston Tilghman | June 16, 2016 to December 31, 2017 |

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

| Title and Purpose of Study | Sponsor/Principal Investigator/County Staff Liaison | Study Period |
|---|--|-----------------------|
| Mother and Infant Home Visiting Program Evaluation (MIHOPE) | California Home Visiting Program/Dr. Thomas Coleman/Linda Lake | July 26, 2013-Present |

PUBLIC HEALTH NURSING ADMINISTRATION

None.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

| Title and Purpose of Study | Sponsor/Principal Investigator/County Staff Liaison | Study Period |
|--|--|-------------------------------------|
| Wireless Observation of Therapy (WDOT) | UCSD/Sara Browne/Rona Rullan-Tanganon | October 1, 2012-April 2017 |
| VDOT to Monitor Short-Course Latent TB Infection Treatment | UCSD/Richard Garfein/Toni Antonio | March 16, 2015-February 28, 2020 |
| TB Epidemiologic Studies Consortium (Improvement of San Diego County Public Health System) | CDC, CDPH TB Branch/Dr. Jenny Flood/Dr. Marisa Moore | November 7, 2012-September 28, 2021 |
| Evaluating the clinical and microbiologic impact of discordant results for rifampin resistance in patients with tuberculosis | CDC/Eghosa Oyegun/Dr. Yi-Ning Cheng | May 2017 - May 2018 |





NACCHO ANNUAL 2017

STAFF AWARDS AND RECOGNITION

Public Health Services branch staff received awards and recognitions for outstanding work during this fiscal year. This section highlights 33 staff.

STAFF AWARDS AND RECOGNITION

Awards and recognitions are listed by date of occurrence.

EMS Receives Disaster Preparedness Award

Emergency Medical Services (EMS) was one of three recipients of the International Association of Emergency Managers (IAEM) 2016 Partners in Preparedness Award on **July 22, 2016**. Recipients were recognized at the IAEM Annual Conference in Savannah, Georgia.

The Partners in Preparedness Award recognizes programs or processes that demonstrate innovative, multi-participant involvement between local governments/governmental entities and private sector businesses, non-governmental organizations/non-profits, or individuals which have resulted in effective and efficient incident management, emergency management or homeland security processes.

The 2016 IAEM-USA Partners in Preparedness Award was given in recognition of the partnership between two for-profit companies (Qualcomm and Leidos) and EMS for the SoCal Regional Exercise for Anthrax Disaster Incidents (READI) Full-Scale Exercise "Regional Anthrax Response," which included all Southern California health departments, in

November 2015. The exercise evaluated Southern California's capability to respond to a public health threat. Participating entities were tasked with receiving and dispensing medications to 20 million residents using Points of Dispensing (PODs). Both public PODs (managed by EMS) and closed PODs (managed by private companies or the military) were activated following confirmation of Anthrax exposure that triggered a public health emergency.

Eleven counties, 13 public health departments, military bases, and private companies participated in the bioterrorism exercise.

EMS staff who played key roles in the exercise include **Jack Walsh, Donna Johnson, Patrick Buttron, and Catherine Blaser**.

Edwardson Receives Driver Rehabilitation Specialist Certification Degree

Anne Edwardson of Maternal, Child, Family Health Services (MCFHS) received the Certified Driver Rehabilitation Specialist Certification Degree from The Association for Driver Rehabilitation Specialists in **August 2016**. This certification

demonstrated that Anne is one of the most knowledgeable specialists in the field of exploring alternative transportation solutions for drivers with special needs. There are currently only about 350 active Certified Driver Rehabilitation Specialists in the U.S. and Canada.

Wooten Receives Dr. Cleo Malone Award

Dr. Wilma Wooten of Public Health Services Administration (PHSA) received the Dr. Cleo Malone Award from the community organization I Am My Brother's Keeper, for her public health service work, on **September 16, 2016**.

The Dr. Cleo Malone Award is named for ordained minister and doctor of philosophy Dr. Cleo Malone, who counseled or helped thousands of youths and adults battling substance abuse for over 25 years.



STAFF AWARDS AND RECOGNITIONS

(continued)

Kozo, Dr. Coleman Receive Merit Challenge Awards from the California State Association of Counties

Justine Kozo, Chief of the **Office of Border Health**, and **Dr. Thomas Coleman** of **MCFHS** received 2016 Merit Challenge Awards from the California State Association of Counties (CSAC). The award honors innovation and best practices in county government.

The awards were given out on **November 1, 2016** at the Board of Supervisor's Meeting at the County Administration Center award ceremony in San Diego.

Justine received the award on behalf of a longstanding Public Health Services and Office of Emergency Services partnership focused on "Improving Communication with Communities During Emergencies." The award acknowledges the County's efforts in forming a "partner relay," which includes a network of community-based agencies that have agreed to collaborate with the County during emergencies by sharing accurate and timely emergency and public health information with language and culturally diverse communities.

The Maternal, Child, and Adolescent Health (MCAH) Unit was recognized for the "Being Health Teen Wheel Project." Informed by the Life Course Perspective framework, MCAH developed an interactive and user-friendly Being Healthy Teen Wheel (BHTW) tool to optimize overall health throughout the lifespan. The BHTW is a culturally and linguistically appropriate tool that increases preconception health awareness and education among girls 11-18 years of age; addresses health literacy; empowers girls to be more involved in caring for their health; and can improve or change behavior.

Uhler Chosen as Dr. A. Brad Truax Award Recipient

Dan Uhler of the **HIV, STD, and Hepatitis Branch**, was chosen as the 2016 recipient of the Dr. A. Brad Truax Award, recognizing his outstanding contributions in the continuing struggle against the HIV/AIDS, at a ceremony held on World AIDS Day, **December 1, 2016**, at the Lesbian, Gay, Bisexual, and Transgender Community Center (LGBT) Community Center in San Diego. The ceremony, coordinated by the HIV Planning Group, honors the memory and legacy of activism of Dr. A. Brad Truax, who exemplified community service.

Mr. Uhler has almost three decades of experience working in HIV prevention. As a Health Planner and Intervention Specialist for the LGBT Community Center, out stationed with the County, he worked directly with those at risk and provided administration, technical assistance, and training to those who deliver prevention services.

Mr. Uhler is known for showing up to help the community, by always being available to support County and service provider staffs, planning group members, and anyone in the community at any time. Dan advocates for sexual health and harm reduction. He is a staunch advocate for supporting the lives of those most adversely impacted by HIV; all races and genders, including trans persons; and all sexual orientations, as well as persons who use and inject drugs.

PHS Staff Recognized for Work with Haitian Parolees

Catherine Blaser of **EMS**, and **Christine Murto** of the **Tuberculosis Control and Refugee Health Branch**, were recognized by the County Administration Officer's Heart of Service Award on **December 8, 2016** for their efforts to provide assistance and shelter to

5,000 Haitians that arrived at the San Diego-Tijuana border, seeking humanitarian parole into the U.S. under the Cuban Haitian Entrant Program (CHEP). Also playing important roles in these efforts were **Thomas Zurek**, Acting Nurse Manager for the North Central Region, and **Dr. Denise Green**, pediatrician for **MCFHS California Children Services (CCS)**.

The Haitian entrants, many of whom were initially displaced due to the catastrophic earthquake in Haiti in 2010, had originally sought refuge in the Americas, primarily in Brazil. Due to the evolving international economic, social and political climate, a massive migration brought these individuals and families to San Diego, and ultimately left many in need of food and housing for weeks while awaiting resettlement or transportation to a final destination.

San Diego faith-based community and nonprofit organizations attempted to shelter and feed hundreds of Haitians entrants daily, often within a single overcrowded church, with ongoing challenges related to food provision, medical needs, communicable disease prevention, language barriers and transportation. To minimize risk of communicable disease spread, Tuberculosis (TB) Control and Refugee Health, Epidemiology/Bioterrorism (Epi/BT) Nurses, and Regional PHN Managers responded by collaborating with community partners to create a basic health screening tool. The intent of the screening tool was to detect potential communicable diseases and pregnancy, as well as provide outreach to new mothers. Health and Human Services Agency (HHS) staffs from the Director's Office, the Community Action Program (CAP), and the Eligibility and Operations Division, as well as staff from the County Office of Strategy and Intergovernmental Affairs, also worked with other governmental agencies and community organizations to provide eligibility benefits assistance to new entrants.

STAFF AWARDS AND RECOGNITIONS (continued)

Manlutac Receives Bravo Award

Anna Liza Manlutac of **Epidemiology and Immunization Services (EISB) Public Health Laboratory** and **Brian Murphy** of the **EISB Epidemiology Unit** received the County Administrative Office's Bravo Award as part of the Zika response efforts risk, on **December 22, 2016**.

Julien Chosen for NACCHO Working Groups

Jo-Ann Julien of **PHSA** was chosen to participate in the National Association of County and City Health Officials (NACCHO) Big Cities Health Coalition Working Groups on Health Equity and Workforce Development, leading to workforce surveys and health equity best practices portal with webinars. The first working group meeting was held in **December 2016**.

NACCHO Recognized Risk Communication Plan as Model Practice

A risk communications plan co-produced by the **Office of Border Health (OBH)** and the **Office of Emergency Services (OES)** was recognized with an award by a prestigious national organization on **March 22, 2017**. *San Diego County Risk Communications Plan: Targeted outreach to diverse language communities to form a partner-relay communication systems* was selected as a model practice by the NACCHO Model Practices Program.

The selection of this plan as a model practice means that it demonstrates exemplary and replicable qualities in response to a local public health need. The plan reflects a strong local health department role, collaboration, innovation, and has demonstrated its value by undergoing a vigorous peer evaluation. OBH and OES were recognized at an award ceremony of the NACCHO Annual Conference Public Health Revolution: Bridging Clinical Medicine and Population Health, held on **July 12, 2017**, in Pittsburgh, PA.

Dimou Appointed to State CCS Advisory Group

Kristen Dimou of **CCS** was appointed as a member to the California Department of Health Care Services CCS Advisory Group in **April 2017**. The CCS Advisory Group (AG) was formed with the Department's commitment to engage stakeholders in improving the delivery of health care to CCS children and their families. The AG provides important information in guiding the Department through preparation and implementation phases of the Whole-Child Model of medical case management.

PH Lab Receives Kudos from LA County

The **EISB Public Health Laboratory** was complimented for their work on Zika at the Southern California American Society for Microbiology Spring Symposium, held at Hologic in Mira Mesa on **April 8, 2017**.

Dr. Nicki Green, the Lab Director of Los Angeles County, complimented the County's lab for having implemented all the Zika assays, hence making them available to the San Diego community. Kudos to **Anna Liza Manlutac** for her leadership and operational expertise. Also thanks to **Isabel Palacios**, because of her expertise of creating new tests in laboratory reporting system, these assays are in Starlims, a software system used to collection, process, store, retrieve and analyze laboratory information.

Vital Records Receives Positive Customer Service Award

The **EISB Vital Records Unit** received the Positive Customer Experience Award for their outstanding customer service. The award was presented by the Chief Administrative Officer **Helen Robbins-Meyer** and **Dr. Wilma Wooten**, Public Health Officer, at the office's quarterly meeting on **April 14, 2017**. Chief Deputy Registrar **Heidi Lowe** of the **EISB Vital Records Unit** accepted the award on behalf of her staff.

Vital Records Unit staff has been recognized multiple times on the County InSite page for outstanding customer service. And they constantly are recognized by the State

for their work efficiency. The responsibilities of the 19 Vital Records Unit staff include registering and processing all birth and death certificates.

In the past fiscal year, the Unit registered 46,154 birth certificates and 21,753 death certificates. Their responsibilities also include working with physicians, midwives, key hospital staff, funeral directors, medical examiners, and interment authorities to promote prompt, complete and accurate vital records information.

Blevins Appointed to NACCHO Injury and Violence Prevention Workgroup

NACCHO appointed **Ches Blevins** of **MCFHS** to their Injury and Violence Prevention Workgroup on **April 17, 2017**, to support related NACCHO policy statement updates.



Heidi Lowe (center), Chief Deputy Registrar of the Vital Records Unit, accepted the Positive Customer Award on behalf of her staff at the Chief Administrative Officer Quarterly Meeting on April 14, 2017. From left to right are Susan Brazeau, Director of the Department of Human Resources, Helen Robbins-Meyer, County Chief Administrative Officer, Heidi Lowe, Dr. Wilma Wooten, Public Health Officer and PHS Director, and Nick Macchione, HHSA Director.

STAFF AWARDS AND RECOGNITIONS (continued)

County Zika Communications Plan Recognized by NACo

The National Association of Counties (NACo) granted **PHS** and Department of Environmental Health a 2017 Achievement Award for its program “Beating Zika to the Punch: Open Communications to Defuse a Health Scare” in the category of Civic Education and Public Information. The award was announced on **May 9, 2017**.

Julien Selected to Serve on State Advisory Committee for Health Equity

Jo-Ann Julien of **PHSA** was selected to serve on the Advisory Committee for Health Equity of the California Department of Public Health Office of Health Equity. Julien participated in first meeting **May 18, 2017** focused on the health and mental health of migrants, immigrants, and refugees in California.

Johnson Named Project SHINE Mentor of the Year

The Council of State and Territorial Epidemiologists named **Jeff Johnson** of the **EISB Epidemiology Unit** as the Project SHINE Mentor of the Year on **June 8, 2017**. The Project SHINE Mentor of the Year Award aims to acknowledge the efforts of the mentors for the Applied Public Health Informatics Fellowship, Health Systems Integration Program, and the Informatics-Training in Place Program. The award recognizes a mentor who provides exceptional training experience, guidance, support, and dedication to the professional growth of the fellow.

Birth and Death Certificate Registration Timeliness Awards

The California Department of Public Health (CDPH) recognized the **EISB Vital Records Unit** with Birth and

Death Certification Registration Timeliness Awards in **June 2017**. San Diego County was recognized for registering over 95.8 percent of the 45,000 births in 2016 within 10 days of the event. The State goal is 80 percent. Kudos to the following Vital Records birth registration staff: **Tahaiti Tinsley, Sandra Cesena, Jessica Rodriguez, and Veronica Guzman**.

San Diego County was also recognized for registering over 20,000 deaths in 2016 with an average turnaround time of 1.48 hours. The state average is 3.23 hours. Kudos to the following death registration staff: **Elizabeth Virgen-Santos, Michael Alaysa, Patricia Novoa, Fatiha Sahri, Wendy Duron, and Daisy Celestino**.

Mattson is Named Nominee for Rookie of the Year Award by the State CDPH/CA EMSA

Andrea Mattson of **EMS** was named as a nominee for the Rookie of the Year Award by the California Department of Public Health/California Emergency Medical Services Agency, at their Public Health and Medical Emergency Preparedness Training Workshop in **June 2017**.

Buttron Graduated from National Emergency Management Advanced Academy

Patrick Buttron, EMS Coordinator for **EMS**, graduated from the National Emergency Management Advanced Academy (NEMAA) course Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) on **June 30, 2017**.

The Academy is designed for Emergency Management mid-level managers with a minimum of three years of experience in an emergency management position wanting to advance their skillset.



Patrick Buttron receives his graduation certificate from Federal Emergency Management Agency (FEMA) representatives aboard the U.S.S. Midway for completing the FEMA National Emergency Management Advanced Academy course on June 30, 2017.

The Advanced Academy program series consists of four resident courses, each five days in duration. Students learn skills critical to performing emergency management responsibilities, such as program management and oversight, effective communication at all levels, integrated collaboration, and strategic thinking, along with completing a research project one month prior to attending the final course. The research project provides students the opportunity to demonstrate their critical thinking abilities. Students apply the key learning concepts from the Advanced Academy curriculum relative to their own strengths and weaknesses, their organizations, and their own performance environments.

NEMAA reinforces the qualities needed to lead emergency management programs, provides relevant management theories and concepts, and utilizes appropriate case studies. Advanced Academy participants work within a collaborative environment on projects and establish a network of peers.

STAFF DEVELOPMENT

Public Health Services encourages branch staff to enhance their work by taking staff development trainings. Approximately 67 staff completed these trainings.



Advanced Competencies for the Administrative Professional of the 21st Century Program

Maria Prudencio of Maternal, Child, and Family Health (MCFHS)-California Children's Services (CCS) graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program in **October 2016**.

Daniel Gomez of HIV, STD, and Hepatitis Branch (HSHB) completed the program in **April 2017**.

Johanna Ortiz and **Elaine Vassilou** of Emergency Medical Services (EMS) completed the program on **May 24, 2017**. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

Clerical Finance Academy

Maria Garcia of MCFHS CCS graduated from the Clerical Finance Academy in **April 2017**. **Patricia Melton** of HSHB graduated in **June 2017**.

ConnectWellSD Training

The following staff completed ConnectWell SD training in **FY 16-17**: **Menka Asudani, Bret Austin, Patrick Aziz, Nick Castro, Kristine Chavez, Domenick Dicciani, Robin Ellison Delgado, Madeline Harper, Charlayne Lopez, Anna Liza Manlutac, Loreto Negado, Ana Maria Orozco, Maria Palacios, Rupal Patel, Kristina Pinto, Crystal Renteria, Paul Temprendola, Maria Victorio, Anna Washington, and Graciela Zuniga-Groot** of EISB-PHL, and **Isobel Kinsang** of PHN Administration.

ConnectWellSD is a secure platform that pulls together data from nine source systems from across County groups, plus two information directories, including 2-1-1. The system combines the data, puts it into categories, and makes it available in one complete view for each customer. It makes comprehensive customer service quick and easy, through information access and safe data sharing.

Essentials of Supervision Program

Thomas Zurek of EMS graduated from the Essentials of Supervision Program in **October 2016**. **Christine Fremo** and **Irena Anguelov** of HSHB graduated in **April 2017**. **Josh Smith** of EMS and **Irena Anguelov** of HSHB graduated from the Program on **May 25, 2017**. This program provides skills needed for growth and development as a supervisor.

Gallup Engagement Matters

Eileen Haley of Public Health Nursing Administration (PHNA), **Elizabeth Hernandez** of Public Health Services Administration (PHSA), and **Marcy Metz** of EMS completed the Gallup Engagement Matters training on **July 19, 2016**. **Jacquelyn Clark** of MCFHS, **Sarah Falkenhagen** of MCFHS-CCS and **Les Gardina** of EMS completed their training on **August 16, 2016**. **Lorena Gonzalez-Fabiny** of Tuberculosis Control and Refugee Health (TBC-RH) and **Jocelyn Waters** of MCFHS completed their training on **September 27, 2016**.

Leticia Arellanes of HSHB, **Leslie Ray** of EMS, and **Syreeta Steele** of EISB-Public Health Laboratory (PHL) completed their training on **January 17, 2017**. **Wendy Hrubovcak** of PHSA, **Let Negado** and **Menka Asudani** of EISB-PHL, and **Cynthia Ringoot** of TBC-RH completed their training on **May 16, 2017**. **Claudia Guzman** of MCFHS, **Bret Austin** of EISB-PHL, **Sutida Jariangprasert** of MCFHS, and **Dr. Susannah Graves** of TBC-RH completed their training on **June 20, 2017**.

Gallup High Performance Team Leader Training

Dr. Wilma J. Wooten completed the Gallup Leading High-Performance Teams training on **December 12-13, 2016**. The training provides opportunities to learn how to incorporate the strategies and principles of the world's best managers into the participant's own management approach. Participants created sustainable management strategies for teams to achieve high performance, gained actionable insights into their own strengths to help individualize their management approach, and

practiced proven techniques for engaging employees, including leading effective conversations to enhance performance.

Great Leadership Academy

Sarah Falkenhagen of MCFHS-CCS, **Danelle Wallace** of EISB-IZ, **Syreeta Steele** of EISB-PHL, and **Christine Murto** of TBC-RH graduated from the Academy on **February 23, 2017**. **Jorge Escudero** of MCFHS-CCS, **Nora Bota** of PHSA, **Janya Bowman** of PHSA-MAA/TCM, **Claire Lynch-Dwight** of MCFHS, and **Brett Austin** of EISB-PHL graduated from the Academy on **February 28, 2017**.

Megan Sharpe and **Donna Erfe-Beltran** of MCFHS-CCS, **Rhonda Freeman** of MCFHS, and **Lorena Perez** of HSHB graduated from the Great Leadership Academy on **May 22, 2017**. **Anna Liza Manlutac** of EISB-PHL, **Romina Morris** of PHSA, **Leslie Ray** of EMS, and **Cynthia Ringoot** and **Marti Brentnall** of the TBC-RH graduated from the Academy on **May 26, 2017**. **Lorena Perez** of HSHB graduated on **June 22, 2017**.

Person-Centered Service Coaching Certificate Program

Patricia Melton of HSHB completed the Person-Centered Service Coaching Certificate Program in **October 2016**. **Isobel Kinsang** of PHNA, **Heidi Aiem** and **Patricia Melton** of HSHB, and **Renee Silva** of TBC-RH completed the Program in **February 2017**. **Kathy Griffie** of MCFHS-CCS, **Karee Hopkins** of EISB, **Tahaiti Tinsley** of EISB-Vital Records, and **Kristine Chavez** of EISB-PHL completed the Program in **May 2017**.

Participants in this Program learned to become knowledgeable resources to their units, able to communicate principles, analyze processes, and coach staff to help their departments more effectively implement person-centered service. To do this, participants attended four classroom sessions and developed and presented an individual Person-Centered Service analysis project.



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