



2018/2019 **PUBLIC HEALTH SERVICES**

ANNUAL REPORT OF MAJOR ACCOMPLISHMENTS



INCLUDES

PUBLIC HEALTH SERVICES DEPARTMENT
MEDICAL CARE SERVICES DIVISION
THE REGIONS

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

PUBLIC HEALTH ACCREDITATION BOARD ACCREDITED
HEALTH DEPARTMENT, since May 2016

INQUIRIES

Inquiries regarding the Public Health Services 2018-2019 Annual Report of Major Accomplishments may be directed to:

County of San Diego Health and Human Services Agency
Public Health Services
Health Services Complex
3851 Rosecrans Street, MS: P-578
San Diego, CA 92110-3652
(619) 542-4170

All materials in this Public Health Services 2018-2019 Annual Report of Major Accomplishments are in the public domain and may be reproduced and copied without permission. However, citation to the source is appreciated.



TABLE OF CONTENTS

WHAT YOU WILL FIND IN THIS REPORT	3
PUBLIC HEALTH SERVICES DEPARTMENT.....	5
PREFACE.....	6
MESSAGE FROM THE PUBLIC HEALTH OFFICER	8
IMPACT BY THE NUMBERS	10
PHS ORGANIZATION, FY 2018-2019.....	12
Vision, Mission, and Values	
Organizational Chart	
Public Health Services Department	
PUBLIC HEALTH SERVICES DEPARTMENT MAJOR ACCOMPLISHMENTS (BY BRANCH)	17
Administration of Public Health Services	
California Children’s Services	
Epidemiology and Immunization Services Branch	
HIV, STD and Hepatitis Branch	
Maternal, Child and Family Health Services	
Public Health Preparedness and Response	
Tuberculosis Control and Refugee Health	
PUBLIC HEALTH SERVICES BRANCH QUALITY IMPROVEMENT PROJECTS.....	54
Administration of Public Health Services	
California Children’s Services	
Epidemiology and Immunization Services Branch	
HIV, STD, and Hepatitis Branch	
Maternal, Child and Family Health Services	
Public Health Preparedness and Response	
PUBLICATIONS AND PRESENTATIONS BY BRANCH	62
RESEARCH PROJECTS BY BRANCH.....	67
STAFF AWARDS AND RECOGNITIONS	70
STAFF DEVELOPMENT	75
MEDICAL CARE SERVICES DIVISION	79
THE REGIONS	89
Central & South Regions Public Health	
East & North Central Regions Public Health	
North County Regions Public Health	

WHAT YOU WILL FIND IN THIS REPORT

This report includes the accomplishments of the Public Health Services Department (PHS), Medical Care Services Division (MCSD), and the Regions, all of which are a part of the County of San Diego Health and Human Services Agency (HHSA).

PUBLIC HEALTH SERVICES DEPARTMENT, FY 2018-2019

Public Health Services information includes vision, mission, and values, organizational chart, total budget managed, number of employees, and number of contracts.

MAJOR ACCOMPLISHMENTS

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

QUALITY IMPROVEMENT PROJECTS

Each branch worked on at least one quality improvement (QI) project. This section includes a total of seven projects. Steps for each of the seven projects that appear on the following pages, include identifying an opportunity and plan for improvement, using data to study test results, standardizing the improvement, and establishing future plans.

PUBLICATIONS AND PRESENTATIONS

PHS published 89 publications or presentations, including abstracts for posters, oral presentations or manuscripts submitted to national meetings, peer-reviewed journals, as well as articles submitted to other publications, newsletters, or online communications. This section chronicles the many such publications and presentations.

RESEARCH

A brief description of 14 branch research projects is listed.

STAFF AWARDS AND RECOGNITION

This section highlights the Department of Public Health Services staff members who received awards and/or recognition for outstanding work.

STAFF DEVELOPMENT

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

MEDICAL CARE SERVICES DIVISION (MCSD)

MCSD is organized into three sections: Emergency Medical Services (EMS), HHSA Nursing Administration, MCSD Administration.

HHSA REGIONS

Staff are focused daily on serving clients throughout the six public health centers located throughout San Diego, preventing epidemics and the spread of disease, responding to disasters and promoting healthy behaviors.

PUBLIC HEALTH SERVICES DEPARTMENT

PUBLIC HEALTH SERVICES DEPARTMENT REPORT IS ORGANIZED INTO SIX SECTIONS

- ▶ ACCOMPLISHMENTS
- ▶ QUALITY IMPROVEMENT PROJECTS
- ▶ PUBLICATIONS AND PRESENTATIONS BY BRANCH
- ▶ RESEARCH PROJECTS BY BRANCH
- ▶ STAFF AWARDS AND RECOGNITIONS
- ▶ STAFF DEVELOPMENT

Accomplishments described in this document are reflective of the

COMMITMENT, DEDICATION & OPERATIONAL EXCELLENCE

of the staff of PHS and its branches, which includes:

Administration of Public Health Services
California Children's Services
Epidemiology and Immunization Services Branch
HIV, STD, and Hepatitis Branch
Maternal, Child, and Family Health Services
Public Health Preparedness and Response
Tuberculosis Control and Refugee Health



The Public Health Services 2018-2019 Annual Report of Major Accomplishments document presents a summary of the major accomplishments that the County of San Diego Health and Human Services Agency (HHSA) Department of Public Health Services (PHS) has achieved during this fiscal year.



2018-2019 HAS BEEN A TRANSFORMATIVE YEAR

Working with private organizations and community-based professionals, Public Health Services has exceeded its goals in providing education and services to help San Diegans protect their health, thus improving the quality of life.

Wilma Wooten, M.D., M.P.H.

I am pleased to present the Public Health Services 2018-2019 Annual Report of Major Accomplishments. 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.

Our public health department was accredited by the Public Health Accreditation Board in May 2016. While managing approximately 465 employees with a budget of \$106.3 million and 149 contracts, we made significant achievements during the FY 2018-2019.

New initiatives to combat infectious diseases, the hepatitis C virus and tuberculosis, were launched in 2018-19, and these initiatives will be modeled after the successful Getting to Zero initiative to end the HIV epidemic. PHS worked with Medical Care Services, which led the response to the asylum seeker shelter efforts, helping provide more than 13,000 health screening assessments for asylum-seeking families. In June 2018, PHS was also selected to participate in the Kresge Foundation Emerging Leaders in Public Health fellowship. Building on lessons learned from the hepatitis A outbreak in FY 2017-2018, the goal is to transform City/County relationships to enhance the impact of local governments on common public health matters, as well as emergencies and threats.

These achievements and others detailed in this report reflect the commitment of PHS staff and community partners to make a difference in the lives of over 3.3 million residents of San Diego County and the 35 million annual tourists.

I want to give a sincere thanks to PHS staff members for all their hard work and for achieving these accomplishments on behalf of San Diego County residents. Their single focus on excellence ensures our continued commitment to one thing: ***Making San Diego healthier.***

The achievements presented in this report reflect the ten essential public health services; echo federal and state priorities; align with the county's vision and mission; 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." The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Wilma J. Wooten, M.D., M.P.H.

Public Health Officer & Director, Public Health Services

IMPACT BY THE NUMBERS

The mission of Public Health Services is 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.

Provided medical assistance, therapy services and case management to **13,860** chronically ill, physically disabled and severely ill infants, children, and young adults.

Facilitated the provision of at least **23,686** child health screenings to low-income children through the Child Health and Disability Prevention Program.

Managed **54,700** doses of publicly provided influenza vaccines distributed throughout San Diego County and registered **3,678,763** vaccines into the San Diego Immunization Registry.

Registered **42,381** birth certificates for San Diego County births and **22,726** death certificates in Calendar Year 2018.

Conducted **2,363** syphilis investigations and delivered STD clinic services to **5,294** clients.

Provided an immunization assessment to over **2,000** classrooms and childcare centers.

Registered **26,657** reported disease cases and conducted **8,324** disease investigations.

Provided care, treatment and support services to a total of **3,804** persons living with HIV.

Conducted **5,912** HIV tests in county STD Clinics, identifying **47** individuals newly diagnosed with HIV and linked **91%** to HIV medical care within 30 days of results disclosure.

Provided direct nutrition education to **11,537** low-income individuals throughout San Diego County.

Facilitated more than **23,686** child health screenings to low-income children through the Child Health and Disability Prevention Program.

Investigated **226** cases for possible tuberculosis infection and provided health assessments and referrals to **596** refugees.

Provided more than **4,500** vaccinations to the undergraduate student population as a response to the San Diego State University meningococcal B outbreak.

Provided technical assistance to **18** jurisdictions in San Diego County that updated policies regarding “tobacco products” and “smoking” to include newer products such as e-cigarettes.

Recovered **\$10.1** million in federal Medi-Cal Administrative Activities/Targeted Case Management revenues to offset local costs.

Received close to **\$4** million in grant funding for Public Health Emergency Preparedness, Hospital Preparedness Program, Cities Readiness Initiative Program, and State General Fund for pandemic influenza.



VISION, MISSION AND VALUES

COUNTY OF SAN DIEGO

VISION: Live Well San Diego - A region that is Building Better Health, Living Safely, and Thriving

MISSION: To efficiently provide public services that build healthy and sustainable communities

VALUES: Integrity, Stewardship, and Commitment

HEALTH AND HUMAN SERVICES AGENCY

VISION: Live Well San Diego - 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, and Transparency



Live Well San Diego 5K Run and Walk on July 29, 2018

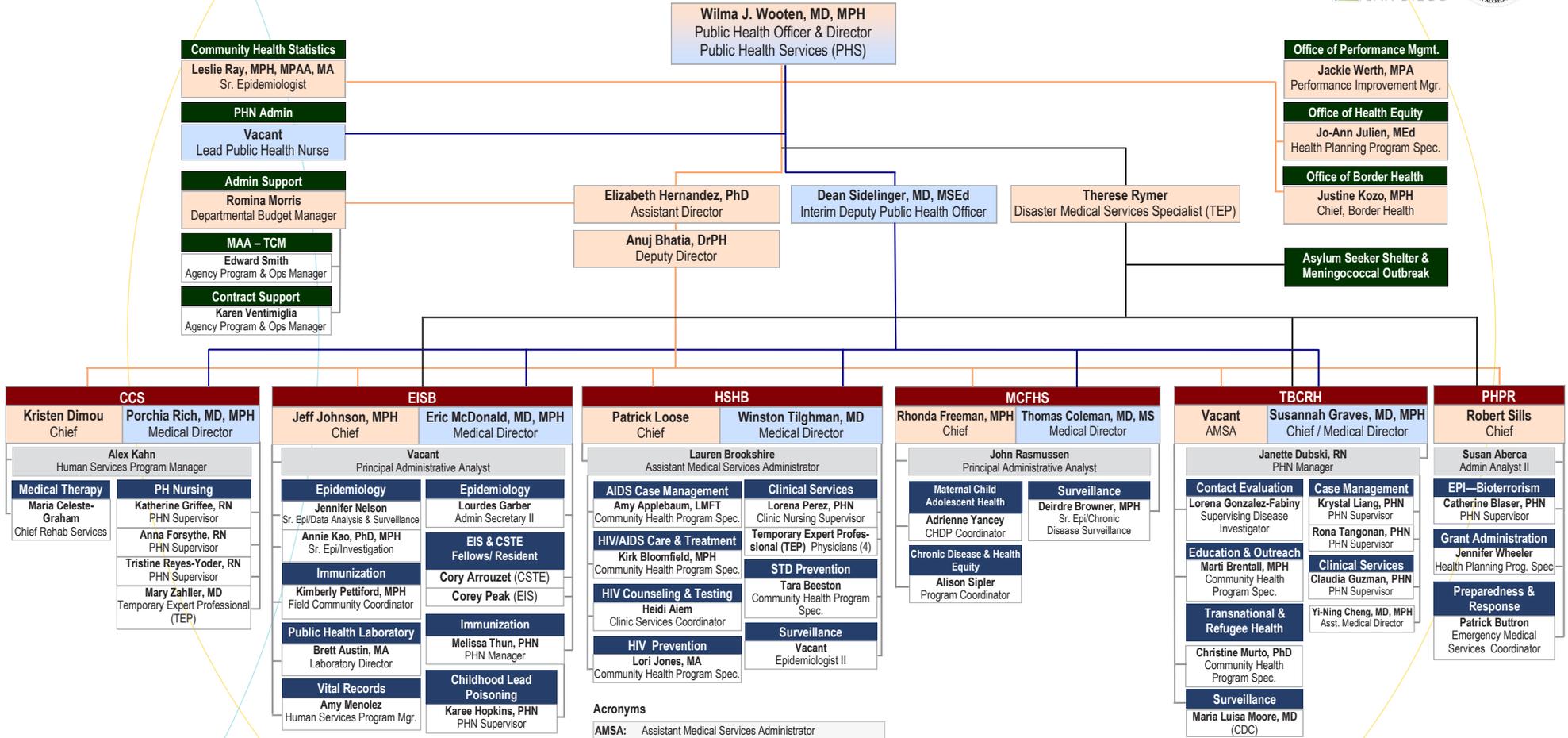
ORGANIZATIONAL CHART



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

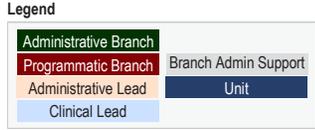


ORGANIZATIONAL CHART



Acronyms

- AMSA: Assistant Medical Services Administrator
- CCS: California Children's Services Branch
- EISB: Epidemiology & Immunization Services Branch
- HSHB: HIV, STD & Hepatitis Branch
- MAA: Medi-Cal Administrative Activities
- MCFHS: Maternal, Child & Family Health Services Branch
- PHN: Public Health Nurse
- PHPR: Public Health Preparedness & Response Branch
- TBRH: Tuberculosis Control and Refugee Health Branch
- TCM: Targeted Case Management



May 24, 2019 V-12



NUMBER OF EMPLOYEES
NUMBER OF CONTRACTS
TOTAL BUDGET MANAGED

465
149
\$106.3M

ADMINISTRATION OF PUBLIC HEALTH SERVICES

Public Health Officer and PHS Director, Wilma Wooten, M.D., M.P.H., directs all PHS programs and services; ensures the safeguard of the public's health; and coordinates response to public health emergencies. She also directs administrative functions related to contracts, cost recovery, communications and other responsibilities across PHS branches. This Administrative Branch also includes the Offices of Border Health, Health Equity, and Performance Management and Improvement, as well as the Community Health Statistics Unit.



CALIFORNIA CHILDREN SERVICES

California Children's Services (CCS), led by Branch Chief Kristen Dimou, provides diagnostic treatment, physical and occupational therapy services, and medical case management to children with physically disabling, chronic, or life-threatening conditions.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

The Epidemiology and Immunization Services Branch (EISB), led by Branch Chief Jeff Johnson, identifies, prevents, and controls communicable diseases; conducts surveillance for legally reportable diseases and various conditions; performs diagnostic testing; and records vital events. EISB works to prevent disease by improving immunization coverage rates via case investigation, providing education, advancing community collaboration, and providing timely laboratory services.

PUBLIC HEALTH SERVICES DEPARTMENT OVERVIEW

HIV, STD, AND HEPATITIS

The HIV, STD, and Hepatitis Branch (HSHB), led by Branch Chief Patrick Loose, works with the HIV Planning Group and other community partners to develop and deliver quality HIV testing, treatment, and prevention services, and provides case management services for HIV-positive inmates who are incarcerated in one of the county's detention facilities. HSHB responds to sexually transmitted diseases by providing treatment, screening and prevention; interviewing persons with diagnosed HIV to elicit sex and needle-sharing partners; conducting disease surveillance; and reporting. Viral hepatitis services include the screening of and vaccination of vulnerable populations.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

The Maternal, Child, and Family Health Services Branch, led by Branch Chief Rhonda Freeman, 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.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The Public Health Preparedness and Response (PHPR) branch, led by Branch Chief Rob Sills, fosters preparedness within communities by supporting health and medical system response through readiness activities; supports county efforts to respond to public health threats and events through collaborative activities in monitoring and planning of responses; and promotes preparedness through drills, training, and exercises to ensure that county public health and medical staff have the ability to effectively respond to disasters and emergencies.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

The Tuberculosis Control and Refugee Health (TBC-RH) Branch, led by Susannah Graves, M.D., detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. TBC-RH provides basic health screening and referral services for refugees during their first few months in San Diego County.



PUBLIC HEALTH SERVICES DEPARTMENT ACCOMPLISHMENTS IN FY 2018 - 19

MAJOR ACCOMPLISHMENTS BY BRANCH

- ▶ Administration of PHS
- ▶ California Children's Services
- ▶ Epidemiology and Immunization Services Branch
- ▶ HIV, STD, and Hepatitis Branch
- ▶ Maternal, Child, and Family Health Services
- ▶ Public Health Preparedness and Response
- ▶ Tuberculosis Control and Refugee Health

BUILDING A STRONG FOUNDATION FOR OPERATIONAL EXCELLENCE SO THAT PUBLIC HEALTH SERVICES IS READY TO MEET FUTURE CHALLENGES

ADMINISTRATION OF PHS

- ▶ ADMINISTRATIVE OFFICE
- ▶ BORDER HEALTH
- ▶ BUDGET AND FISCAL SERVICES
- ▶ CONTRACT SERVICES
- ▶ COMMUNITY HEALTH STATISTICS UNIT
- ▶ HEALTH EQUITY, CLIMATE CHANGE, TRAUMA-INFORMED SERVICES SYSTEMS AND INTEGRATION, AND WORKFORCE DEVELOPMENT
- ▶ MEDICAL ADMINISTRATION ACTIVITIES AND TARGETED CASE MANAGEMENT
- ▶ PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT
- ▶ PERSONNEL

Public Health Officer and PHS Director, Wilma Wooten, M.D., M.P.H., directs all PHS programs and services; ensures the safeguard of the public's health; and coordinates response to public health emergencies. She also directs administrative functions across PHS branches related to budget and fiscal services; contracts; cost recovery; communications; management information systems; and personnel. This Administrative Branch also includes the Office of Border Health, which facilitates communication and collaboration among organizations promoting health throughout the California-Baja California

border region. This Branch also includes the Community Health Statistics Unit (CHSU) and Offices for Health Equity and Performance Management and Quality Improvement. CHSU monitors population health status to identify and solve community health problems. The Health Equity Office works to advance health equity and related initiatives by convening committees and developing policies, plans, and reports. The Performance Management and Quality Improvement Office supports strategic planning, performance management, and quality improvement activities.

WHAT WE ACHIEVED IN FY 2018-2019

ADMINISTRATIVE OFFICE

- **Selected to participate in the Kresge Foundation Emerging Leaders fellowship** to enhance coordination among local governments.
- **Posted 19 California Health Alert Network San Diego communications**, including two statewide exercise test alerts.
- **Partnered with the California Department of Public Health to serve as a pilot for local adaptation planning** for public health impacts of climate change.
- **Recovered \$10.1 million in federal Medi-Cal Administrative Activities/Targeted Case Management revenues** to offset local costs.
- **Convened the 18th annual Live Well San Diego Public Health Champions award ceremony** on April 5, 2019.
- **Participated in the American Public Health Association conference and exposition** held in San Diego on November 10-14, 2018. Participation included the development and coordination of the PHS exhibition area booth and display, which received over 140 visitors per day. At least 43 PHS staff participated, including providing oral presentations, participating in roundtable discussions, and presenting poster displays.
- **Conducted seven Quality Improvement Projects**, engaging staff in identifying and resolving barriers to success.
- **Hosted a Quality Improvement (QI) Fair** on December 13, 2018, to promote a culture of QI in PHS.



Tara Beeston of the HIV, STD, and Hepatitis Branch assists a member of the public at the PHS booth during the American Public Health Association conference and exposition held in San Diego on November 10-14, 2018.

CONDUCTED THREE EMERGENCY PREPAREDNESS WORKSHOPS,

with more than 120 attendees in total, 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. Through this effort, more than 450 individuals, representing non-profit, community, clinical, academic, governmental, and faith-based organizations, receive critical public health and emergency information before, during, and after disasters (organized in collaboration with the Office of Emergency Services).

BORDER HEALTH

- **Convened the second Binational Mental Health Symposium** for 132 participants, on October 11, 2018, in Tijuana, Baja California. Experts discussed the link between mental health and HIV, tuberculosis, cancer, and obesity. The Office of Border Health co-facilitates the Border Health Consortium of the California’s Mental Health Work Group.
- **Organized and conducted the APHA Public Health Across Borders Tour** on November 10, 2018. Public Health Services, Office of Border Health, and San Diego State University School of Public Health escorted 53 American Public Health Association Conference attendees on a public health tour in Tijuana, Baja California. The one-day tour included a visit to the Tijuana Mental Health Hospital where the group discussed binational and global mental health initiatives and SIMNSA (Sistemas Medicos Nacionales, S.A. de C.V.), one of the largest private health care delivery systems in Baja California, as the group learned about binational health care and infectious disease surveillance.
- **Planned and convened six bimonthly San Diego Border Health Collaborative meetings** (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 October 2018, in Tijuana, Baja California, Mexico (theme: Mental Health and Comorbidities), and in May 2019, in Tijuana, Baja California (theme: Cancer in the Border region). Meetings were organized in collaboration with the CDPH-OBBH and the U.S.-Mexico Border Health Commission.
- **Assisted to coordinate the 35th annual blood drive** for the county, which took place during April 2019. The county exceeded the 2019 goal of 500 pints, collecting a total of 560 pints.



Border Health Office Chief Justine Kozo (fourth from the right) and Juan Olmeda (fifth from the right) co-facilitated the second Binational Mental Health Symposium for 132 participants on October 11, 2018, in Tijuana, Baja California.

BUDGET AND FISCAL SERVICES

- **Provided four financial literacy trainings** at PHS Contract and Fiscal Group meetings to increase fiscal knowledge for analysts.
- **Conducted and provided oversight for the PHS Fee Analysis Board Letter**, approved by the County Board of Supervisors on April 30, 2019.
- **Provided inventory, fiscal management, contract management, and facility information** to use in the PHS Manager's Manual.
- **Met all Budget Build and Fund Balance deadlines.**

CONTRACT SERVICES

- **Administered 131 contracts** across six programmatic branches and PHS Administration branch.
- **Developed 78 memorandums** of agreement and memorandums of understanding.
- **Completed two contract audits.**
- **Completed 22 procurements and 110 amendments.**

COMMUNITY HEALTH STATISTICS UNIT

- **Updated the 2010 report Economic Burden of Chronic Disease** in San Diego County in August of 2018, examining seven chronic diseases and their cost and prevalence in the county. The economic burden to San Diegans of these chronic diseases rose from \$4 billion in 2007 to \$12 billion in 2016. This research was accepted for a scientific presentation at the American Public Health Association's annual conference in 2019.
- **Developed population-based *Live Well* Health and Well Being Data System Behavioral Health data** on over a dozen behavioral health-related diagnoses by age group, gender, geography, race/ethnicity, and socioeconomic status. Geographies include HHSA regions and sub-regional areas, incorporated cities, and County Board of Supervisors Supervisorial Districts.
- **Developed a repository of population-based data on opioid use disorder** in San Diego County and the U.S. to assist Behavioral Health Services in their response to opioid overdoses in San Diego County. This included local information on the number of opioid prescriptions filled, the rate of overdoses, and the demographics of patients with opioid use disorder. Staff responded to data requests and participated in multidisciplinary data meetings and Data to Action opioid grant planning meetings. Public Health subsequently secured funding from the Centers for Disease Control and Prevention.
- **Participated in the 2019 San Diego Climate Summit** in March 2019, including as a panelist for the Public Health and Vulnerable Communities session, describing those populations particularly vulnerable to heat-related illness and death.
- **Organized 10 HHSA Data Threading meetings** which focused on skills training, current information, and standardization of methods and practices for data analysts and epidemiologists throughout HHSA divisions.

ADMINISTRATION OF PHS ACCOMPLISHMENTS

LAUNCHED THE HEALTH EQUITY TOOL FOR PROGRAMS

on November 20, 2018. This tool offers questions for staff to consider when designing and administering programs to advance health equity for the public as well as individual clients served. Branch Chiefs were asked to present at Senior Staff monthly meetings on how their branch had implemented the Health Equity Tool for Programs.

DEVELOPED A FIRST-EVER MULTI-MEDIA PRESENTATION

on the regional narrative regarding the local public health impacts of climate change, March 25–June 30, 2019. Conducted consultation, input, and collaboration with experts from Air Pollution Control District, County Vector Control, Office of Emergency Services, Scripps Institute of Oceanography at UCSD, CDPH, and Community Health Statistics Unit.

HEALTH EQUITY

- **Participated with researchers** from University of California San Diego (UCSD), San Diego State University (SDSU), and McGill University on a panel on disproportionality for the annual Epidemiology Research Exchange on April 26, 2019.
- **Participated in the new Public Health Alliance of Southern California's Health Equity Working Group** and helped develop the Regional Strategic Plan for Health Equity with eight other local health departments. Started with a first meeting on September 21, 2018.
- **Participated on the California Department of Public Health (CDPH) Advisory Committee on Health Equity** and chaired Sub-Committee on Sustainability, including participation in quarterly meetings in Sacramento, the Central Valley (Fresno), and teleconferences in between. Played a key role in committee meeting preparation and various activities. Meetings were held on September 17 and December 6, 2018, and February 14 and May 15-16, 2019.
- **Planned and facilitated** the PHS Health Equity and Climate Change Committee.

CLIMATE CHANGE

- **Facilitated weekly meetings on climate adaptation planning leading** to the development of an Adaptation Plan Template in partnership with CDPH and 427, July to October 2018.
- **Utilized the Adaptation Template** and worked with CDPH to develop the first draft of an Adaptation Plan for the Public Health Impacts of Climate Change for the region on March 27, 2019.
- **Established a Concept Paper** for a 2020 convening in partnership with Scripps Institute of Oceanography at UCSD in July 2018. This convening will bring together numerous groups to learn about and prepare for the public health implications of climate change in San Diego County.
- **Coordinated a workshop for Public Health Leaders and Epidemiologists** on the regional Public Health impacts of climate change, leveraging technical assistance from CDPH.

DIVERSITY AND INCLUSION

- **Chaired planning committee leading to International Diversity and Inclusion Holiday Potluck Party** for the department on December 17, 2018. The event included food demonstrations, bingo, international music, craft tables, a photo booth, a cultural dance demonstration, and food from all over the world.
- **Designed and facilitated a workshop on Diversity and Inclusion** at the 2018 Public Health Leaders Advance on September 24, 2018. The theme was authenticity and compassion with a training on active listening.
- **Facilitated branch level review of Inclusion Report** and creation of an Inclusion Checklist based on the 2017-2018 inclusion icebreaker rolled out across the department on September 1, 2018. Discussion by Health Equity Committee to develop metrics or measurements of inclusion. Brainstorming of efforts to foster inclusion based on the Inclusion Report.
- **Developed staff in cultural competency skills** including facilitating the design, review, and dissemination of monthly Diversity posters:
 - Black History
 - Greek American Heritage
 - Hispanic Heritage
 - Jewish-American Heritage
 - Korean American Heritage
 - Native American Heritage
 - People with Disabilities
 - Refugee Awareness
 - The 50th Anniversary of the Stonewall Uprising
 - Women in U.S. History

TRAUMA-INFORMED SERVICES AND SYSTEMS INTEGRATION

- **Ensured more than 95%** of PHS staff completed Trauma e-learning module in the County's Learning Management System (LMS).
- **Promoted and facilitated Mental Health First Aid training for PHS.** Goals were established and met to increase number of staff trained on Mental Health First Aid, which supports understanding of Behavioral and Social Sciences (a component of the Core Competencies for Public Health Professionals). This eight-hour certification course covers the basics of psychology for non-psych majors and supports a trauma-informed approach. The goal was 100% of PHS staff trained by Sept 30, 2019. Extensive efforts were undertaken throughout 2018-2019 in this effort.
- **Finalized draft Trauma-Informed policy and procedure**, providing guidance to staff on taking a trauma-informed approach to service delivery.

ADMINISTRATION OF PHS ACCOMPLISHMENTS

WORKFORCE DEVELOPMENT

- **Rolled out and analyzed survey** of PHS staff evaluating the last two years of Workforce Development efforts (2017-2019).
- **Developed the new Workforce Development Plan** 2019-2021.
- **Ensured that 95% of all deliverables** in the 2017-2019 Workforce Development Plan Work Plan were on track to completion. Coordinated with leads of the various workforce development efforts to keep the work plan up-to-date quarterly, including goal to have 90% of staff trained in incident command and emergency management training.
- **Rolled out a series of branch workshops** on Core Competencies for Public Health Professionals and Future Skills. Workshops included a presentation, survey results, an interactive exercise, and focus groups.

CUSTOMER SERVICE

- **Coordinated the facilitation** of two to three workshops for Senior Staff and Public Health Leaders on coaching to advance strategic initiatives (e.g., Customer Service).
- **Coordinated and facilitated** transition to Enterprise-Wide Survey.

MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT

- Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM) program **recovered \$10.1 million in federal MAA/TCM revenues**, supporting the goal of PHS to improve the accessibility of health care services by offsetting the administrative cost of providing care to Medi-Cal clients.
- **Developed plans** to improve outreach and strengthen the MAA/TCM program, which included preparing a multi-faceted work plan for the MAA/TCM program.
- **Identified opportunities** to expand the number of MAA/TCM participants within the county claiming units, as well as refined the approach to engaging participants from community-based organizations.
- **Prepared marketing tools** including a flyer entitled “Could you be Eligible for Funding?” to promote awareness of the MAA/TCM program and engage additional participants.
- **Provided a total of 17 webinars**, classroom, and individualized training to 358 trainees for the required annual MAA/TCM training.
- **Collaborated with Agency Fiscal staff** to monitor inflows and outflows from the MAA/TCM trust fund. Clarified the factors that affect the type and timing of transactions.
- **Identified a quality improvement project** to reduce the amount of time spent processing Medi-Cal administrative activities invoices.
- **Conducted quality assurance reviews for 222 participants** who claim to the Skilled Medi-Cal Personnel (SPMP) activity. The reviews improved awareness of the need for accurate timecard entry, and reduced risk of audit disallowances in the event of subsequent review by the Department of Health Care Services.

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT

- **Finalized a new Public Health Services Strategic Plan** for FY 2019-2021 with more than 300 performance metrics that are being used to track progress across each of the seven Branches. A Health Equity Appendix details a health equity focus for each of the Branches, explaining why this equity concern is a priority, and how each Branch plans to address it.
- **Disseminated four quarterly Performance Flash Reports** that capture key operational, program, and outcome measures for each Branch. These provide a visual way of capturing Branch performance achievements and challenges. In addition, a new system was procured that should facilitate stronger monitoring and communicating performance results beginning in FY 2019-2020.
- **Coordinated the execution of seven QI projects**, just short of the County Operational Plan goal of eight projects, reflecting the department's commitment to operational excellence through continuous improvement. One of the projects involved a streamlined approach for preparing community health and wellness data, resulting in dramatic savings in staff and time, and recognition from the Milbank Memorial Fund and Academy Health with the 2019 State and Local Innovation Award.
- **Continued to deploy a QI approach** to expanding technical support for QI across all seven Branches, referred to as the "QI on QI Project." This includes sponsoring workshops, resources and consultations, including a mid-year technical consultation, held on February 21, 2019. The County Health Executives Association of California invited the performance management coordinator to share the "QI on QI Project" at a workshop in October 2019 as a best practice.
- **Coordinated the QI for Project Teams workshop**, held on April 25 and 26, 2019, with follow-up sessions on June 20 and 21, 2019, to provide 30 staff, QI Project Teams members and Champions, more in-depth training and exposure to methods, as well as the opportunity to design future projects with the benefit of on-site expert consultation and feedback from peers.
- **Guided efforts across PHS** and other county departments to maintain and strengthen conformity to public health accreditation requirements. San Diego County was conferred accreditation from the Public Health Accreditation Board on May 17, 2016, and will be seeking re-accreditation in 2021.

PERSONNEL

- Worked with the PHS Department to expedite and streamline process for the Public Health Nurse hiring.
- Worked with PHS branches to reduce Overdue Performance Appraisal Report.
- Worked with PHS branches to reduce the number of inactive volunteers.

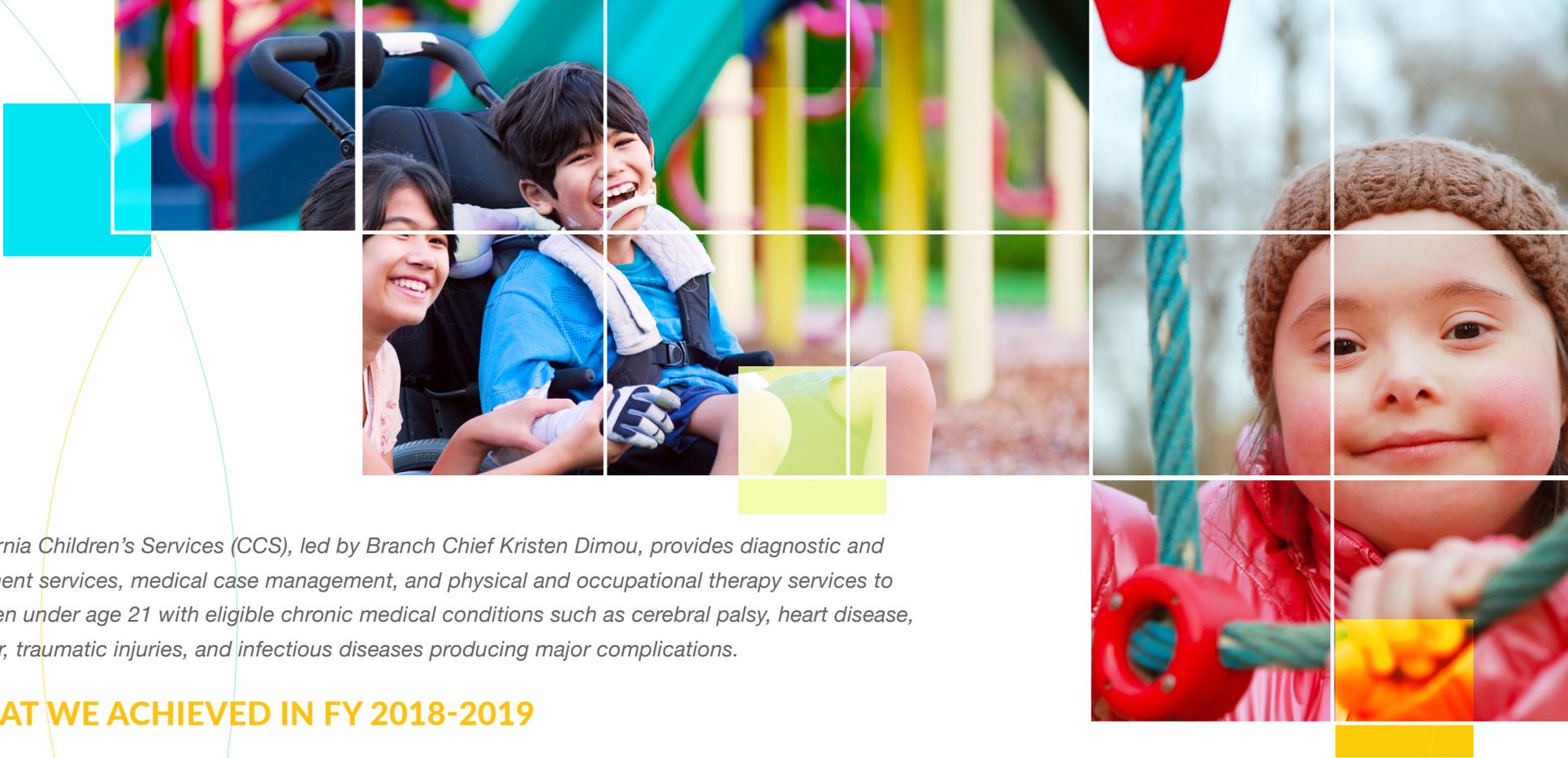
ORGANIZED THE 2ND ANNUAL QUALITY IMPROVEMENT (QI) RESOURCE FAIR on December 13, 2018, drawing 160 participants. Twelve stations offered Project Storyboard presentations and Games based on QI methods. PHS received a 2019 National Association of Counties Achievement Award for the QI Resource Fair for a creative, interactive approach to "demystify" QI.

CREATING OPPORTUNITIES BY CONNECTING PEOPLE

WE STRIVE TO ENSURE ALL FAMILIES HAVE ACCESS
TO SUPPORT SERVICES AND HEALTH BENEFITS

CALIFORNIA CHILDREN'S SERVICES

- ▶ CCS Medical Therapy Program
- ▶ CCS Administration/Case Management



California Children's Services (CCS), led by Branch Chief Kristen Dimou, provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with eligible chronic medical conditions such as cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major complications.

WHAT WE ACHIEVED IN FY 2018-2019

CCS ADMINISTRATION/CASE MANAGEMENT PROGRAM

- **Provided medical evaluations, treatment, and case management services** for approximately 13,860 chronically ill, severely and physically disabled children and youth.
- **Provided outreach to 20 diverse community partners**, training 277 individuals through 23 in-services throughout San Diego to educate about CCS services and improve care coordination. Some community partners included managed care plans (Care 1st, United, Aetna), various departments at Rady Children's Hospital, physicians from California Pediatrics, North County Health Services, Family Health Centers of San Diego, San Diego Regional Center, City of San Diego, Chula Vista Elementary School District, San Pascual Academy, In-Home Support Services, and Cal State San Marcos nursing students.
- **Demonstrated operational excellence** by orienting and training 23 employees to new positions through comprehensive on-the-job training program focused on programmatic knowledge and skill-building.
- **Employed Interpretive services 278 times** (including telephone, video and in-person translations), supporting both the Health Equity and Diversity and Inclusion initiatives by assisting CCS staff to serve our diverse clients and by providing the families of our clients a variety of interpretive services to best communicate and understand their child's health care needs.

CALIFORNIA CHILDREN'S SERVICES ACCOMPLISHMENTS



The El Cajon MTU Adaptive Ballet Group ballerinas pose after their debut recital.

MEDICAL THERAPY PROGRAM

- **Provided 22,999 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services** for 1,613 CCS children in local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego*.
- **CCS liaisons attended 258 Special Care Clinics** (rehabilitation, muscle disease, spinal defects, spinal cord injury/acquired brain injury, and limb deficiency) at Rady Children's Hospital (RCH) in San Diego, Escondido, and Oceanside. This continues the collaboration between the CCS-Medical Therapy Program and RCH for shared clients to ensure timely referrals for new clients and communication regarding recommended therapy services and medical equipment for existing clients.
- **Recommended and procured 1,186** medically necessary pieces of specialized rehabilitation equipment for CCS clients.
- **Promoted public health as a career choice** by participating in the educational development of 28 occupational or physical therapy interns from 10 different educational institutes.



CCS client tries on a firefighter outfit during an Emergency Preparedness event at San Diego North MTU.

PROCESS IMPROVEMENT FOR QUICK RESPONSE

WE ARE DEDICATED TO IMPROVING SURVEILLANCE AND
RESPONSE TIMES TO MITIGATE HEALTH CRISES.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

- ▶ CHILDHOOD LEAD POISONING PREVENTION PROGRAM
- ▶ EPIDEMIOLOGY
- ▶ IMMUNIZATIONS
- ▶ PUBLIC HEALTH LABORATORY
- ▶ VITAL RECORDS



CHILDHOOD LEAD POISONING PREVENTION PROGRAM Provided information and education to 6,389 individuals or families through the provision of presentations and print materials at childcare facilities, Head Start sites, community centers, libraries, and health fairs.

The Epidemiology and Immunization Services Branch (EISB), led by Branch Chief Jeff Johnson, identifies, prevents and controls communicable diseases, conducts surveillance for various conditions, performs diagnostic testing, and records vital events. EISB works to prevent disease by improving immunization coverage rates via case investigation, providing education, advancing community collaboration, and providing timely laboratory services.

WHAT WE ACHIEVED IN FY 2018-2019

CHILDHOOD LEAD POISONING PREVENTION

- **Advised 701 healthcare providers** on lead poisoning updates and case management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters.
- **Provided 179 children** with public health nursing case management services.

EPIDEMIOLOGY

- **Responded** to meningococcal outbreak, influenza outbreaks, and reports of acute diseases
- **Registered 26,657 communicable disease** cases (Epidemiology and Immunization Services Branch).
- **Investigated 8,324** communicable disease cases.

- **Completed** investigations for 172 outbreaks.
- **Processed 678 cases** of newly reported HIV cases, and 462 cases of new San Diego resident diagnoses.
- **Published** on the web the Biannual HIV Epidemiology Report. The report is used by internal and external customers for grant writing and program planning.
- **Organized and coordinated** the annual Vector-Borne and Zoonotic Disease meeting on April 30, 2019. The purpose of the meeting was to share information and best practices among county and community partners related to the surveillance, investigation, control, and prevention of vector-borne and zoonotic diseases in San Diego County.
- **Organized and coordinated** the Fifth Annual Communicable Diseases meeting on March 29, 2019. The purpose of the meeting is to share information and best practices among public health professionals and community partners related to the investigation, control, and prevention of communicable diseases in San Diego County.

RESPONDED TO AN OUTBREAK

of meningococcal disease at San Diego State University. Conducted more than 15 vaccination events with thousands of vaccines delivered during this event.

INVESTIGATED 3,567 vaccine-preventable disease cases.

OBTAINED 100% COMPLIANCE RATE among 873 preschools and childcare centers, 670 kindergarten classes, and 432 seventh grade classrooms that completed their mandatory California Department of Public Health immunization assessments.



County staff/intermittent workers and San Diego State University (SDSU) staff who participated in the mass vaccination event at SDSU Viejas Arena on October 5, 2018.

IMMUNIZATIONS

- **Managed 55,400 doses** of publicly provided influenza vaccines provided throughout San Diego County.
- **Delivered** (via public health centers) all age-appropriate vaccines to 100% of children ages 0-18 at each visit who presented for immunizations.
- **Onboarded eight providers** (representing 164 sites) using electronic interfaces to the San Diego Immunization Registry.
- **Conducted a Kick the Flu Summit** at the San Diego City Library September 19, 2018, bringing together medical providers, practitioners, and school nurses to empower them for the flu season.



Public Health Laboratory staff.



Vital Records Staff

VITAL RECORDS REGISTERED 98% OF OVER 40,000 BIRTH CERTIFICATES within 10 days of the event, far exceeding the State goal of 80%. This demonstrates a strong customer service culture and a focus on creating a positive customer experience.

PUBLIC HEALTH LABORATORY

- **Tested and diagnosed 50,074** clinical specimens for disease.
- **Performed 3,332** water tests.
- **Performed 403** rabies tests.
- **Implemented** expanded capabilities for molecular sequencing process to characterize several pathogens.

VITAL RECORDS

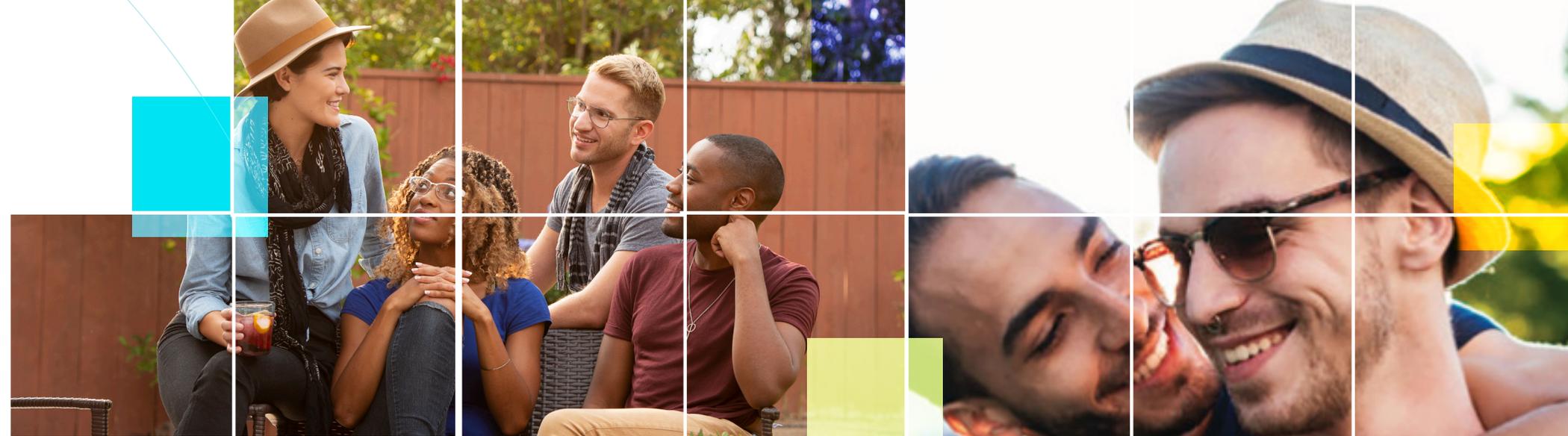
- **Registered 42,381 birth certificates** for all San Diego County births.
- **Registered 22,726 death certificates** for San Diego County deaths.
- **Issued 271 State** Medical Marijuana Identification Cards (160 new cards and 111 renewals) to qualified patients.
- **Implemented the electronic birth registration system (EBRS)** to facilitate the electronic and timely registration of new births.
- **Went live** with the new Vital Record cashiering system.

PROVIDING LEADERSHIP AND COORDINATION

THROUGH SCREENINGS AND EDUCATION, WE HAVE
SIGNIFICANTLY DECREASED NEW HIV DIAGNOSES

HIV, STD, AND HEPATITIS BRANCH

- ▶ ADMINISTRATION
- ▶ CLINICAL SERVICES
- ▶ HIV CARE AND TREATMENT SERVICES
- ▶ INTENSIVE CASE MANAGEMENT
- ▶ STD EPIDEMIOLOGY
- ▶ STD AND HIV FIELD SERVICES
- ▶ STD PREVENTION AND CONTROL



HIV, STD, and Hepatitis Branch (HSHB), led by Branch Chief Patrick Loose, works with the HIV Planning Group and other community partners to develop and deliver quality HIV testing, treatment, and prevention services. HSHB responds to sexually transmitted diseases by providing treatment, screening and prevention; interviewing persons with diagnosed HIV to identify sex and needle-sharing partners; conducting disease surveillance; and reporting. Viral hepatitis services include the screening of and vaccination of vulnerable populations. Disease investigation is conducted through STD and HIV field services in order to quickly identify those infected so that they receive treatment to curtail the spread of disease.

WHAT WE ACHIEVED IN FY 2018-2019

Getting to Zero is a comprehensive initiative that seeks to end the HIV epidemic in San Diego County within 10 years. The initiative aims to increase public awareness of HIV and embolden countywide prevention efforts by setting clear goals, encouraging collaboration among local organizations and health care providers, and pursuing policy changes that support HIV eradication efforts. The *Getting to Zero* campaign is comprised of three primary strategies to help end the epidemic: Test, Treat, and Prevent. The campaign has been a success. **New diagnoses have decreased by 27%**, from 499 in calendar year (CY) 2016 to 366 in CY 2018.

ADMINISTRATION

- **Applied for, was awarded, and executed** new contracts for HIV prevention one-time funding and STD one-time funding.
- **Applied for and was awarded \$200,000** under Health Resources and Services Administration's Building Capacity for HIV Elimination grant for program term July 1, 2019, through June 30, 2021.
- **Managed 52 service delivery contracts** supporting the *Getting to Zero* initiative, conducting 62 site visits and 50 in-depth invoice reviews, and processing 78 amendments, 44 Contracting Officers Representative changes, and four termination letters.
- **Released** a Request for Proposal for HIV prevention services, Request for Statement of Qualifications for PrEP Navigation and Rapid Anti-Retroviral Therapy for persons newly diagnosed with HIV, and a Request for Quote for an environmental assessment of persons who inject drugs.
- **Developed** several desk guides, reports templates, and checklists, and updated operational policies and procedures.

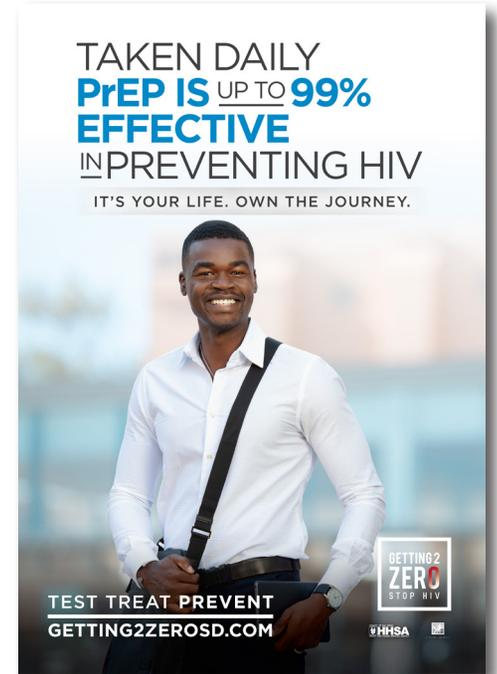
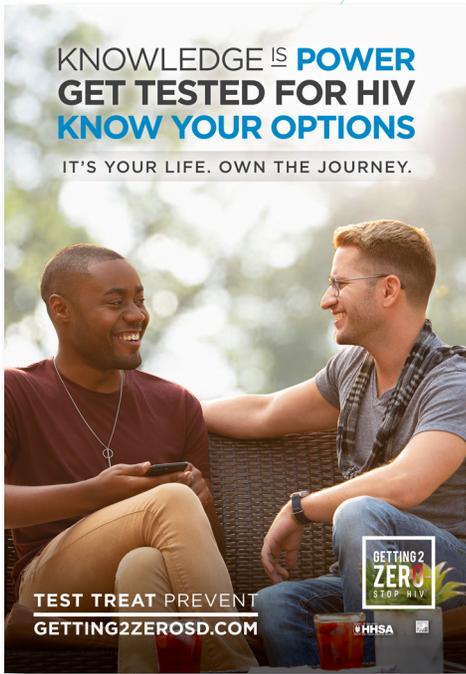
CLINICAL SERVICES

- **Provided 9,923 services to 5,294 people** in the County of San Diego's four STD clinics.
- **Provided non-occupational post-exposure prophylaxis (nPEP)** to 19 uninsured individuals following a confirmed or probable high-risk exposure to HIV.
- **Diagnosed and managed 3% of the 22,098 chlamydia cases** reported in San Diego County.
- **Diagnosed and managed 9%** of the 6,200 gonorrhea cases reported in San Diego County.
- **Diagnosed and managed 28%** of the 546 primary and secondary syphilis cases reported in San Diego County.
- **Diagnosed and managed 21%** of the 1,079 infectious (i.e., primary, secondary, and early latent) syphilis cases reported in San Diego County.
- **Provided clinical training in STDs** to 71 local health professional trainees, including nursing and nurse practitioner students, medical residents and fellows of various specialties, County Public Health Nurses, and county nurse residents who rotated through the county STD clinics.

**MANAGED \$22 MILLION
OPERATIONAL BUDGET
WITH \$14 MILLION IN
CONTRACTED SERVICES.**

HIV CARE AND TREATMENT SERVICES

- **Continued** to attend weekly jail telemedicine clinic interfacing, with more than 150 incarcerated HIV positive inmates.
- **Coordinated** two trainings with the San Diego Volunteer Lawyer Program for completion of the necessary documentation for end of life planning.
- **Conducted** quarterly STD trainings attended at least once by all 99 ICM clients.
- **Placed** two monolingual Spanish-speaking clients in the ICM program and assisted both from the start of the program to completion.
- **Facilitated enrollment** into community college for five clients who graduated from in-patient substance use disorder treatment.
- **Assisted** in enrollment of three clients into a culinary arts program through Kitchens for Good. All three clients obtained employment in the culinary field upon graduation from the program.
- **Assisted** four ICM clients in obtaining their General Education Degrees while participating in substance use disorder treatment.
- **Continued to focus** on client retention and viral load suppression, achieving a viral load suppression rate of 91% among recipients of Ryan White services.
- **Provided HIV care**, treatment, and support services to a total of 3,804 clients.
- **Received a score of 97 out of 100** on the annual Ryan White Part A application in March 2019.
- **Linked 87%** of individuals newly diagnosed with HIV to care within 30 days.
- **Completed a clinical quality management project** on linking clients newly diagnosed with HIV to care within 30 days of diagnosis and determined that 92% (84 of 91) of newly diagnosed individuals were linked to care within 30 days.
- **Conducted 7,103 outreach contacts** to individuals living with HIV or vulnerable to HIV infection.
- **Successfully** linked 602 individuals to PrEP Medi-Cal care and 448 initiated use of PrEP.
- **Conducted or participated in 73 events**, including health fairs and events for National HIV testing Day and World AIDS Day, that reached 869 people.
- **Provided information regarding HIV testing, treatment, and prevention** through 42,193 web hits/page views, 320,973 social media mentions, 8,011 followers (Facebook, Twitter and Instagram); 13,627,438 impressions (billboards, bus, Google Ad Words, commercial, digital advertising, and materials) on regional websites.



INTENSIVE CASE MANAGEMENT

- **Placed 99** unduplicated clients into the Intensive Case Management (ICM) program, which consists of a 10-month substance use disorder treatment program. All clients in Intensive Case Management received at least one HIV primary care visit.
- **Assisted more than 30 clients** with applications for subsidized rental housing programs, ensuring they would not become homeless following completion of the ICM program.
- **Screened 257 HIV positive inmates** in the county jails through the Jail Case Management program. Of those screened, the majority received re-entry counseling within 30 days of their release from custody, which included development of a post-release plan. These plans include connection to medical care, access to medications post-release, appointments for Medi-Cal and/or Covered California enrollment assistance and medical case management.
- **Continued to arrange for a 30-day supply of HIV medications for inmates receiving HIV treatment** at the time of release from custody, ensuring approximately 90% of inmates left custody with medications ready for pick-up at a designated pharmacy.
- **Ensured that 100% of clients** who completed the ICM program continued with medical care, relapse prevention, affordable housing, and other supportive services.
- **Ninety-nine clients in the ICM program** participated in wellness workshops and weekly structured physical activities in alignment with the *Live Well San Diego* initiative.

BECAUSE **KNOWING**
IS ALWAYS BETTER
THAN NOT...

GET TESTED FOR HIV. KNOW YOUR OPTIONS.

UNDETECTABLE=
UNTRANSMITTABLE

TEST TREAT PREVENT
GETTING2ZEROSD.COM



TREAT
**LIVE A LONG,
HEALTHY LIFE**

STD EPIDEMIOLOGY

- **Conducted electronic laboratory reporting testing** and brought large volume laboratories, such as Logan Heights Family Health Centers of San Diego Laboratory and Quest San Juan Capistrano (aka Quest Nichols), to the live system.
- **Completed and disseminated annual data** slides providing key information regarding trends in syphilis, gonorrhea, and chlamydia through calendar year 2018.
- **Provided monthly updates** regarding syphilis, gonorrhea, and chlamydia incidence and timely STD/HIV-related topics.

HIV TREATMENT STOPS THE VIRUS

IT'S YOUR LIFE. OWN THE JOURNEY.

CONDUCTED SURVEILLANCE-BASED INTERVENTIONS IN ALIGNMENT WITH THE *GETTING TO ZERO* INITIATIVE, INCLUDING:

- o 269 high-risk gonorrhea investigations (positive rectal gonorrhea in HIV-negative men for purposes of referring to biomedical HIV prevention or PrEP).
- o 160 Data to Care investigations (HIV-positive individuals either never linked to HIV care or who may have fallen out of care).
- o 150 Surveillance-Based Partner Services investigations (newly diagnosed HIV-positive individuals for the purposes of linkage to medical care and assistance with partner notification).

STD AND HIV FIELD SERVICES

- **Conducted 5,912 HIV tests** in County STD Clinics, identifying 47 individuals newly diagnosed with HIV and linked 91% to HIV medical care within 30 days of results disclosure.
- **Funded 2,323 HIV tests** conducted in county detention facilities, leading to new HIV diagnoses for 11 inmates.
- **Processed more than 14,201 positive syphilis results.**
- **Conducted 2,575 syphilis investigations** (3.7% increase from 2017).
- **Investigated 1,079 cases of infectious syphilis cases** (4.5% decrease from 2017).
- **Received and processed 22,098 chlamydia cases** into the surveillance system (6.2% increase from 2017).
- **Received and processed 6,200 gonorrhea cases** into the surveillance system (4.3% increase from 2017).
- **In December 2018**, the HIV Field Services team received the County Administration Office H.E.A.R.T. Customer Service Award for their work advancing the *Getting to Zero* initiative.
- **Successfully advocated for three additional Communicable Disease Investigators** and one Senior Communicable Disease Investigator to support STD disease investigation unit due to continuing increases in STD morbidity and increases in congenital syphilis.

STD PREVENTION AND CONTROL

- **Conducted 67 STD presentations** for 1,522 representatives of health care organizations, community-based organizations, community colleges, universities, schools, school nurses, students, and social service organizations.
- **Conducted** three California Department of Public Health (CDPH) Sexual Health Educator trainings (two full-day, one half-day) with 103 participants, including health educators, clinicians, teachers, and school staff. The two full-day trainings were hosted by the San Diego County Office of Education (SDCOE) and the half-day training was hosted independently.
- **Provided** California Healthy Youth Act-related technical assistance to 15 schools and school districts, including public, charter, and private schools.
- **Conducted 14 sexual health education teacher trainings for 287 teachers**, including assisting San Diego Unified School District (SDUSD) with four rounds of training for 93 new middle school and high school Sexual Health Education Teachers.
- **Assisted SDUSD** in implementing the Youth Risk Behavior Survey in eight high schools.
- **Screened 100% of all females** entering San Diego juvenile detention facilities within 48 hours, surpassing the State goal of 80% and the statewide average of 82%.
- **Treated 88% of females who tested positive for chlamydia.** Eighty-five percent were treated within 14 days, slightly missing the state goal of 90% but surpassing the statewide average of all Chlamydia Screening Project (ClASP) sites of 78%.
- **Treated 94% of females who tested positive for gonorrhea**, all within 14 days of testing, surpassing the state goal of 90% and the statewide average of all ClASP sites of 87%.
- **Facilitated** the transition from CDPH funds to County funds to support the ClASP program following the termination of CDPH funding.
- **Assisted with two rotations of Hoover High School FACES students** (health internship partnership program) in conjunction with Planned Parenthood of the Pacific Southwest. Students created and implemented the *Get Yourself Tested* STD testing and education campaign, developed by the Centers for Disease Control and Prevention.

MAINTAINED AND PROMOTED
DON'T THINK, KNOW, a chlamydia and gonorrhea home test kit for young women of color. In FY 2018-2019, 246 kits were ordered and 147 (60%) were returned. This represents a 32% increase over the previous year when 186 kits were ordered.

Almost 10,000 young women in San Diego got chlamydia or gonorrhea last year.

Do You Know?

You could have chlamydia or gonorrhea and not know it.

Left untreated, these infections can cause infertility.

HHS HHS

LIVE WELL SAN DIEGO

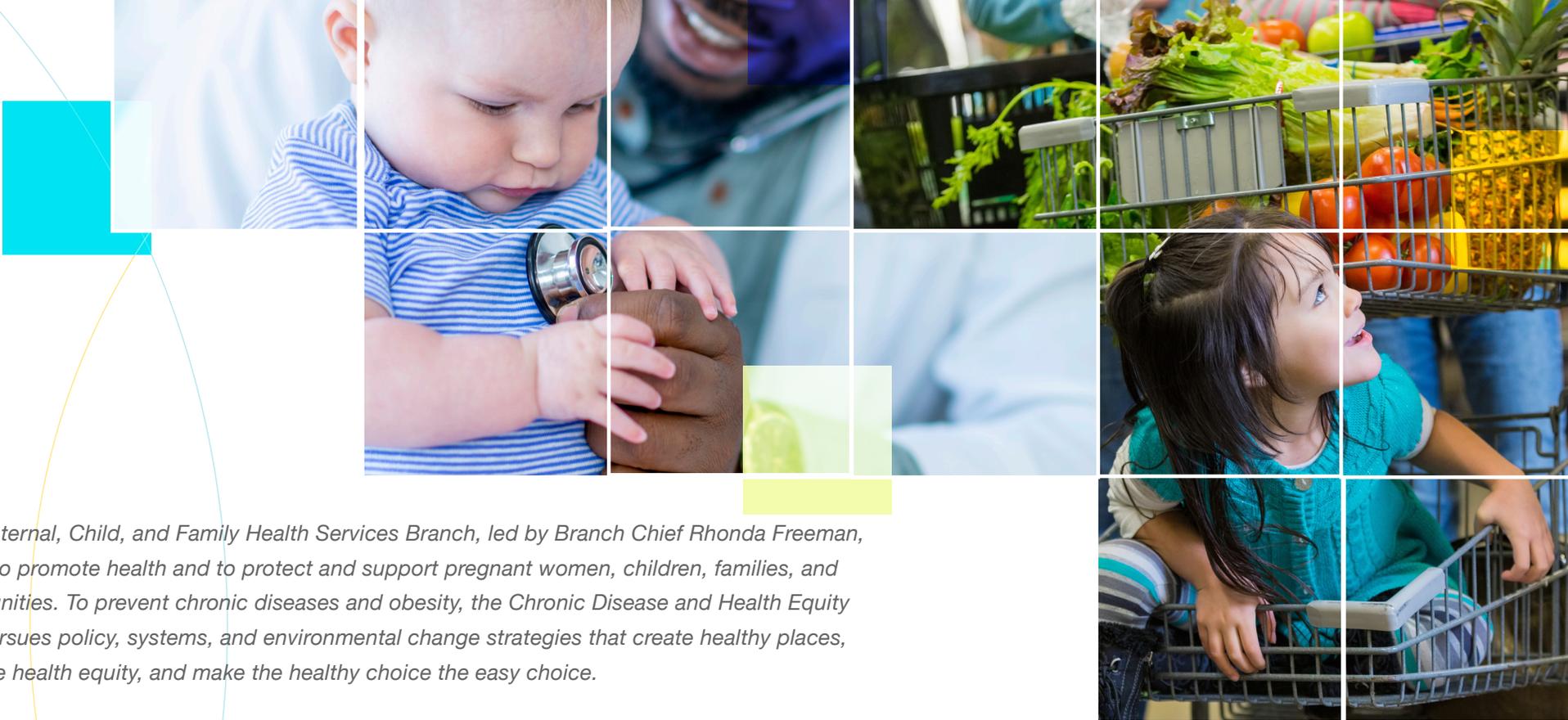
Get a **FREE** and confidential home test kit at: DontThinkKnow.org or call (619) 692-5669

WORKING TO IMPROVE COMMUNITY WELL-BEING

THROUGH INNOVATIVE PROGRAMS, WE PROMOTE
AND SUPPORT PREGNANT WOMEN, CHILDREN, FAMILIES,
AND COMMUNITIES

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

- ▶ CHRONIC DISEASE AND HEALTH EQUITY UNIT
- ▶ FAMILY PREVENTIVE AND HEALTH SERVICES UNIT
 - ▶ CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
 - ▶ HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
 - ▶ MATERNAL, CHILD, AND ADOLESCENT HEALTH
 - ▶ ORAL HEALTH PROGRAMS
- ▶ SURVEILLANCE UNIT



The Maternal, Child, and Family Health Services Branch, led by Branch Chief Rhonda Freeman, 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.

WHAT WE ACHIEVED IN FY 2018-2019

CHRONIC DISEASE AND HEALTH EQUITY UNIT

- **Recruited and trained four childcare centers** and 20 family childcare homes to become breastfeeding-friendly through lactation supportive environment efforts.
- **Recruited five new worksites** with a total of 2,538 employees and continued to support 52 existing *Live Well @ Work* worksites with a total of 51,498 employees by implementing worksite wellness policies, systems, and environmental supports to strengthen employee physical activity, and by putting into place evidence-based employee engagement strategies.
- **Provided direct nutrition education** to 11,537 low-income individuals throughout San Diego County.
- **Supported the adoption of policies, systems, and environmental changes (PSEs)** at 11 elementary schools from five school districts. This impacted a total of 5,530 students in transitional kindergarten through sixth grade. A total of 15 PSE changes were adopted in these eleven schools that included six for improving healthy eating, seven for increasing physical activity, and two for enhancing overall wellness.
- **Contracted** with four community-based organizations to complete four Resident Leadership Academy (RLA) Cohorts, reaching more than 40 residents from low-income communities. RLAs are multi-week training programs for San Diego County residents who want to learn how to improve their local communities.

- **Awarded two competitive cooperative agreements** from the Centers for Disease Control and Prevention for the period September 30, 2018 – September 29, 2023: 1) Racial and Ethnic Approaches to Community Health (REACH; \$3.96 million); and 2) Heart Disease and Stroke Prevention Program (\$4.5 million).
- **Helped five cities in San Diego County** (Imperial Beach, Chula Vista, Coronado, Santee, and National City) update their definitions of “tobacco products” and “smoking” to include newer products such as e-cigarettes. All 18 cities in San Diego County have updated their tobacco definitions.



Perinatal Equity Initiative Community Advisory Board, formed in the summer of 2019. The Board includes County staff and community partners working together to improve health equity for African American infants.

- **Achieved a 13% decrease** in sodium for the average combined total of breakfast and lunch meals with the two largest senior meals contractors through Aging and Independence Services and the Sodium Reduction Initiative (SRI). Additionally, the SRI formally brought on the University of California San Diego health system as its newest partner.

FAMILY PREVENTIVE AND HEALTH SERVICES UNIT

Child Health and Disability Prevention

- **Facilitated the provision of at least 23,686 child health screenings** to low-income children through the Child Health and Disability Prevention Program.

Health Care Program for Children in Foster Care

- **Worked with Child Welfare Services, Regional Public Health Nursing, and Juvenile Probation** to provide intensive care coordination activities on behalf of 1,677 children in out-of-home care, achieved a medical compliance rate of 97% and a dental compliance rate of 90%.

Maternal, Child, And Adolescent Health

- **Referred 883 pregnant women** to a County Family Resource Center for assistance with pregnancy Medi-Cal application through the Perinatal Care Network toll-free phone line (800-675-2229).
- **Ensured 100% (46 of 46) of infants** born to mothers in the Black Infant Health program were normal birth weight, and 98% (45 of 46) of mothers initiated breastfeeding.
- **Awarded \$448,000 for a planning grant** from the California Department of Public Health to develop the Perinatal Equity Initiative Program, which will focus on lowering the rate of preterm births in African American women.

Oral Health Program

- **Coordinated with community clinics** and other organizations to conduct a seven-site, countywide “Give Kids a Smile” sealant/ varnish event—298 children were screened, 263 children received fluoride varnish, and 157 children had sealants placed, for a total value of \$55,700 in volunteer services on February 23, 2019.
- **Conducted outreach to 36 pediatricians** of which 75% (27 of 36) implemented enhanced oral health activities (e.g., applying fluoride varnish, oral health education, referring children by one year of age to dental provider).
- **Provided coordination** for oral health screenings for 261 children (including homeless youth).
- **Provided oral health education** to 453 parents/primary caregivers.

SURVEILLANCE UNIT

- **Managed data collection for 472 stores** for The Healthy Stores for Healthy Community Campaign.
- **Developed the narrative and measures of evaluation** for the Overdose Data 2 Action grant application and for the Kresge Foundation Emerging Leaders in Public Health Applied Learning Resource Grant Proposal.
- **Researched, developed, and submitted** Evaluation Plans and Baseline Performance measures for Racial and Ethnic Approaches to Community Health (REACH) and Heart Disease and Stroke grants.

ENSURED 79% (204 OF 258) OF PREGNANT WOMEN WITHOUT PRENATAL CARE WERE LINKED TO A PROVIDER WITHIN 30 DAYS OF CALLING THE PERINATAL CARE NETWORK TOLL-FREE PHONE LINE.



LEADING COORDINATED COMMUNITY OUTREACH

KEEPING OUR COMMUNITIES PREPARED AND
READY TO RESPOND TO PUBLIC HEALTH THREATS

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

- ▶ DISASTER MEDICAL RESPONSE
- ▶ GRANTS/FUNDING
- ▶ HEALTH EMERGENCY RESPONSE
AND HOSPITAL PREPAREDNESS





The Public Health Preparedness and Response (PHPR) branch, led by Branch Chief Rob Sills, fosters preparedness within communities by supporting health and medical system response through readiness activities; supports county efforts to respond to public health threats and events through collaborative activities in monitoring and planning of responses; and promotes preparedness through drills, training, and exercises to ensure that County public health and medical staff have the ability to effectively respond to disasters and emergencies.

In coordination with emergency response partners, internal and external stakeholders, and community partnerships, PHPR is assigned to represent the Health and Human Services Agency and Public Health Services in the management of numerous grant projects funded by California Department of Public Health (CDPH), including: Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), Cities Readiness Initiative Program (CRI), and the State General Fund for Pandemic Influenza (PanFlu), in addition to the State Homeland Security Grant Program (SHSG) and Urban Area Security Initiative (UASI) grants.



PHPR and Public Health team members in the Departmental Operation Center during the county healthcare logistics drill.



A coordinated POD at San Diego State University in response to the meningococcal B outbreak.

WHAT WE ACHIEVED IN FY 2018-2019

DISASTER MEDICAL RESPONSE

- **Conducted a Statewide Medical and Health Exercise** with the participation of 285 healthcare facilities during the third week of November 2018.
 - Deployed Medical Reserve Corps volunteers at four local hospital facilities in the November 2018 Statewide Exercise.
- **Conducted a county healthcare logistics drill** with 260 healthcare facilities participating on May 7, 2019. More than 60 Public Health team members filled the Incident Command System positions in the Departmental Operations Center.
- **Successfully pilot tested the new Local Emergency Medical Services Information System (LEMSIS) Patient Tracking module** with four local hospital emergency departments.
 - Tested a Google Forms-based solution for receiving and streamlining situational information from the more than 200 Centers for Medicare and Medicaid Services (CMS) facilities.
- **Successfully completed the Operational Readiness Review**, conducted by the California Department of Public Health and the Centers for Disease Control and Prevention, for PHPR's work with the Strategic National Stockpile (SNS) initiative. The SNS project details how PHPR will provide prophylaxis to all 3.3 million residents of San Diego County and all visitors within a 48-hour timeframe. This will be accomplished with assistance from open and closed Point of Distribution (POD) partners around San Diego County.
- **Coordinated, staffed, and provided leadership** and clinical support to six regional Influenza PODS from October 16, 2018, to November 8, 2018, where a total of 731 Influenza vaccinations and 288 hepatitis A vaccinations were provided.
- **Coordinated and led a small POD** at the Nice Guys Community Christmas Party on December 8, 2018 to provide influenza vaccines to low-income families.



THE PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR) BRANCH

provided leadership and support for Point of Dispensing (POD) field response to the San Diego State University (SDSU) meningococcal B outbreak from October 5, 2018 through May 2, 2019, by providing a total of 4,505 vaccinations to the undergraduate student population.

- **Coordinated initial staffing** of the asylum seeker shelter prior to transition to Public Health Nursing (PHN) Administration and assisted with supplies. Additional education and support regarding infection control was provided to our community partner, and Jewish Family Services of San Diego on November 18, 2018.
- **Entered into a new contract** to organize and prepare the county's disaster cache of equipment and supplies at the county's emergency preparedness warehouse to prepare for and respond to large scale health emergencies.
- **Received approval from the San Diego County Board of Supervisors** on May 21, 2019 to allow San Diego Medical Reserve Corps (SDMRC) volunteers to support public health responses requiring a surge of health care professional resources in the absence of a local disaster proclamation.

SECURED GRANTS/FUNDING including a California Department of Public Health grant for Public Health Emergency Preparedness, Hospital Preparedness Program, Cities Readiness Initiative Program, and State General Fund for Pandemic Influenza, for approximately \$3,663,458. Also, received funding from State Homeland Security Grant Program and Urban Area Security Initiative in the total amount of approximately \$80,000 and \$150,000, respectively.

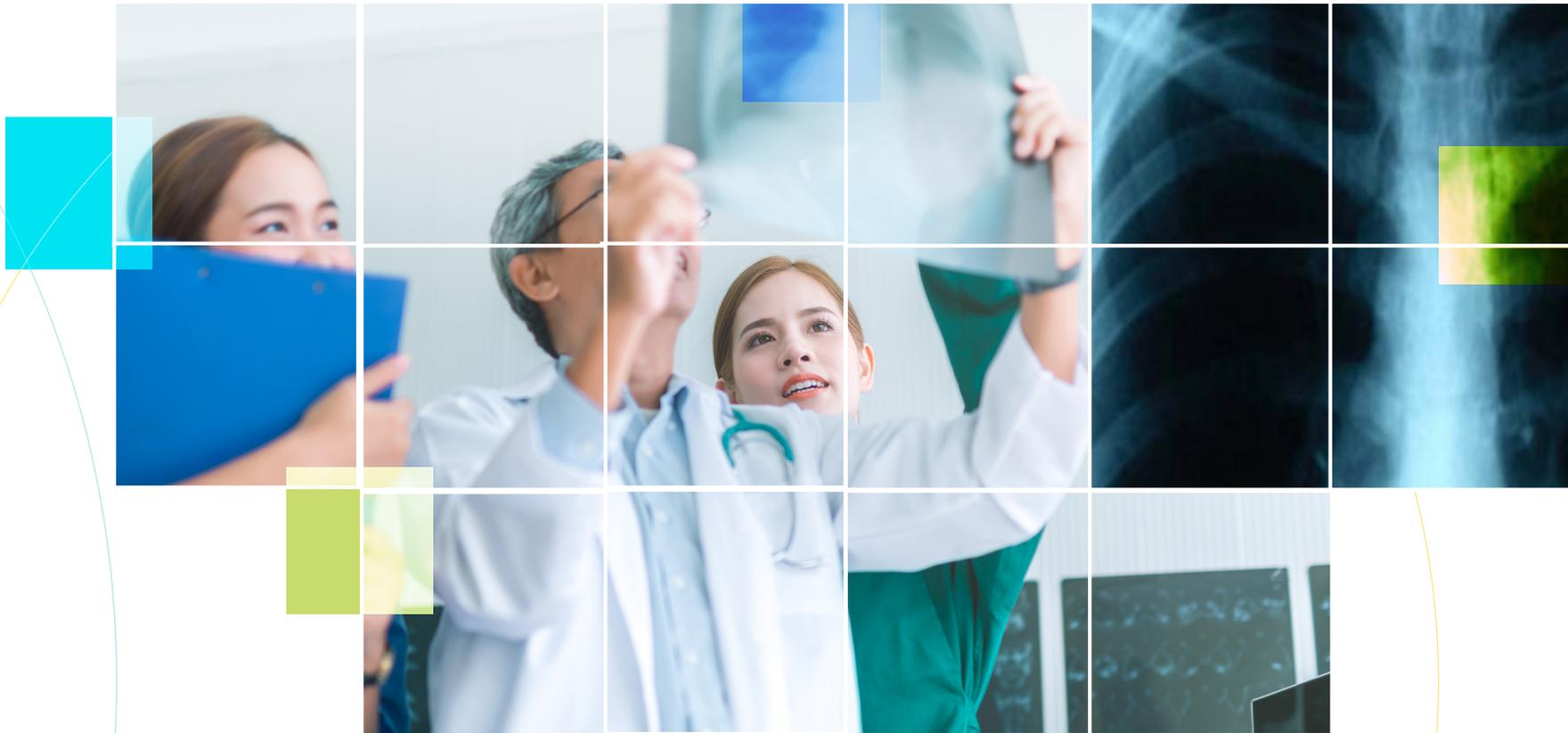
TUBERCULOSIS CONTROL AND REFUGEE HEALTH ACCOMPLISHMENTS

EXTENSIVE OUTREACH & SCREENING

WE CONTROL AND PREVENT TUBERCULOSIS IN OUR
COMMUNITY AND ENSURE INITIAL HEALTH ASSESSMENTS
AND LINKAGE TO CARE FOR REFUGEES

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

- ▶ TUBERCULOSIS (TB) CASE MANAGEMENT
- ▶ TB CLINICAL SERVICES
- ▶ TB EDUCATION AND OUTREACH
- ▶ TB SURVEILLANCE
- ▶ REFUGEE HEALTH PROGRAM



The Tuberculosis Control and Refugee Health (TBCRH) Branch, led by Susannah Graves, M.D., detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. In addition, TBCRH provides tuberculosis surveillance, outreach, and education. TBC-RH provides basic health screening and referral services for refugees during their first few months in San Diego County.

WHAT WE ACHIEVED IN FY 2018-2019

TUBERCULOSIS (TB) CASE MANAGEMENT

- **Ensured that 98% (217 of 222) of TB cases** completed the recommended treatment course for the January to December 2016 case-cohort.
- **Exceeded 70% as the proportion of contacts identified with new latent TB infection** that start treatment for the fifth consecutive year. This was 80 of 110 contacts (73%) for the January to December 2017 case-cohort, a sustained improvement from the prior five-year average (2008-2012) of 56%.

Ensured 89% (468 of 523) of contacts were evaluated, as per Centers for Disease Control and Prevention recommendations, for the January to December 2017 case cohort, exceeding the California and national averages of approximately 85%.



TB CLINICAL SERVICES

- **Provided expert clinical services** and consultation for adults and children, regardless of geographic area, to ensure best practices and safety net TB care:
 - **Performed 2,546** chest x-ray procedures at the Health Services Complex (HSC) TB Clinic and regional public health centers. HSC TB Clinic: 1,862; regional public health centers: 684.
 - **Performed** the following number of induced sputums: HSC TB Clinic: 782, North Coastal: 13, North Inland: 27, South Bay: 20.
 - **Performed 2,379** TB skin tests at the HSC TB Clinic.
 - **Completed 520** QuantiFERON tests at HSC TB Clinic.
 - **Conducted 1,539** nurse visits at HSC TB Clinic.
 - **Conducted 785** provider visits at HSC TB Clinic (new patients: 329; return patients: 456).
- **Provided or ensured interferon gamma release assay testing** for 85% (471 of 557) of contacts of active cases in the January to December 2018 case cohort.

TB EDUCATION AND OUTREACH

- **Expanded LTBI education video collection**, “What is TB?” and “LTBI: What’s Next?” to include Vietnamese and Tagalog versions in addition to the original English, Spanish, and Mandarin versions.
- **Convened two partners in TB Elimination meetings** on September 12, 2018, and February 6, 2019. The meetings are a public/private community collaborative with more than 40 representatives from at least a dozen healthcare and/or education entities.
- **Reinstated a regular TB joint case conference** with pulmonary and infectious disease specialists from the University of California San Diego on December 12, 2018, and was expanded to include other key community TB provider partners at a meeting on May 2, 2019.
- **Organized and implemented** two TB survivor events on November 17, 2018, and March 24, 2019, to include the voice and perspective of former patients to the ongoing development of county TB policies, strategies, and procedures.
- **Updated and posted a TB fact sheet** and epidemiologic trend tables on the county website.



CONDUCTED 62 TB PRESENTATIONS TO COMMUNITY GROUPS IN THE COUNTY OF SAN DIEGO, REACHING 2,125 INDIVIDUALS.

TB SURVEILLANCE

- **Ensured 95% (208 of 220) of TB patients were tested for HIV infection** for the January to December 2018 case cohort, exceeding the California and national averages of 89%.
- **Ensured 96% (210 of 218) of TB cases were reported to PHS** within one working day from the start of treatment, for the January to December 2018 case cohort.
- **Developed and implemented surveillance system** for reports of latent TB infection from civil surgeons conducting status adjustment examinations.

REFUGEE HEALTH PROGRAM

- **Ensured 95% (181 of 190) of incoming refugees** started the health assessment process in San Diego county. The Refugee Health Assessment Program is for eligible refugees and includes those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking.
- **Ensured 97% (576 of 596) of refugees** who started the health assessment process completed the health assessment process within 90 days.

PHS Branches are working to improve the quality improvement culture. Each branch has several QI Champions to solicit project ideas and lead or assist projects. The Champions are the latest step in expanding QI capacity so that each Branch can be successful in completing at least one QI project per year (seven of eight projects were completed).

PUBLIC HEALTH SERVICES BRANCH QUALITY IMPROVEMENT PROJECTS

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

- ▶ Administration of Public Health Services
- ▶ California Children's Services
- ▶ Epidemiology and Immunization Services Branch
- ▶ HIV, STD, and Hepatitis Branch
- ▶ Maternal, Child and Family Health Services
- ▶ Public Health Preparedness and Response

ADMINISTRATION OF PHS



CORE HEALTH DATA REDESIGN—DEVELOPING A LIVE WELL HEALTH AND WELLBEING DATA SYSTEM

Leslie Ray, MPH, MPPA, MA (Lead) & Dr. Wilma Wooten, M.D. (Sponsor)

Team Members: Sanaa Abedin, MPH, Isabel Corcos, PhD, MPH, Christopher O'Malley, MPH, Maria Pena, MPH, Benjamin Schumacher, MPH, & Ryan Smith, MPH



PROBLEM

As the demand for data increases, an inordinate amount of time is spent processing health data. The community health statistics unit produces health data for community organizations and concerned citizens as well as internal and external government staff. However, it takes roughly six months to process and post the data, which is already 2 years behind. This creates frustration with our users and with staff.

CURRENT APPROACH

Developing a new year of health data takes approximately six months to process and post for public consumption (Figure 1). Our team requests health data from roughly 9 different data sources across multiple subject matter experts (SMEs) from other departments, as well as receiving population denominators from SANDAG, our official census holder. There is a two-week delay period as the requests are filled by the SMEs, with timing changing by each SME's workload. The data is received in excel and goes through a validation process which can take several days for each dataset. Once the data is validated, we clean and prepare the data for rate calculations which are done by hand in excel. The data is then sent back to the SMEs for review. Once approvals are received, we prepare the data for public consumption. This entire process takes approximately six months for four FTEs to process and post new health data. Starting in April 2018, we will begin planning on how we will execute the redesign process.

POTENTIAL SOLUTIONS

Our team decided we had four specific solutions that cross the majority of issues experienced (Figure 2):

- 1) Automate the processing SPSS syntax to reduce human interaction in processing.
- 2) Apply to receive direct access to the medical encounter databases, including the patient discharge, ambulatory and mortality databases to reduce time spent requesting and waiting for data. This also allows us to control streamlining the automation process.
- 3) Standardize the indicator definitions to HCUP or other authoritative sources where necessary to reduce error in condition coding and increase reproducibility.
- 4) Request a crosswalk from zip code to other geographic boundaries from SANDAG, our official census holder, to allow us to expand our calculations to cover more geographies and stratify by the lenses of health equity.

Figure 1: Pre-Intervention Process Overview

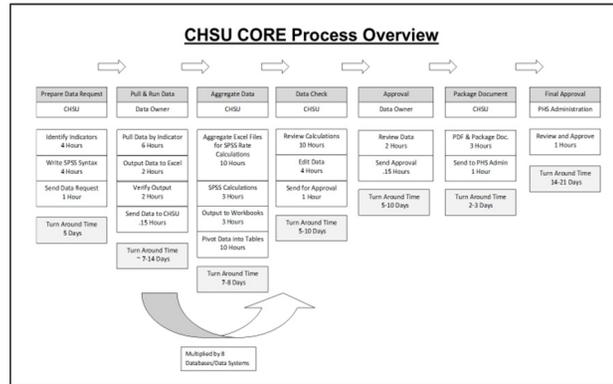
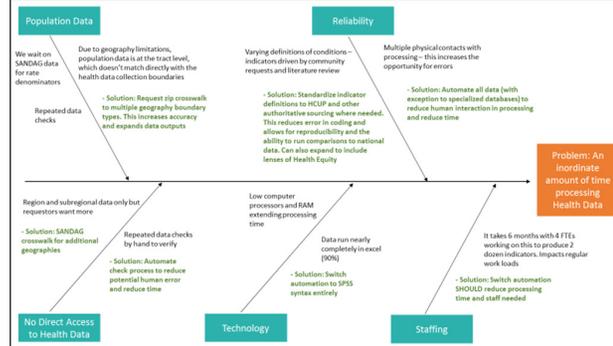


Figure 2: Cause/Solution and Effect Chart



AIM STATEMENT & THEORY OF IMPROVEMENT

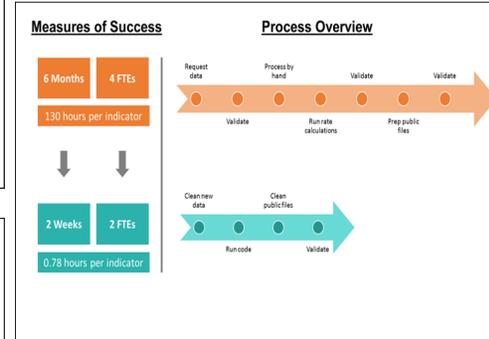
Aim Statement: Reduce the amount of time and labor processing health data from 6 months to about 1-2 weeks to provide accurate and timely data to clients by June 2019.

Theory of Improvement: Our theory is that if we can automate the processing and some of the data validation steps, we can significantly reduce our processing time.

TEST THE THEORY

Beginning in July 2018, we began automating our code and restructuring our data to stratify outcomes by the lenses of health equity; including age, race/ethnicity, gender, and geography. Our goal was to complete and submit pilot data for 2011- 2016 by October 2018.

Figure 3: Post-Intervention Process Overview



RESULTS

With a full run of all the data coding, we were able to reduce the time spent processing data from six months to 2 weeks. We went from 4 FTEs involved with processing data to 2 FTEs processing and preparing data for public consumption (Figure 3).

STANDARDIZE & PLAN

By standardizing and automating our process, we have reduced the amount of time to process and share data. This new process has been implemented by all staff. There are several benefits this project has for the community, such as allowing CHSU to get the data out to the public to better meet grant deadlines, providing more accurate medical encounter data, and allowing the data to be captured at other geographic levels.

While the first phase of the project has been a success, we are moving forward with a second phase of processing whose goal is to expand publicly available data to include social determinants of health and additional health indicators like the Leading Causes of Death.

STREAMLINING PUBLIC HEALTH SERVICES ADMINISTRATION'S DOCUMENT APPROVAL PROCESS

Nora Bota (Lead) & Dr. Liz Hernandez (Team Sponsor)

Team Members: Caroline Mosher, Debbie O'Keefe, Romina Morris, Anar Verdiyev, Pete Sison, Katrina, Wyatt, Petra Montiel, and Jackie Werth



FY 2018/19



PROBLEM

There is a large volume (an estimated 500 per year) and a wide variety of documents that are sent by Public Health Services (PHS) staff (e.g., Chiefs, Managers, and Secretaries) from the seven Branches to the Director & Public Health Officer (PHO) and other executives for approval through PHS Administration. County guidelines require that high-level officials review and approve these documents. Some documents must be approved via hard copy as they require wet signatures per County guidelines, which also gets in the way of automating the process.

The approvals represent a significant workload on these officials, including the PHO. Furthermore, Branch Chiefs and staff have expressed frustration regarding approvals that are not approved timely (documents approved past the date requested by staff), impacting issuance of documents, travel arrangements, and reimbursements, etc. Typically, documents need to be submitted two weeks in advance. Administrative staff must manage this process which has become complex. H.E.A.R.T. customer service results show relatively low "timeliness" scores with comments including complaints about delays in the approval process.

CURRENT APPROACH

This project was initiated in FY 2017-18; this is the 2nd year of this project due to the fact that the solution involves procuring a new IT system which takes time.

The current approach is manual and involves a number of steps. It requires Branch staff to submit documents with an Approval Tracking Form (ATF) along with the original copy. These must be submitted via email and also as a hard copy delivered to the front desk (Figure 1: As Is Process Map).

Data was gathered from December 2, 2017 to May 15, 2019 to get a baseline of the volume of documents sent to PHS Administration for PHO approval and timeliness of approval. However, the data are estimates since collected manually over a short period of time.

Quantitative Data Collection Findings:

- Total of 232 documents, categorized by 15 types.
- Average length of time to approve documents (e.g., date document sent to PHS Administration to date approved) was 4.37 days—but the range of approval times is wide (from 0 to 39 days).
- Travel and Non-Travel (NT) documents comprised the majority of documents submitted, 141 (60.78%) (Figure 2: Types of Documents). These documents are particularly time sensitive and the subject of many complaint from Branch Chiefs and staff.
- Total of 198 out of 232 (85.34%) documents were approved timely; and (131 out of 141) (92.91%) of Travel and NT documents were approved timely.

Qualitative Data Collection and Observations:

Focus group interviews and discussion were conducted to gather feedback on the current approach with input from Public Health Leaders (e.g., Executives and Branch Chiefs). The QI Project Team made observations about the current approach and discussion findings (Figure 3: Affinity Diagram) after developing and reviewing the As Is Process Map.

Figure 1: As Is Process Map

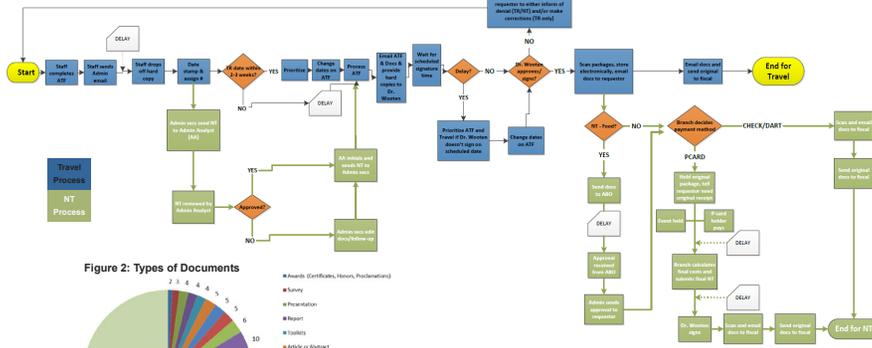


Figure 2: Types of Documents

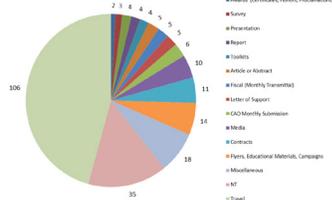
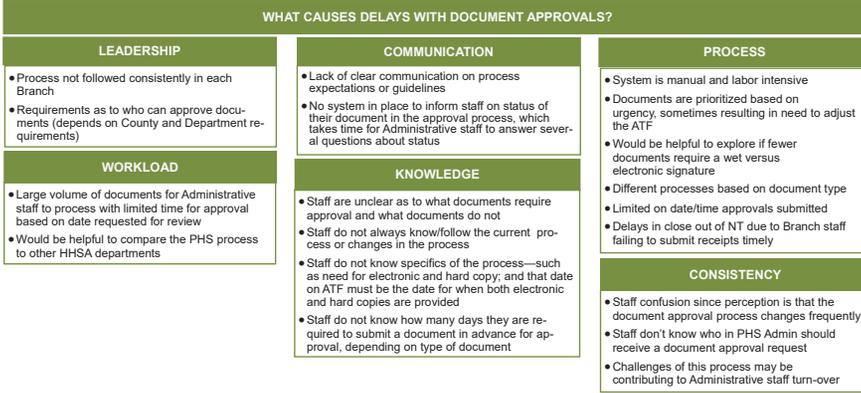


Figure 3: Affinity Diagram



AIM STATEMENT & THEORY OF IMPROVEMENT

Aim Statement: Increase the number of Travel and NT documents approved timely from a baseline of 92.91% (131) to 100% (141) within six to nine months after automating the approval system.

Theory of Improvement: If this PHS Administration document approval process is streamlined, and consistent guidelines are developed and effectively communicated, approval of documents will be completed in a more timely fashion.

POTENTIAL SOLUTIONS

Solutions discussed during focus group interviews and QI Team meetings called for streamlining and automating the current process (see below).

- Provide clear and consistent guidelines and policies and procedures.
- Communicate the new approval process to all PHS staff.
- Keep all guidance and forms for approvals in a central location.
- Create an enhanced ATF.
- Develop a new process/system that can, among other things:
 - Prioritize approvals, including identifying urgent approvals.
 - Provide requestors an update as to where their document is in the process.
 - Use one routing slip.

TEST THE THEORY

The theory will be tested when the system is automated, which will involve the following:

- Incorporate solutions discussed during focus group interviews and with the QI Team into the design and requirements of the new automated system when meeting with the contractors in Summer of 2019.
- Use the "As Is" Process Map to streamline the process and eliminate inefficiencies and other sources of delays.
- Create and test a "To Be" Process Map in Winter 2019/2020—reflecting the new streamlined and automated process—by piloting the automated system with the California Children Services (CCS) Branch for one month prior to the "Go Live" date with all PHS staff.
- Develop new guidelines, policies, and procedures for PHS based on the new automated process and communicated and made accessible to staff.
- Share best practices for implementing the automated system with the Health and Human Services Agency (HHS) Executive Office as a similar process will be utilized with other County Departments.

RESULTS

This QI Project is still in the Study phase until implementation of the automated system, which is expected to take place in Winter 2019/2020.

- The new automated system will "Go Live" after the CCS pilot.
- Data will be collected on the timeliness of the approval process when piloting the automated system with CCS to assess whether or not improvements in timeliness are being achieved across all document types.
- Data will also be collected to assess staff compliance and understanding of the new policies and procedures, as well as their satisfaction with the new automated system.
- Executive and Administrative Office staff will be surveyed or interviewed to determine if they see better compliance with new policies and procedures for approval, and to gauge their satisfaction with the automated system in terms of reducing administrative burden.

STANDARDIZE & PLAN

Once the project is piloted with CCS, the new automated approval process will be standardized across PHS as well as shared with the HHS Executive Office and other County departments. This includes ensuring that any process improvement that cannot be handled through automation (i.e., documents require wet signatures) is fully incorporated into a comprehensive set of policies and procedures for the approval process and that staff can readily access this information.



REDUCING THE TIME REQUIRED TO OBTAIN WHEELCHAIRS FOR CHILDREN AT CCS

Judith Garces, PT, Jamie McCarthy, PT



PROBLEM

The California Children's Services (CCS) Medical Therapy Program (MTP) provides physical and occupational therapy to children with complex medical needs. The therapy is provided at 6 Medical Therapy Units (MTUs) across the county, serving approximately 1600 clients. Therapists are responsible for coordinating the acquisition of Durable Medical Equipment (DME) for children with the family's selected providers (DME Vendor, Physician, and Health Insurance).

Due to the diversity of medical needs in the children served, and the variety of providers involved, initial CCS data collected in Q2 FY 2016-17 revealed that the number of days it took a child to receive a custom manual wheelchair (MWC) ranged from 68 to 247 days, with a median of 128.5 days of all MTUs. Data collection was initiated due customer complaints of delays in wheelchair deliveries. Excessive delays in acquisition of MWCs can adversely affect the posture, skin integrity, functional independence, and community accessibility of children. Consequently, such delays have occasionally reflected negatively on customer service feedback in H.E.A.R.T. surveys. Interviews conducted by a PHS intern revealed that caregivers desired more communication from CCS staff regarding status of DME.

A QI Project was first launched in 2017-18, and continues through 2018-19. During FY 2017-18, the solution that was tested was implementation of dedicated time for therapists to prepare the DME paperwork. This resulted in a 14% reduction in the time to prepare paperwork to acquire equipment (or a median of 110 days). The QI project was expanded into FY 2018-19 to assess further interventions that may impact acquisition efficiency.

CURRENT APPROACH

As part of the initial QI project in FY 2017-18, a flow chart was developed by the team that mapped out each step of the DME acquisition process. The initial project's intervention added a weekly 2-hour DME "paperwork time" block to each therapist's schedules aiming to reduce the specific interval "Days Between Quote and Authorization". This time interval was chosen as the focus because it was the interval in which therapy staff had the most control over.

However, the team needed to achieve a greater reduction in time given the median was still relatively high (110 days) and in FY 2018-19 began exploring additional solutions.

POTENTIAL SOLUTIONS

- Interviews were conducted of parents who went through the wheelchair process during a 6-month period in FY 2017-18 in order to gather information regarding their perception of the process. A Public Health student intern conducted these interviews. Questions were selected to solicit difficulties that therapists, vendors, and parents experienced in scheduling evaluation and delivery appointments (Figure 2).
- Based on feedback from parent interviews and team discussion, barriers to scheduling and communication were identified as focus areas. Several of the steps could be completed by non-clinical personnel, so the "As Is" process was revised to reflect the hiring Student Workers to perform non-clinical duties related to acquisitions instead of a therapist. In addition, best practices were added to the process map and shared. (Figure 1).

Figure 1: To-Be Process Map

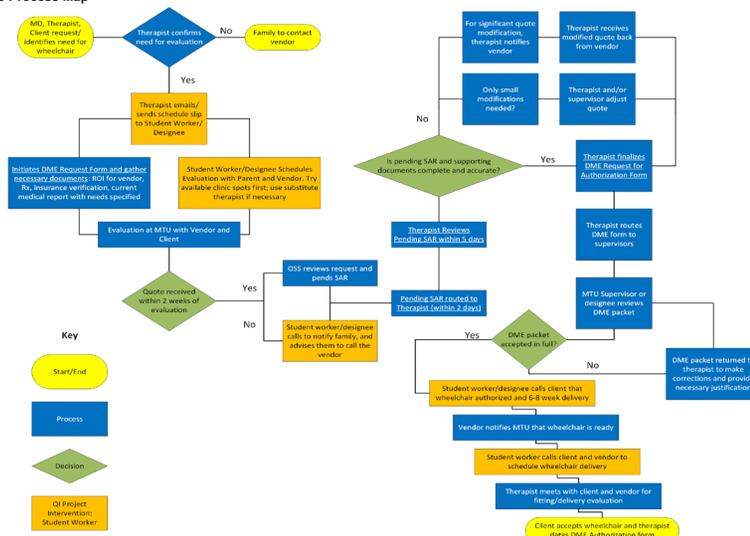


Figure 2: Problems Identified through Parent Interviews

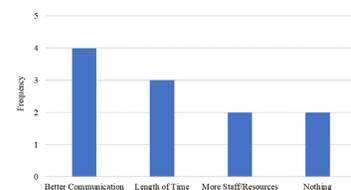
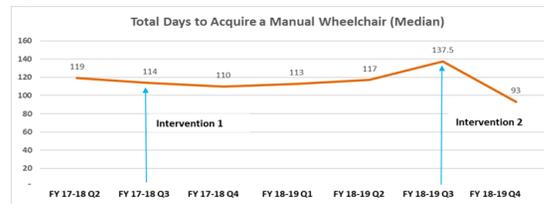


Figure 3: Time to Acquire DME



AIM STATEMENT & THEORY OF IMPROVEMENT

AIM Statement: Reduce the time required to obtain manual wheelchairs (MWC) processed through the Medical Therapy Program by at least another 10% by December 2019 from the baseline of 110 days at Q4 FY 2017-18.

Theory of Improvement: If a County Student Worker is hired to assist with non-clinical duties, such as scheduling, processing DME paperwork, and making follow-up phone calls, then the time to acquire a manual wheelchair for CCS clients will be reduced.

TEST THE THEORY

The intervention tested in FY 2017-18 was providing dedicated time for the therapist to prepare paperwork for equipment acquisition. The intervention tested in FY 2018-19 is whether even greater reduction in acquisition time can be achieved by hiring Student Workers. This has the additional benefit of enabling Therapists to spend more time serving in their core job function of providing occupational and physical therapy to their clients.

In January 2019, it was approved that each MTU would be able to hire a County Student Worker to assist with duties to focus on DME needs of scheduling, processing DME paperwork, and making follow up phone calls. Student Workers were fully onboarded at each MTU at the end of Q3 FY 2018-19. A tracking log was implemented in July 2019 to track follow up phone calls made to clients to report when a wheelchair was authorized and anticipated delivery time.

After FY 2017-18, it was determined that adding an Office Support Specialist would be integral as a member of the team as several steps during the process involved various clerical duties.

RESULTS

Due to unexpected delays in the hiring process, the intervention of adding Student Workers to assist therapy staff was not implemented until the beginning of Q3 FY 2018-19. This allowed for 3 additional quarters of baseline data to be collected. In the 4 baseline quarters (Q4 FY 2017-18, Q1 2018-2019, Q2 2018-2019, Q3 2018-2019), the average number of days (based on the median of each quarter) that it took to acquire a wheelchair was 119, as the median across all MTUs.

However, after the Student Workers began their duties (end of Q3 FY 2018-19), the time required to obtain manual wheelchairs was reduced by 21.8%, from 119 days to 93 days. Data will continue to be tracked and analyzed for a 6-month time period (Q1 and Q2 FY2019-20). Parent interviews will be conducted in November 2019 with clients who obtained manual wheelchairs during the intervention, with a set of questions designed to assess customer service of the DME process since the implemented changes (Figure 3).

STANDARDIZE & PLAN

Hiring Student Workers has allowed therapists to focus more of their efforts on skilled treatment services and decrease the time spent on non-clinical duties, which is possibly more cost effective. These steps will be taken to ensure standardizing as well as to continue to improve on reducing the time to acquire equipment:

- Establish training guide for Student Workers assigned to an MTU that will be in alignment with CCS MTP policy 9.1.0 Durable Medical Equipment Provision and specific to their duties.
- Parent interviews will be conducted in November 2019 with clients who obtained manual wheelchairs during the intervention to assess customer service of the DME process.
- Therapist interviews will also be conducted in November 2019 to assess their perception of whether their time spent on clerical tasks was reduced after the introduction of Student Workers, and allowing them more time to focus on clients.
- Avenues to continue to improve on the process of equipment acquisition will be explored, with the QI Team gathering ideas from these interviews and other best practice resources.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH



IMPROVING QUALITY OF SPECIMEN SUBMISSION

Epidemiology & Immunization Services Branch – Public Health Laboratory



PROBLEM

The Public Health Laboratory (PHL) serves as a reference laboratory for other laboratories in the County of San Diego to identify infectious diseases in clinical specimens. There are laboratory submission requirements for all specimens under the PHL quality assurance program. The PHL receives specimens for testing from external and internal partners. Between June 2017 and June 2018, the PHL had 473 rejected specimens. A rejected specimen is a specimen that does not meet the quality characteristics needed to perform a test and receive accurate and reliable results. Rejected specimens can lead to delays in identifying diseases and cause frustration and increased workload. Figure 1 demonstrates the causes that can lead to a rejected specimen.

CURRENT APPROACH

If a specimen does not meet quality characteristics it is rejected. When a specimen is rejected, the laboratory makes a notation in the laboratory information system (LIMS) for the reason why the specimen was rejected. If the submitter has access to the LIMS they will be able to see the notation for the specimen submitted. If a submitter does not have access, a phone call, email, or report will be sent to the submitter to notify them that a specimen has been rejected. The submitter will then contact the patient to retrieve another specimen. Figure 3 and 4 are pre-intervention of rejected specimens by reason and the distribution by submitter.

Figure 1: Cause and Effect

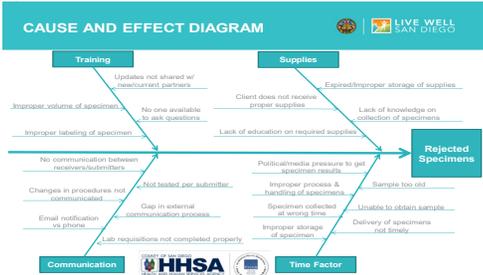


Figure 2: Solution and Effect

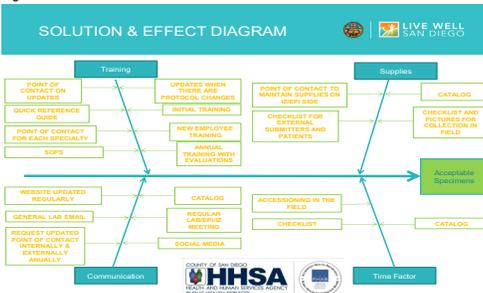


Figure 3: Rejected Specimens by Reason

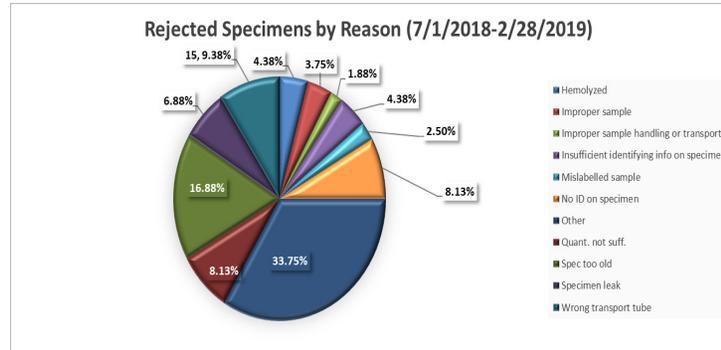
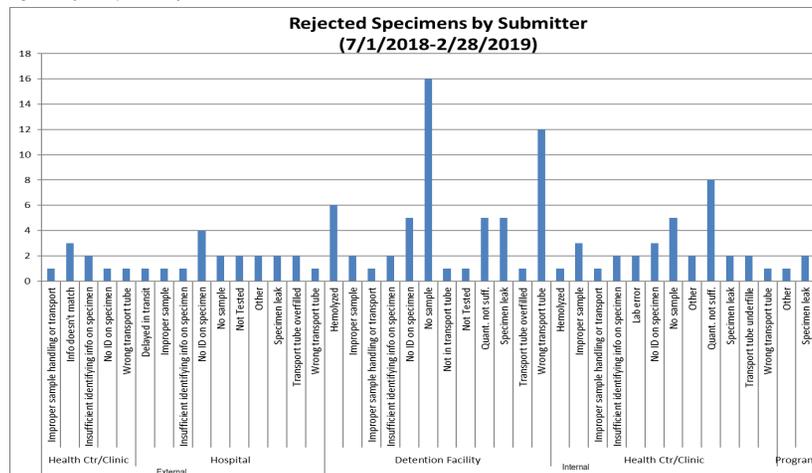


Figure 4: Rejected Specimens by Submitter



POTENTIAL SOLUTIONS

The project will focus on some of the more easily obtainable solutions as described in Figure 2 and create resources for submitters to educate them on the requirements of specimens for testing. The resources that were chosen were:

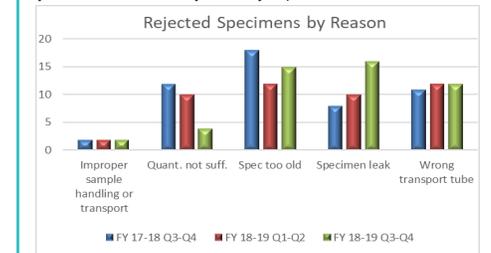
- Develop a PHL testing manual that contains contact information, a description on each test provided, and information for acceptable specimens, appropriate storage and transport conditions.
- Create a subject matter expert list for both laboratory and key submitters.
- Implement a new PHL email for general inquires.
- Create checklists for submitters to ensure the specimens are collected appropriately.

TEST THE THEORY



RESULTS

The PHL test manual was released in May of 2019. Trainings have been conducted with internal and external partners since May 2019. Table below shows the trend of some of the more common rejection reasons. Rejection rates will be analyzed every 2 quarters.



STANDARDIZE & PLAN

The rollout of project deliverables were implemented starting in May 2019. PHL continue to train on resources created focusing on submitters that have higher rejection rates. Data will be monitored to the end of the fiscal year FY 19-20 to assess the impact of the deliverables.

AIM STATEMENT & THEORY OF IMPROVEMENT

Aim Statement: Reduce the number of rejected specimens over a one-year time period, currently at 473, by 50% by June 2020.

Theory of Improvement: By creating a test catalog, new specimen collection reference guidelines and checklists, and training for internal and external customers, we expect a reduction of rejected specimens and phone calls as well as more efficient and timely specimen processing.

HIV, STD, AND HEPATITIS BRANCH QUALITY IMPROVEMENT PROJECTS



Improve the Percentage of Individuals Newly Diagnosed with HIV Who Are Linked to Care Within 30 Days

HSHB Clinical Quality Management Committee



PROBLEM

Until recently, the national standard was to link 80% of newly diagnosed individuals to HIV primary care, with a verified medical visit, within 90 days of disclosure of diagnosis. However, with the release of the 2015 updated National HIV/AIDS Strategy (NHAS), the performance indicator (#5) shifted to linking 85% of newly diagnosed individuals to HIV primary care within 30 days. Research shows that failure to link to care within 30 days results in much lower success rates.

As **Figure 1** illustrates, there was only one quarter during the first two years since the release of the NHAS that the proportion of clients linking to care (LTC) met the 85% standard (ranging from 61%-85% success). During the last year of the run chart there was only one quarter where the NHAS goal was met, however the lower limit of the range increased to 80%-100% success.

CURRENT APPROACH

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

Clients were excluded from the project if they: did not live in San Diego County, did not receive confirmatory results, received a previous HIV positive diagnosis, or tested positive in a program not funded by the County or the Centers for Disease Control and Prevention.

POTENTIAL SOLUTIONS

Three pilot sites identified the following solutions to known Linkage to Care (LTC) barriers during the cycles of the improvement project:

- Focus on linking clients to HIV care and antiretroviral therapy (ART) as soon as possible, which is the same day as diagnosis when possible.
- Develop partnerships among HIV providers to link individuals as quickly as possible.
- Obtain buy-in from key medical providers.
- Cross-train staff to reduce staff burden and wait time for clients.
- Use innovative strategies to engage individuals that do not want to seek testing resources.

Figure 1: Problem statement run chart displaying linkage to care rates for newly diagnosed clients funded through the County of San Diego

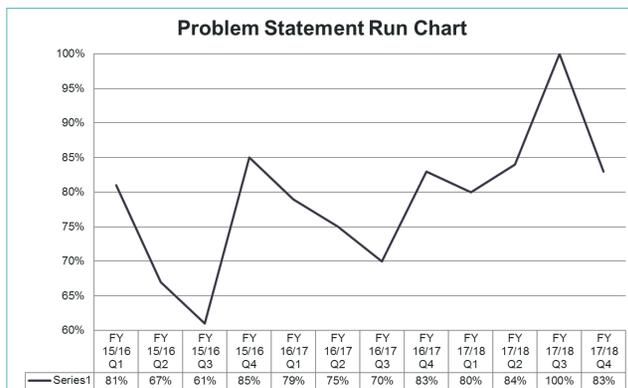
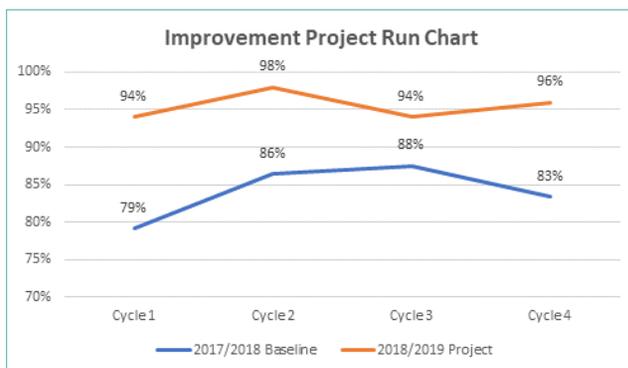


Figure 2: PDSA cycle 1-4 comparing baseline linkage to care rates with improvement cycle linkage to care rates



AIM STATEMENT & IMPROVEMENT THEORY

Aim Statement: By February 28, 2019, link 85% of individuals who are newly diagnosed with HIV to HIV primary care and treatment within 30 days of diagnosis.

Theory of Improvement: Linking individuals newly diagnosed with HIV to care and antiretroviral therapy on the same day they receive their diagnosis will improve the proportion of people who are linked to care within 30 days and ultimately improve their health outcomes and lower their risk for transmitting HIV.

TEST THE THEORY

Three locally-based agencies, the San Diego LGBT Community Center, Family Health Centers, and San Diego County, volunteered to serve as the pilot sites to track linkage to care data for individuals newly diagnosed with HIV. In order to determine if linkage to care rates improved once clients had same day access to antiretroviral therapy, the pilot sites tracked the length of time between disclosure of diagnosis and linkage to HIV primary care, which served as the baseline data. Those newly diagnosed clients for the duration of this improvement project were then compared against the control group baseline from the previous calendar year.

RESULTS

Evaluations were done at the close of four assessment cycles. Cycle 1 covered Mar. 1 - May 31, 2018, Cycle 2 covered Jun. 1 - Aug. 31, 2018, Cycle 3 covered Sep. 1 - Nov. 30, 2018 and Cycle 4 covered Dec. 1, 2018 - Feb. 28, 2019.

During the four cycles there were gradual increases of 15%, 12%, 6% and 13% in the proportion of newly diagnosed clients linking to care within 30 days (**Figure 2**).

Over the course of the entire project, there was an 15% increase in the proportion of newly diagnosed clients linking to care within 30 days.

Figure 2 demonstrates how the linkage to care rates for newly diagnosed clients exceeded 85% during each cycle of the improvement project.

STANDARDIZE & PLAN

All three pilot sites, regardless of institutional structure or service provision, developed a network-based linkage to care system to implement linkage within 30 days. Sustainability of the approach long-term will be strengthened by fostering and maintaining relationships with the largest local HMO service providers, and incorporating these providers into the pre-existing network of HIV primary care. Doing so will increase the network's ability to more effectively and efficiently link individuals newly diagnosed with HIV to primary care.

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

Improving Time Study Process



PROBLEM

All County positions, including contractors, receiving Federal Title XIX reimbursement through Child Health and Disability Prevention (CHDP), Maternal, Child, and Adolescent Health (MCAH), and Black Infant Health funding allocations must time study one month of each quarter in the fiscal year (FY).

Federal Title XIX time studies are being submitted after the required due date (10 business days after the time study month) and with errors. As a result quarterly invoices are submitted to the State late which impacts County compliance with State regulations and delays in reimbursement. Invoices are due to the State 45 days after each quarter. Based on review of fiscal year 2017-2018 and 2018-2019 data, invoices were submitted on average 30 days after the due date, although extensions were granted by State for late submission of invoices.

Due to lack of standardized processes among different programs (MCAH, CHDP, and County Regions), there is confusion and inconsistency amongst staff in completing time studies.

Common errors include:

- Inaccurate function codes
- Incomplete details to describe work
- Inconsistent coding among staff for the same task
- Time study codes used do not match Kronos coding

CURRENT APPROACH

Time studies are completed for one month on a quarterly basis. The employee receives a time study template and must describe and code each work day in increments of 30 minutes.

Time studies are emailed to Supervisor for review prior to Kronos completion and/or at the end of the month. The time study is returned to the employee if corrections are needed before being submitted to a second Quality Assurance (QA) reviewer. The QA reviewer also may return a time study to the employee for correction if needed.

Finally, an Administrative Analyst collects summary data from all time studies to submit to County fiscal who then prepares expenditure reports and invoice templates. (Figure 1) Analyst make necessary adjustments to finalize invoices to submit to the State.

Identifying causes of errors and delays:

- Training is provided at orientation, and only repeated annually as requested
- Training staff individually and/or regionally contributes to lack of consistency
- Multiple steps by multiple staff members increases potential for delays
- Staff turnover and new roles of QA review team

POTENTIAL SOLUTIONS

Barriers identified include:

- Staff report to various departments and organizations making it challenging to ensure compliance with protocols
- Different funding streams require different codes, increasing the complexity of time study
- Staff turnover contributes to inconsistent coding due to training gaps

Potential solutions to address barriers include:

- Training of all staff who complete time studies on an annual basis and as needed
- Tracking of steps as identified in the flow chart, first submission, first and second review, number and type of errors
- Ongoing monitoring of submission and accuracy
- Ongoing training as data trends emerge

Figure 1: Current Time Study Process

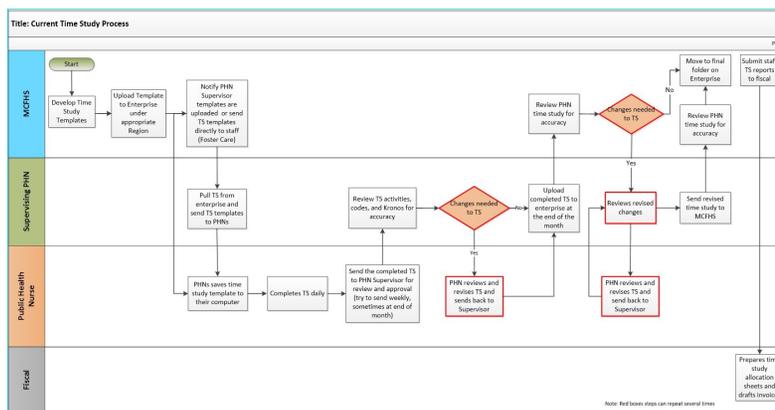


Figure 2: Preliminary Data Only to Scope Project

A	B	C	D	E	F	G	H	I	J	K
Time Study Month: May 2019	Time Study Submission Due Date	Date Submitted MCHHS/ Uploaded Enterprise	Difference in days (Due 10 days after time study month) (C - B)	MCHHS Review Date (Deadline Date 7/3/19)	# of mistakes	Date Submitted to Contractor for Corrections (due 10 working days after TS due date)	Difference in days (G - E)	Date with Corrections Submitted Back to MCHHS from Contractor (due 5 days after receipt from MCHHS)	Difference in days (I - G)	Total # of days from beginning process to end (I - B)
Contractor										
Staff 1	6/14/2019	7/7/2019	23	8/3/2019	6	8/7/2019	2	8/23/2019	12	47
Staff 2	6/14/2019	7/1/2019	17	8/3/2019	7	8/7/2019	2	8/23/2019	12	53
Staff 3	6/14/2019	7/24/2019	40	8/3/2019	4	8/7/2019	2	8/23/2019	12	30
Staff 4	6/14/2019	6/26/2019	12	8/3/2019	3	8/7/2019	2	8/23/2019	12	58
Staff 5	6/14/2019	7/2/2019	18	8/2/2019	8	8/7/2019	3	8/23/2019	12	52
Staff 6	6/14/2019	7/1/2019	17	8/2/2019	10	8/7/2019	3	8/23/2019	12	53

- Note:
1. May 2019 data represents an example of the data collected. August 2019 will be utilized as baseline data.
 2. Weekends and holidays are excluded in the time calculation.
 3. Red-pink shading indicates days exceed submission time frame.

AIM STATEMENT & THEORY OF IMPROVEMENT

Aim Statement: By the end of fiscal year 19-20 the number of errors will be reduced by 50% from baseline data

Theory of Improvement: If staff are trained consistently, the submission process is streamlined with established timeframes, and roles and responsibilities are delineated, then time studies will be submitted more accurately and timely. Minimal errors and correct coding will result in time submission of State invoices with maximized funding and reduced risk of audit findings.

TEST THE THEORY

Training was conducted for all staff who complete time studies at four County regions in April 2019. The training provided an overview of the purpose and importance of the time study, clarified the process for submission, and reviewed instructions for coding. Trainings will be conducted on an annual basis, for new employees, and as requested by supervisor or staff.

- **Timelines** were established for time study submission, first and second reviews and completion.
- **Roles and responsibilities** of all staff were clearly delineated, those who complete time studies, reviewers, and second reviewers.
- **Reminder emails** are sent to Supervisors to remind them of time study deadlines.
- **Review Tip sheets** were created to help with review of time studies to increase accuracy in coding prior to submission of time studies to QA reviewers.

RESULTS

A tracking tool was created to monitor the following data (Figure 2):

- time study first submission date
- number and types of errors
- number of times returned to staff for correction
- duration of first and second review
- final submission date to the State for invoices

The QI project is a multi-year project. Baseline data will be collected from the August 2019 time studies. Figure 2 shows preliminary data collected in May 2019 when the data collection tool was tested. However, due to incomplete data, program will utilize the August 2019 time study period to better capture data from all programs participating in the time study process. The preliminary data from May showed that the majority 82% (75/92) of the time studies analyzed were submitted within 10 days after the time study month. For time studies with errors, the number of errors identified ranged from as low as 1 to as high as 10 errors per time study. Errors are determined based on Federal, State, and local guidelines. Majority of errors identified were missing code, staff having different codes or description for same activity, and wrong program code. The goal is to have 100% accuracy on all time studies to avoid audit findings and mitigate risk to the County (e.g., repayment to the State for unallowable costs).

Initial findings suggest that the more frequently Supervisor's review the time study during the time study month, the fewer errors are identified when reviewed by QA reviewer. For example, MCHHS staff must input time study codes in Kronos, which requires Supervisors to review time studies every pay period. These additional reviews allow for errors to be identified and corrected early to minimize time in the review process. Another finding is that program must adjust the review process based on Countywide year-end closing processes which impacts the review and submission of time studies.

STANDARDIZE & PLAN

Once the new solutions are validated, standardized processes will be developed and these steps will be taken:

- Implement policies and procedures for standardized process.
- Training will be repeated at regular intervals (annual) and for all new staff. Training materials, desk manuals, and policies will be continually updated as new data shows performance gaps. Team leads and support staff will continue to meet on a quarterly basis to evaluate progress.
- Staff will receive updates on a quarterly basis to improve accountability, to improve communication, and to celebrate continued success.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE QUALITY IMPROVEMENT PROJECTS



IMPROVING POD TRAINING & ONBOARDING SATISFACTION AMONG PARTNERS

Rob Sills, Branch Chief; Catherine Blaser, PHN Supervisor; Ward Wagenseller, QAS



PROBLEM

Public Health Preparedness & Response (PHPR)'s Medical Countermeasures (MCM) program is intended to distribute life-saving medications to San Diego County's 3.4 million residents and visitors within 48 hours of a biological attack requiring immediate mass preventative medication distribution. To achieve this goal, PHPR must develop partnerships with large organizations that can distribute medications to their employees and clientele, reducing the burden on County-run drive-through point of dispensing (POD) sites. These organizational sites are referred to as "Closed POD sites" and are not generally open to the public.

Historically, PHPR has conducted limited trainings for its POD partners and has not offered exercises on a regular basis to them. Years have passed since PHPR's POD partners first agreed to participate in the program, resulting in most partners being not well-prepared for an attack, nor does PHPR have signed Memorandum of Agreements (MOA) with any active POD partner. PHPR is piloting a new POD partner onboarding process, spanning two years, to ensure that POD staff in these partner organizations are well-trained and well-prepared to assume their roles in the event of an emergency.

CURRENT APPROACH

In the past, PHPR staff would establish contact with potential POD partners who would enter into informal agreements stating they would be a closed POD partner (Figure 1). Once the initial contact was made, contact information for that closed POD was collected and put in a spreadsheet. There was no formal agreement which stated expectations from the POD partner and/or PHPR. Follow-up was limited and a formal onboarding process and annual trainings were not in existence.

Due to staff turnover at both partner sites and within PHPR, closed POD contact information became outdated and an accurate number of agreements was unknown (Figure 1). The PHPR team determined that in order to be properly prepared for a public health emergency, it is vitally important to re-structure and prioritize the closed POD preparedness program in order for all County of San Diego residents and visitors to be delivered medications within the 48 hour timeframe.

POTENTIAL SOLUTIONS

Develop a comprehensive closed POD onboarding and training program to ensure that POD partners have the knowledge and self-efficacy to operate a closed POD from start to finish with minimal assistance during the event of an emergency. This training program will include (Figure 2):

- Establish POD partner intent to participate as a closed POD (FY 18/19)
- Develop, gain approval, and establish formal closed POD partner agreements with a MOA (FY 18/19)
- Develop a comprehensive POD train the trainer presentation (FY 19/20)
- Design a Mass Prophylaxis Response Plan template (FY 19/20)
- Offer sustained annual trainings and exercises

Potential challenges this program may face include:

- Lengthy process for County MOA development and approval
- Partner sites implementing internal POD training processes
- Partner site willingness to participate
- Staff turnover

Figure 1: Current closed POD partner onboarding cycle.

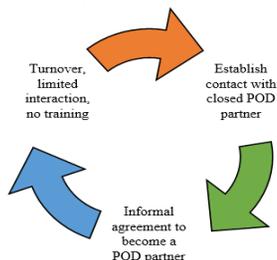
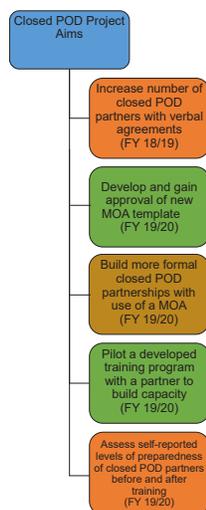


Figure 2: Aim of the project.



AIM STATEMENT & THEORY OF IMPROVEMENT

Aim Statement: Increase the number of re-established POD partners that have intent to participate as reflected in "verbal agreements." From a baseline of 6 partners, the goal is to reach 59 partners, have them trained and self sufficient by the end of 2020.

Theory of Improvement: By engaging partners and increasing their capacity, PHPR will have a stronger network of closed PODs for the distribution of medication during an emergency. This is a two year effort with the first year devoted to stepping up partner engagement through verbal agreements and developing a new MOA template, to be followed by securing MOA agreements and offering training and other support (Figure 2).

Figure 3: POD partner emergency life cycle.



Table 1: POD Partners with Whom Verbal Agreements Reached as of the end of FY 2018-19.

POD Partner Type	Verbal Agreements
Tribal	6
Healthcare Agencies	4
Foot Team	1
Businesses	12
Government Agencies	19
Military	6
Academic Entities	11
Total	59

TEST THE THEORY

The first year of this project focuses on the ground work. This includes re-establishing contact with potential closed POD partners and developing and acquiring approval from the County of San Diego for a formal Memorandum of Agreement that can be established between PHPR and POD partners.

PHPR staff spent several months reaching out to community partners to determine intent to participate as a closed POD partner. This was a necessary step in order to determine a pilot site for the onboarding and training program as well as to determine the potential scope.

In addition, PHPR staff worked with the County of San Diego fiscal department in order to develop and gather approval for a Memorandum of Agreement to present to each POD partner identified through our outreach efforts. This allows PHPR to establish formal agreements that clarify expectations for both parties in a continuing partnership.

RESULTS

Prior to implementing closed POD partner outreach, PHPR's POD contact list was outdated (aside from military PODs); therefore, could not be deemed as active POD partnerships.

POD partner outreach conducted by PHPR staff throughout this year found much success, including a total of 59 re-established closed POD partnership verbal agreements, an increase of 53 partners (Table 1). While these verbal agreements are helpful, there are limitations without a formal MOA which is the goal for this project next year.

Furthermore, a closed POD Memorandum of Agreement template was developed and approved by the County for use between the Health and Human Services Agency and closed POD partners.

STANDARDIZE & PLAN

PHPR is now able to establish formal agreements with closed POD partners identified during phase one of this pilot program, due to the recently approved Memorandum of Agreement.

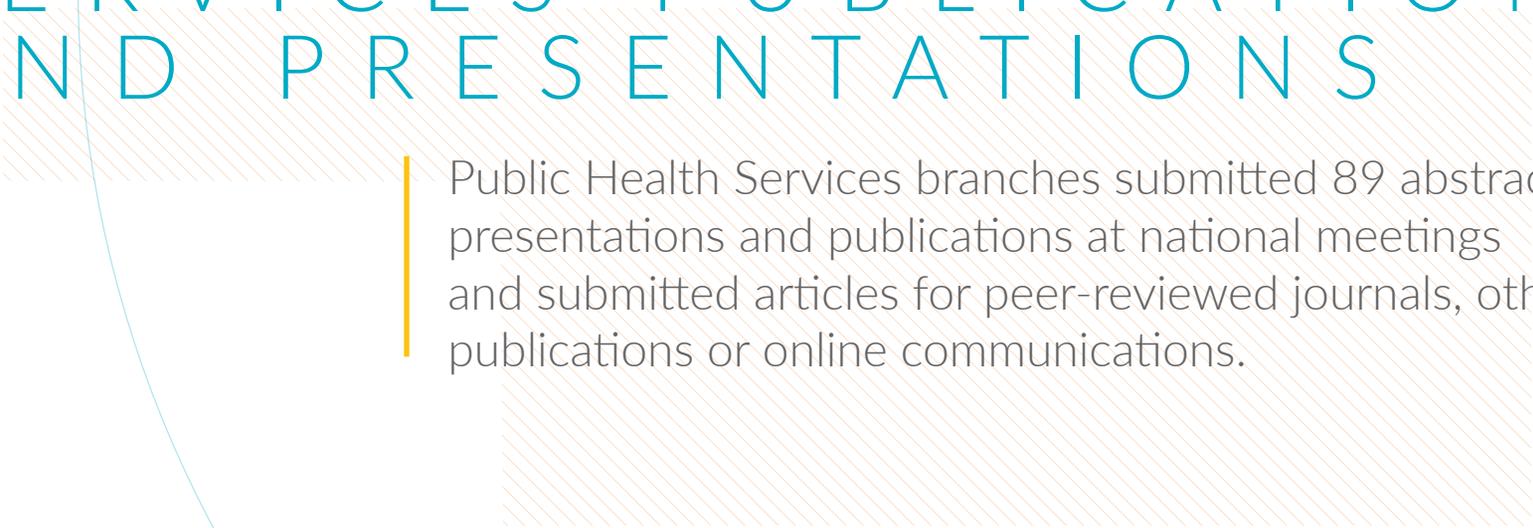
PHPR will continue routine, annual outreach to community organizations not yet identified to establish further closed POD partnerships which will enable a more prepared county response to a public health emergency.

Phase two of this pilot program will now begin which will include:

- Securing formal MOA's with POD partners with whom there are now verbal agreements.
- Identifying a closed POD partner to pilot the onboarding and training program.
- Evaluating the onboarding and training program to identify modifications and improvements needed.
- Making necessary changes and then disseminate the onboarding and training program to all closed POD partners.



PUBLIC HEALTH SERVICES PUBLICATIONS AND PRESENTATIONS



Public Health Services branches submitted 89 abstracts, presentations and publications at national meetings and submitted articles for peer-reviewed journals, other publications or online communications.

ADMINISTRATION OF PUBLIC HEALTH SERVICES

Abedin, S. Current and Projected Indirect and Direct Costs Due to Alzheimer's Disease and Related Dementias in San Diego County. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. ROUNDTABLE DISCUSSION

Abedin, S. Primary Care Clinic Utilization in San Diego County Pre- and Post-Affordable Care Act. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. PRESENTATION

Corcos, I. New Health Data Sources for Understanding Health Disparities in American Indian Population in San Diego County, California. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. POSTER PRESENTATION

Hutchinson, J. San Diego County Community Health Assessment: Lessons Learned in the Second MAPP Cycle. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. POSTER PRESENTATION

Hutchinson, J. Analysis of Senior Cost of Living at the Local Level within San Diego County. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. POSTER PRESENTATION

Hutchinson, J. Primary Care Clinic Profiles 2014 and Primary Care Clinic Profiles 2015. County of San Diego Public Health Services Community Health Statistics Unit webpage. April 2019. PUBLICATION

O'Malley, C. Chronic Disease Differences in San Diego County Seniors by Race/Ethnicity. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. POSTER PRESENTATION

Peña, M. Examining Chronic Disease by Health Equity Lenses in San Diego County, 2015. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. POSTER PRESENTATION

Peña, M. 2016 Demographic Profiles. San Diego Public Health Services Community Health Statistics Unit webpage. FY 2018-2019. PUBLICATION

Ray, L., Smith, R., Peña, M., Abedin, S., Corcos, I., O'Malley, C. Data and Projects of San Diego County Public Health Services Community Health Statistics Unit. Webex to 15 Santa Clara County epidemiologists. August 16, 2018. PRESENTATION

Smith, R. Developing Sub-County Estimates of Prevalence for Alzheimer's Disease and Related Dementias. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. ROUNDTABLE DISCUSSION

Smith, R., Abedin, S., O'Malley, C., Peña, M., Corcos, I. 2011-2016 *Live Well* Health and Well Being Data System (including the Community Profiles). County of San Diego Public Health Services Community Health Statistics Unit webpage. FY 2018-2019. PUBLICATION

Smith, R., Abedin, S., O'Malley, C. 2016 Leading Causes of Death Workbook. County of San Diego Public Health Services Community Health Statistics Unit webpage. FY 2018-2019. PUBLICATION

Smith, R., Abedin, S., O'Malley, C. Life Expectancy in San Diego County, 2010-2016. San Diego Public Health Services Community Health Statistics Unit webpage. FY 2018-2019. PUBLICATION

Thompson, E. Statistical and Visual Correlations between Influenza Vaccination Rates and Medical Encounters in San Diego County, 2015. American Public Health Association Annual Conference and Exposition. San Diego, CA. November 10-14, 2018. PRESENTATION

Tuteur, J., Kozo, J. Tour and Presentation of how San Diego is Addressing the Needs of Asylum Seekers, to the Executive Office of the President of the U.S., including the Chief Medical Officer. San Diego, CA. February 2019. PRESENTATION

CALIFORNIA CHILDREN'S SERVICES

Graham, M., Griffee, K., Matheson, K. Community Resource Panels: Connecting Families to California Children's Services and Ask the Experts: Accessing Insurance for Early Start Services. 2019 Early Start Partners Symposium (ESPS) 2019 "A Beautiful Tapestry: Weaving Cultural Awareness into Early Interventions" developed by California Early Start to address the needs of early intervention service providers, coordinators and family support professional. San Diego, CA. May 23-24, 2019. PANELISTS / PRESENTATION

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

Ancona, N. Herd Immunity Likely Protected the Men Who Have Sex with Men in the Recent Hepatitis A Outbreak in San Diego, California. *Clinical Infectious Diseases*, Volume 68, Issue 7, p. 1228-1230. April 1, 2019. <https://doi.org/10.1093/cid/ciy592> PUBLICATION

Angel, K., Fabian, E., Kao, A., McDonald, E. Benefits of Real-Time IIS Use in Vaccinating At-Risk Populations during Hepatitis A Outbreak. APHA Conference, November 2018. PRESENTATION

Arizmendi, O., Fabian, E., Balagot, C., Iniguez-Stevens, E., Kao, A. Detecting Influenza Outbreaks in Congregate Living Facilities via Active Surveillance. APHA Conference. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Basler, T. Comparison of Water Quality Indicator Methods for Recreation Water in San Diego County, Nov. 2018. Beach Water Quality Workgroup Meeting, November 2018. PRESENTATION

Basler, T. Next Generation Sequencing of the Hepatitis A Outbreak in San Diego. American Public Health Association. November 2018. PRESENTATION

Basler, T., Steele, S., Shepherd, J., Austin, B. Next Generation Sequencing of the Hepatitis A Outbreak in San Diego. American Society of Microbiology Clinical Virology Symposium. May 5-8, 2018. POSTER

Basler, T., Steele, S., Shepherd, J., Austin, B. Next Generation Sequencing of the Hepatitis A Outbreak in San Diego. ASM Conference on Rapid Applied Microbial Next-Generation Sequencing and Bioinformatic Pipelines. September 23-26, 2018. POSTER

Basler, T., Steele, S., Shepherd, J., Austin, B. Next Generation Sequencing of the Hepatitis A Outbreak in San Diego. International Conference on Emerging Infectious Diseases. August 26-29, 2018. POSTER

Basler, T., Steele, S., Shepherd, J., Austin, B. Next Generation Sequencing of the Hepatitis A Outbreak in San Diego. Public Health Informatics Conference. August 20-23, 2018. POSTER

Feldman, H., Freitas, L., Tweeten, S., McDonald, E. With the Help of Automation, San Diego Rejoins PulseNet. Association of Public Health Laboratory Lab Matters. Summer 2019. PUBLICATION

Hopkins, J. Hepatitis A Virus Outbreak Among Adults Experiencing Homelessness and Illicit Drug Users - San Diego County, 2016–2017. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Hutchinson, J., Vargo, J., Milet, M., French, N., Billmire, M., Johnson, J., Hoshiko, S. Health Impacts of a Large California Wildfire on Medi-Cal Beneficiaries: Hospital Admissions, Emergency Department and Office Visits. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Hutchinson, J., Vargo, J., Milet, M., French, N., Billmire, M., Johnson, J., Hoshiko, S., Whitehouse, E.R., Rao, A.K., Yon, C., Yu, Y.C., Yu, P.A., Griffin, M., Gorman, S., Angel, K.A., McDonald, E.C., Manlutac, A.L., de Perio, M.A., McCollum, A.M., Davidson, W., Wilkins, K., Ortega, E., Satheshkumar, P.S., Townsend, M.B., Isakari, M., Petersen, B.W. The San Diego 2007 Wildfires and Medi-Cal Emergency Department Presentations, Inpatient Hospitalizations, and Outpatient Visits: An Observational Study of Smoke Exposure Periods and a Bidirectional Case Crossover Analysis. *PLoS Med* 15(7): e1002601. July 10, 2018. PUBLICATION

Iniguez-Stevens, E., Fierro, M., Xiao, M., Arizmendi, O., Estrada, I., Balagot, C., Fabian, E., Kao, A., McDonald, E., Kriner, P. Enhanced Surveillance of Coccidioidomycosis in San Diego County, 2014–2016. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Krisber, K. Boots on the Ground: A Lab Perspective on Hepatitis A Virus Outbreak Response. Association of Public Health Laboratory Lab Matters. Spring 2019. PUBLICATION

Murphy, B., Maroufi, A., Angel, K. Influenza Outbreak Reporting, Response, and CDPH Guidelines. Long Term Care Facility Flu Symposium, November 2018. PRESENTATION

Murphy, B. San Diego County Hepatitis A Outbreak 2016–2018. GHOST 3rd Annual Workshop, November 2018. PRESENTATION

Nelson, J., Johnson, J., Kearney, L., Hopkins, J., Colaneri, B., McDonald, E. Zika Virus Epidemiology in San Diego County, 2016–2017. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Peak, C. Assessing Case Definition During a Hepatitis A Outbreak in San Diego County. Epidemic Intelligence Service Conference. Atlanta, GA. May 1, 2019. PRESENTATION

Peak, C. Epidemiology Program Update and Specific Vector-borne Diseases of Significance for 2018. Annual Vector-Borne and Zoonotic Disease Meeting, San Diego, CA. April 30, 2019. PRESENTATION

Peak, C.M., Rosen, H., Kamali, A., Poe, A., Shahkarami, M., Kimura, A.C., Jain, S., McDonald, E.C. Pertussis: The Identify, Isolate, Inform Tool Applied to a Re-emerging Respiratory Illness. *West J Emergency Medicine* 2019;10(2):191-197. December 5, 2018. PUBLICATION

Peak C.M., Rosen H., Kamali A., et al. Wound Botulism Outbreak Among Persons Who Use Black Tar Heroin — San Diego County, California, 2017–2018. *MMWR Morb Mortal Wkly Rep* 2019; 67:1415–1418. DOI: <http://dx.doi.org/10.15585/mmwr.mm675152a3> January 4, 2019. PUBLICATION

Peak, C., Rosen, H., Kamali, A., Poe, A., Shahkarami, M., Kimura, A., Seema, J., McDonald, E. Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017. *MMWR* 2018; 67:1208–1210. November 2, 2018. PUBLICATION

Peak, C., Stous, S., Healy, J., Hofmeister, M., Lin, Y., Ramachandran, S., Foster, M., Kao, A., McDonald, E., Blaser, C., Thun, M., Waters-Montijo, K. Hepatitis A Outbreak in San Diego: Preventing Transmission in a Vulnerable Community. County Health Executives Association of California Counties (CHEAC), October 2018. PRESENTATION

Peak, C. Wound Botulism Outbreak Among People Who Use Black Tar Heroin — San Diego County, 2017–2018. Epidemic Intelligence Service Conference. Atlanta, GA. May 1, 2019. PRESENTATION

Stous, S., Peak, C. Hepatitis A Virus Among Adults Experiencing Homelessness and People Who Use Drugs — San Diego County, 2016–2018. American Public Health Association Annual Conference. San Diego, CA. November 13, 2018. PRESENTATION

Steele, S. San Diego Laboratory Response to HAV Outbreak. Global Hepatitis Outbreak and Surveillance Technology Workshop, November 2018. PRESENTATION.

Wallace, D., Blaser, C., Thihalolipavan, S., McDonald, E., Thun, M., Johnson, J., Waters-Montijo, K. Estimation of Immunization Coverage Rates Using Immunization Information Systems (IIS) Data. National Association of County and City Health Officials (NACCHO) conference, New Orleans, LA. July 10-12, 2018. POSTER

Wallace, D., Johnson, J., Thun, M., Wooten, W. Use of Immunization Information System (IIS) in Vaccinating Inmates During Hepatitis A Outbreak in San Diego. American Immunization Registry Association (AIRA) conference, Salt Lake City, UT. August 14-16, 2018. PRESENTATION

Wallace, D., Ott, C., Madewell, Z., Wang, W., Smith, T., Peddecord, M., DeGuzman, H., Sawyer, M. Time to HIV Viral Suppression in a Diverse Population. American Public Health Association Annual Meeting, San Diego, CA. November 10-14, 2018. PRESENTATION

Waters-Montijo, K., Thun, M., Blaser, C. Leveraging Partnerships: Innovative Solutions for an Atypical Outbreak. APHA Conference, November 2018. PRESENTATION

HIV, STD, AND HEPATITIS BRANCH

King, H.; Tilghman, W.; Prakas, K.; Kofman, A.; Katsivas, T.; He, F.; Jain, S.; Hicks, C. Effect of HIV status on early syphilis treatment response in the era of combination antiretroviral therapy. IDWeek 2018 conference in San Francisco. October 3-7, 2018. POSTER

Tilghman, W. Treating and Combating the Increase of Syphilis in San Diego. San Diego Physician. September 2018. PUBLICATION

Tilghman, W. National HIV Testing Day: The Key to Ending the HIV Epidemic. San Diego Physician. June 2019. PUBLICATION

Tilghman, W. STD Prevention and Control in San Diego County. County Health Executives Association of California Annual Meeting, Sacramento, CA. October 2018. PRESENTATION (PANEL)

Aiem, H., Beeston, T., Moore, C., Reid, R., Says, S., Mori, N., Steiner, A., Howard, H., and Bauer, B. California's Take-Home Lesson: Is Chlamydia and Gonorrhea Home Testing a Cost-Effective Way to Provide Safety-Net Screening for Young Women? Centers for Disease Control and Prevention STD Prevention Conference 2018, Washington, DC. August 2018. PRESENTATION (ORAL, GIVEN BY CDPH)

Potts, C., Hu, F., Schmink, S., Whaley, M., Chang, H., Retchless, A., Oliver, S., St Cyr, S., Quilter, L., Hariri, S., eGISP Working Group, and Wang, X. Characterization of U.S. Urogenital and Extragenital Meningococcal Isolates Collected Through the Enhanced Gonococcal Isolate Surveillance Program (EGISP). 15th EMGM Congress (The European Meningococcal and Haemophilus Disease Society), Lisbon, Portugal. May 2019. (ABSTRACT)

MATERNAL, CHILD AND FAMILY HEALTH SERVICES

Billups, N. Breastfeeding-Friendly Childcare Environments. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Billups, N. Eat Well Practices: County Government Nutrition and Sustainability Guidance to Improve Health and the Regional Food System. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Billups, N. *Live Well* Community Market Program: A Policy, Systems, and Environmental Approach to Improving the Retail Environment in San Diego County. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Browner, D. Bi-directional Referrals in San Diego: Assessing, Developing, and Piloting. Division of Nutrition, Physical Activity, and Obesity National Training, Atlanta, GA. May 6-8, 2019. PRESENTATION

Browner, D. Bi-directional Referrals in San Diego. DP-1815/DP-1817 Recipient Meeting, Atlanta, GA. March 26-28, 2019. PRESENTATION

Duque-Silva, A., Hampole, V., Cheng, Y., Flood, J., Barry, P. Outcomes of Pediatric Central Nervous System Tuberculosis in California, 1993-2011. *Journal of the Pediatric Infectious Diseases Society*. September 2018. Accessed 9/27/19 at: <https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piy084/5090672>. PUBLICATION

Freeman, R. Foster Care Quality Improvement Project “One Team, One Goal—Collaborating for Better Health Outcomes for Foster Children.” CityMatCH Leadership and MCH Epidemiology Conference, Portland, OR. September 12-14, 2018. PRESENTATION

Freeman, R., Yancey, A., Bride, C. A Community Approach to Reduce Infant Mortality, *Voice and Viewpoint Newspaper*, April 2019. PUBLICATION.

Hamburger, A. Increasing Affordability of Healthy Food in Urban and Rural Communities: Nutrition Incentive and Produce Prescription Programs. 2019 Centers for Disease Control and Prevention Division of Nutrition, Physical Activity and Obesity National Training, May 7, 2019. PANEL PRESENTATION

Hamburger, A. *Live Well* Community Market Program Orientation. Division of Nutrition, Physical Activity, and Obesity National Training, Atlanta, GA. May 6-8, 2019. PRESENTATION

BENEFITS OF REAL-TIME IMMUNIZATION INFORMATION SYSTEMS USE IN VACCINATING AT-RISK POPULATIONS DURING HEPATITIS A OUTBREAK

Authors: *Danelle Wallace, Jeffrey Johnson, Melissa Thun and Wilma Wooten.*

Background: In March 2017, the County of San Diego Health and Human Services Agency (HHSA) noted an increase above baseline of reported hepatitis A cases. The epidemiological pattern of the cases with onset beginning in late November 2016 shifted from primarily being associated with international travel to being related to homelessness and illicit (intravenous and non-intravenous) drug use. In response to the identified outbreak, increased

public health efforts were undertaken to protect those at-risk, including use of mass vaccination clinics, education and outreach and sanitation opportunities. The County's Public Health Officer declared a local health emergency due to the outbreak on September 1, 2017. The local emergency was declared over on January 23, 2018. The outbreak was declared over on October 19, 2018.



Hepatitis A outreach.



Cleaning a sidewalk in San Diego during the hepatitis A outbreak.

Objectives: Due to the populations primarily affected, vaccination efforts targeted at-risk individuals in the population. These included individuals experiencing homelessness, illicit drug users, food handlers and anyone else with exposure to the homeless population.

Methods: HHSA worked with community partners and healthcare providers to conduct mass vaccination events throughout the community. Most providers in the community have real-time access to the San Diego Immunization Registry (SDIR) and can immediately assess vaccination status. However, in the jail system, nurses did not have direct access to SDIR. Instead, lists of inmates were sent to SDIR staff to be electronically queried against SDIR each morning to assess individual vaccination status.

Results: In response to the hepatitis A outbreak, from March 5, 2017 through January 31, 2018, there were over 200,000 vaccinations administered in the community via all provider types.

Of these, there were 4,270 (2%) invalid doses given. When comparing the various provider types administering these doses, jails differed significantly from the others. While the invalid dose rate for jails was almost seven percent, all other provider types were around one to two percent. The only other group with a higher than average percentage was field events, with a close to three percent invalid dose rate.

Conclusion: Higher invalid dose rates among the groups not as equipped to query the registry real-time suggests to the utility of this method. Verification of vaccine status in an Immunization Information Systems (IIS) during Public Health emergencies may prevent unnecessary vaccinations. In this case, the use of real-time or as close to real-time query in SDIR was beneficial in reducing vaccine waste and unnecessary immunizations. The benefit to individual health as well as the bottom-line resource usage (e.g., vaccine cost) is reinforced with these results.

Hamburger, A. Nutrition Incentives Lessons Learned and Future Opportunities. Division of Nutrition, Physical Activity, and Obesity National Training, Atlanta, GA. May 6-8, 2019. PRESENTATION

Hamburger, A. Systems Strategies to Increase Access in Healthy Food Retail: Supply and Demand in Urban and Rural Communities. 2019 Centers for Disease Control and Prevention Division of Nutrition, Physical Activity and Obesity National Training. May 6, 2019 PANEL PRESENTATION

Hughes, B. and Lomer, B. Mobilizing Partners to Create a Sustainable Café to Compost Model in a Low-Income Middle School, Anaheim, CA. July 18, 2019. ROUND TABLE

Lopez, C. Reducing the Sodium Content of Meals Served to Seniors: Using Baseline Assessment of the County of San Diego's Congregate Meal Program to Inform a Sustainable Strategy for Change. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Lopez, C. Reverse Your Risk: Evaluating the Effectiveness of a Local Media Campaign to Increase Prediabetes Awareness in San Diego among High-Risk Communities. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Munir, N., Pacheco, L., Wooten, W., Rosario M., Araneta, G. *Live Well* Community Market Program Orientation. Division of Nutrition, Physical Activity, and Obesity National Training, Atlanta, GA. May 6-8, 2019. PRESENTATION

Parker, S. Public Health Nurses' Role in Reducing the Risk of Sudden Infant Death Syndrome and Other Sleep-Related Infant Deaths, 2018 American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 11, 2018. PRESENTATION

Rodriguez, I. Filling the Gap: Building Stronger Families with the Men's Health Toolkit, 2018 American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 12, 2018. PRESENTATION

Rodriguez, I. Filling the Gap: Building Stronger Families with the Men's Health Toolkit Pilot. 2018 CityMatCH Leadership and MCH Epidemiology Conference, Portland, OR. September 12, 2018. PRESENTATION

Stegall, S. Integrating Tobacco Cessation and the Use of Nicotine Replacement Therapy in Behavioral Health Treatment Settings. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. POSTER

Salgado, H. Establishment and Capacity Building of a Resident-led Coalition to Advance Healthy Food and Active Transportation Policies in National City. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018. PRESENTATION

Troutman, P. Rethinking 'the Food Environment' in Low-Income Neighborhoods to Prioritize Policies for Healthy Cities. American Public Health Association Annual Meeting & Exposition, San Diego, CA. November 10-14, 2018.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Blaser, C., Harrison, D. Building Interdisciplinary Relationships to Strengthen Public Health Preparedness. 2019 National Association of County and City Health Officials, St. Louis, MO. May 2019. PRESENTATION

Buttron, P. Region VI Mutual Aid Agreement Board Letter to the County of San Diego Health Services Advisory Board (HASB), San Diego, CA. February 5, 2019. PRESENTATION

Calzone, L., Schoenheit, C., Dredge, M. Development of a Mobile Pediatric Emergency Response Team (MPERT) in San Diego County. 2019 National Association of County and City Health Officials, St. Louis, MO. May 2019. PRESENTATION

TUBERCULOSIS CONTROL AND REFUGEE HEALTH BRANCH

Brentnall, M. Tuberculosis (TB): Past, Present and Future. Coronado Community Read Meeting, San Diego, CA. March 15, 2019. PRESENTATION

Brentnall, M. Use of Videos to Standardize & Expand Patient Tuberculosis (TB) Education. American Public Health Association 2018 Annual Meeting, San Diego, CA. November 13, 2018. PRESENTATION

Cunningham, I., Graves, S., Barger, M., Brentnall, M., Taras, H. A Pilot for School-Based Screening and Treatment of Latent TB Infection. Western Institute of Nursing Conference, San Diego, CA. April 11, 2019. PRESENTATION

Graves, S. Cunningham, I. A Pilot Project for School-Based Screening and Treatment of LTBI Among Freshman Students. Curry International Tuberculosis Center Training: Caravanning with Community Partners to Provide LTBI Care, Rohnert Park, CA. March 13, 2019. PRESENTATION

Graves, S., Cunningham, I. Panel Discussion: Private/Public Collaboration—High School Latent Tuberculosis Infection Treatment Project, California TB Controllers Association Spring Conference. March 13, 2019. Rohnert Park, CA. March 13, 2019. PRESENTATION

Graves, S., Campbell, R., Cheng, Y. TB Case Presentations. Case Conference with Community Providers, San Diego, CA. May 2, 2019. PRESENTATION

Graves, S., Campbell, R., Cheng, Y. TB Case Presentations. University of California San Diego and County of San Diego TB Control Joint Case Conference. San Diego, CA. December 18, 2018. PRESENTATION

Graves, S. San Diego Partners in Tuberculosis (TB) Elimination. California Tuberculosis Controllers Association Spring TB Controllers Meeting, Rohnert Park, CA. March 11, 2019. PRESENTATION

Graves, S. Tuberculosis (TB) and Refugee Health Update. County of San Diego 5th Annual Communicable Disease Meeting, San Diego, CA. March 29, 2019. PRESENTATION

Graves, S. Tuberculosis Control Program Presentation, California Tuberculosis Controllers Association Spring Conference. Rohnert Park, CA. March 11, 2019. PRESENTATION



PUBLIC HEALTH SERVICES RESEARCH PROJECTS

Public Health Services branches are involved in research projects in collaboration with community partners. A brief description of each of the 12 projects is listed in the following pages.

**EPIDEMIOLOGY AND IMMUNIZATION SERVICES
RESEARCH PROJECTS**

Title and Purpose	Sponsor/Principal Investigator/ County Liaison	Study Period
Epidemiology and Immunization Services Branch		
<p>Enterococci in Beach Water. Evaluation and comparison of quantitative methods for enumeration of Enterococci in beach water.</p>	Brett Austin/Lars Seifert/William Draper	March 2017– Ongoing
HIV, STD, and Hepatitis Branch		
<p>Clinic User Survey. Determine the characteristics and needs of users of federally funded STD clinics to ensure availability of quality STD services. Study is a multi-site study that NORC (National Opinion Research Center) will conduct on behalf of the Centers for Disease Control and Prevention (CDC) and NACCHO (National Association of County and Health City Officials). San Diego site will be the main STD clinic at Rosecrans.</p>	Winston Tilghman, MD/Michael Meit National Opinion Research Center at University of Chicago.	January 7– March 31, 2019
<p>Gonorrhea Isolate Surveillance Project (GISP). Laboratory and epidemiologic investigation of gonorrhea isolates with high levels of azithromycin resistance. Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH) Sexually Transmitted Diseases Branch</p>	Patrick Loose	January 1, 1987–Ongoing
Maternal, Child, and Family Health Services		
<p>MCFHS Research Project–Pilot Electronic Health Records (EHR)-based Chronic Disease Surveillance. The research, evaluation and surveillance team from MCFHS is exploring the use of clinical data from EHRs for public health surveillance with a focus on early clinical conditions (prediabetes and elevated blood pressure). The goal is to demonstrate the utility of EHR data and develop prototype reports for clinics which link clinical and community data.</p>	Deirdre Browner	The project on hold pending transition to a new contract in March 2019.

**TUBERCULOSIS CONTROL AND REFUGEE HEALTH BRANCH
RESEARCH PROJECTS**

Title and Purpose	Sponsor/Principal Investigator/County Liaison	Study Period
Tuberculosis Control and Refugee Health		
Recent Transmission of Tuberculosis among California Health Care Workers.	Lisa Pascopella, California Department of Public Health (CDPH) /Dr. Susannah Graves. TBC-RH	January 2018–December 2018
VDOT to Monitor Short-Course Latent TB Infection Treatment UCSD.	Dr. Richard Garfein, University of California, San Diego (UCSD)/Toni Antonio, TBC-RH	March 2015–February 2020
TB Epidemiologic Studies Consortium (Improvement of San Diego County Public Health System)	Dr. Tracy Ayers, Centers for Disease Control and Prevention (CDC)/Dr. Jenny Flood, CDPH/Dr. Susannah Graves, TBC-RH	November 2012–September 2021
Evaluating the clinical and microbiologic impact of discordant results for rifampin resistance in patients with tuberculosis	Eghosa Oyegun, CDC/Dr. Yi-Ning Cheng, TBC-RH	May 2017–May 2019
Subclinical Tuberculosis Infection in San Diego County	Dr. Jeffrey Jenks, UCSD/Dr. Susannah Graves, TBC-RH	March 2019–February 2020
Education for Mexican Immigrants with B1B2 Classifications	Dr. Kathleen Moser, CDC/Dr. Susannah Graves, TBC-RH	July 2018–June 2019
A Pilot Project for School-Based Screening and Treatment of Latent Tuberculosis Infection (LTBI) Among Freshman High School Students	Isis Cunningham, University of San Diego (USD)/Dr. Susannah Graves, TBC-RH	July 2018–February 2019
Classified Immigrants and Refugees Program Evaluation for the County of San Diego Health and Human Services Agency	Casey Barber, San Diego State University (SDSU)/Dr. Susannah Graves, TBC-RH	June 2018–May 2019



PUBLIC HEALTH SERVICES STAFF AWARDS AND RECOGNITIONS

Public Health Services branch staff received 16 awards and recognitions for outstanding work during this fiscal year.

STAFF AWARDS AND RECOGNITIONS



Graduates of the Essentials of Supervision with Dr. Wilma Wooten, Public Health Officer



Community Health Statistics Unit Manager Senior Epidemiologist Leslie Ray accepts the 2019 State and Local Innovation Award from Margaret O'Kane of the National Committee for Quality Assurance at the 10th Annual Health Datapalooza in Washington, D.C.

ADMINISTRATION OF PUBLIC HEALTH SERVICES

- **Public Health Staff Recognized for Response to Hepatitis A Outbreak**
 - o Public Health Staff among other County staff recognized by the California State Association of Counties (CSAC), receiving two Challenge Awards on September 24, 2018, regarding their hepatitis A outbreak response in 2017-2018 on:
 - Vaccination outreach
 - Portable charging station program
- **The 2019 State and Local Innovation Award Sponsored by The Milbank Memorial Fund and Academy Health.**
 - o Presented at the 10th Health Datapalooza in Washington, D.C., held on March 28, 2019, this award was for the *Live Well San Diego* Health and Well Being data system, which will aid in the goal of coordinating public and private resources to establish and manage community health improvement goals. The data system was designed by the Community Health Statistics Unit (CHSU) staff, led by CHSU Manager Senior Epidemiologist Leslie Ray.
- **Quality Improvement (QI) Resource Fair Recognized with the 2019 National Association of Counties (NACo) 2019 Achievement Award**
 - o The QI Resource Fair is an interactive learning opportunity for all PHS staff to learn about QI methods, coordinated by Jackie Werth, Performance Improvement Manager, and QI Champions in every Branch.



Hepatitis A outreach



CALIFORNIA CHILDREN'S SERVICES

- **April Coyle, California Children's Services (CCS), Received PHS HEART Award**

- o April Coyle, Senior Physical Therapist with the CCS Medical Therapy Program (MTP), was honored by Public Health Services on January 31, 2019.

- **Gabriela Carillo, CCS, Awarded Volunteer of the Year**

- o CCS MTP volunteer Gabriela Carillo was awarded Volunteer of the Year by the county on April 9, 2019.

- **Marianne Hanover, Pediatric Certified Specialist, American Board of Physical Therapy Specialists**

- o Marianne Hanover of California Children's Services received board certification as a Pediatric Certified Specialist from the American Board of PT Specialists established by the American Physical Therapy Association in June 2019. Board certification shows sincere commitment to pursuing an advanced level of skill with which to best serve their patients. In order to obtain board certification, therapists must submit evidence of required clinical practice in their area of specialty and successfully complete a rigorous examination, demonstrating specialized knowledge and advanced clinical proficiency in a specialty area of physical therapist practice. Certification is valid for 10 years.



County staff involved in the hepatitis A outbreak.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

- **Epidemiology and Immunization Services Branch (EISB) Public Health Laboratory (PHL) Staff Recognized by Association of Public Health Libraries**
 - This award was provided by Association of Public Health Libraries Lab Matters Spring 2019 Magazine and ran in the Spring 2019 edition. The San Diego County Public Health Laboratory Recognized for the hepatitis A outbreak response and enhanced lab testing capabilities implemented.
- **Corey Peak Received Alexander Languir Award**
 - Epidemiology Program Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS) Officer Corey Peak received the Alexander Languir Award provided by the CDC and Prevention in May 2019. This award is presented annually to one EIS officer who submits the most outstanding manuscript covering an epidemiologic investigation or study. His manuscript is on the topic of hepatitis A and Homelessness and will be published in the Journal of Clinical Infectious Disease.

- **Public Health Staff Received Vice Presidential Partnership Award from San Diego State University Division of Student Affairs**
 - EISB staff members Melissa Thun, Kimberly Pettiford, Danelle Wallace, Jeff Johnson, Dr. Eric McDonald and Jennifer Nelson received the Vice-Presidential Partnership Award from the San Diego State University Division of Student Affairs on May 14, 2019 for efforts to help prevent the spread of meningococcal B on the campus. These efforts included coordination of mass vaccination events and the use of the San Diego Immunization Registry to help understand, monitor and prevent an outbreak.
- **EISB Staff Member Kimberly Pettiford Received the Diversity and Inclusion Champion Appreciation**
 - Kimberly Pettiford was recognized by the county on April 18, 2019, for being a Diversity and Inclusion Champion.
- **The San Diego Immunization Registry (SDIR) Recognized with a 2019 National Association of Counties (NACo) 2019 Achievement Award**
 - This award was for expanding the use of SDIR during public health emergencies in order to track vaccination status for at-risk individuals and prevent unnecessary vaccinations.

HIV, STD, AND HEPATITIS BRANCH

- **Tara Beeston, Community Health Program Specialist, received a Spirit of Service Award** from the Healthy Teen Network, on October 23, 2018.
- **HIV, STD, and Hepatitis Branch received a 2019 Achievement Awards** in the category of Health from the National Association of Counties (NACo) for its “Getting to Zero” Initiative, which seeks to end the HIV epidemic over the next decade.

CITYMATCH 2018 CONFERENCE – RECEIVED THE KATHY CARSON OUTSTANDING ABSTRACT AWARD for Program and Policy at the 2018 CityMatCH Leadership and Maternal Child Health Epidemiology Conference on September 13, 2018. The award was for the collaborative approach the Health and Human Services Agency implemented to improve processes and systems to address the health care needs of foster children.



Kathy Carson Outstanding Abstract Award received by MCFHS staff at the 2018 CityMatCH Leadership and MCH Epidemiology Conference.



MCFHS attendees at the CityMatch Leadership and MCH Epidemiology Conference, from left to right: Student Intern, Jessica Chavez-Thompson, Jocelyn Waters, Jessica Ehule, and Rhonda Freeman on September 13, 2018.

MATERNAL, CHILD AND FAMILY HEALTH SERVICES

- **2019 Promising Practice Award from the National Association of City and County Officials (NACCHO)**
 - Maternal Child and Family Health Services (MCFHS) was recognized with this award for its *Live Well* Community Market Program, demonstrating exemplary and replicable qualities in response to a local public health need and reflecting a strong local health department role, collaboration and innovation.
- **Foster Care Project Recognized with National Association of Counties (NACo) 2019 Achievement Award**
 - MCFHS staff members Rhonda Freeman, Jocelyn Waters and Claire Lynch-Dwight were honored for their Quality Improvement Project “One Team, One Goal—Collaborating for Better Health Outcomes for Foster Children.” This was an interdisciplinary quality improvement project engaging PHS, Child Welfare Services, Regional Operations, and the County of San Diego’s Probation Department.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

- **PHPR Staff Catherine Blaser, Christopher Ward and Trista Collins** were awarded the Vice President Partnership award from San Diego State University (SDSU) on May 14, 2019 for their exceptional contribution to responding and mitigating the SDSU meningococcal B outbreak.



PUBLIC HEALTH SERVICES STAFF DEVELOPMENT

Public Health Services encourages branch staff to enhance their work by taking staff development trainings.

STAFF DEVELOPMENT ADMINISTRATION OF PHS

Ryan Smith, Maria Peña, Chris O'Malley, and **Isabel Corcos** attended a training on the new Environmental Systems Research Institute (ESRI) geographic mapping platform, Introduction to ArcGIS Pro, on February 22-23, 2019. This training provided them with the skills necessary to use the new platform for spatial epidemiology and analysis.

Chris O'Malley completed Emerging Leaders Program in Spring 2019 and Essentials of Supervision Program in Spring 2019.

CALIFORNIA CHILDREN'S SERVICES

Kristen Dimou completed the eight-week Dynamic Management Seminar (DMS) academy in November 2018. DMS provide learning opportunities, tools and resources that emphasize professional management skills such as fiscal leadership, financial literacy, diversity and inclusion for managers, managing ethics, disaster planning, human resources demystified, media preparation, managing an intergenerational workforce, and operational excellence.

Megan Sharpe completed her Master of Business Administration in Healthcare Management in July 2018 from Wester Governor's University. This program fosters leadership abilities and healthcare system management for private and public healthcare organizations.

Lindsey Hathaway completed the Person-Centered Service Coaching certificate program in October 2018. The program helps employees to be more person-centered in their service.

Tristine Reyes-Yoder graduated from the Great Leadership Academy in September 2018.

Dr. Porchia Rich graduated from the Essentials of Supervision program in May 2019. The seven-week ESP program provides skills in customer service, professionalism, communication, problem solving, leadership, organizational acumen and technology.

Kimberly Encio, Rubinia Gonzalez, Denise Alvarez and Dina Frandis graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program in April 2019. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

Marjorie Richardson completed the Financial Literacy (Advance your Career Series) training on August 13, 2018.

Linda Lake completed the Drug-resistant Salmonella Typhi Clinician Outreach and Communication Activity training on March 19, 2019.

Kristen Angel completed the Speak Up and Shine: Delivering Effective Presentations (Advance your Career Series) on January 17, 2019.

Maria (Masha) Djuric completed the Supervisors Academy in November 2018.

Thalia Gonzalez completed a Microsoft Power Point class on May 2, 2019.

Veronica Guzman completed the Next Level Supervision training in Fall 2018.

Veronica Guzman completed the Excel Introduction training on September 13, 2018.

HIV, STD, AND HEPATITIS BRANCH

Ana Ramos completed Next Level Supervision on October 9, 2018.

Beverly Bledsoe completed Advanced Competencies for the Administrative Professional in October 2018.

Program and contract administrative staff completed Contracting Officer Representative (COR) I and II trainings. These are newly developed, intensive trainings designed to enhance professional knowledge and help CORs in their role.

MATERNAL, CHILD AND FAMILY HEALTH SERVICES

Adrienne Yancey and Alison Sipler completed the eight-week Essentials of Supervision training on May 9, 2019.

Yoshara Moncada, Pedro Hirsh, and Pauline

Pesayco completed the Financial and Support Services Division Unit Clerical Academy training on March 12, 2019.

Pedro Hirsch completed the Advanced Competencies for the Administrative Professional of the 21st Century training in May 2019.

Alison Sipler and Deirdre Browner completed the Great Leaders Academy training in Spring 2019.

Alison Sipler completed the Lean Six Sigma White Belt in 2018 and Yellow Belt in January 2019.

Forty-four MCFHS staff completed Mental Health First Aid training by June 30, 2019.

All MCFHS completed Public Health 101, Data, Climate Change, and Health Equity trainings in FY 2018-2019.

Ashley Stegall completed the Emergency Operations Geographic Information Systems (GIS) Unit training on October 1, 2018.

Ashley Stegall completed a two-day course on Introduction to Arc GIS Pro on February 23, 2019.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Melissa Dredge completed the Great Leaders Academy on November 20, 2018.

All PPHR staff completed Mental Health First Aid training.

Ward Wagenseller completed the Strategic National Stockpile training from May 20, 2019 through May 24, 2019.

Robert Sills, Jennifer Wheeler, Patrick Buttron, Donna Johnson, and Christi Robbins completed the 2019 California Department of Public Health Emergency Preparedness Training Workshop on June 14, 2019.

Patrick Buttron, Melissa Dredge, Lorraine Calzone, and Donna Johnson completed two classroom series courses for the Federal Emergency Management Agency (FEMA) Master Exercise Practitioner Program (MEPP), focused on advanced program management, exercise design and evaluation practices in each phase of the Homeland Security Exercise and Evaluation Program (HSEEP). MEPP is sponsored by the FEMA Emergency Management Institute's National Training Center. The week-long courses were held in November 2018 and May 2019. Participants are waiting to be notified of their final Capstone Exercise project date (2020): Participants will need to develop and present a sixty-minute exercise presentation to the FEMA MEPP instructors via Web-Video chat platform for grading.

TUBERCULOSIS CONTROL AND REFUGEE HEALTH BRANCH

Rosalinda Betancourt, Lorena Gonzalez-Fabiny, and Antonette Antonio completed the Public Health Foundation Quality Improvement Training workshops in April and June 2019.

Alison Casciano completed the Integrated Care Across the Lifespan Conference training on how to integrate behavioral health services into health services on April 16, 2019.

Rona Rullan-Tangonan and Claudia Guzman graduated from the Essentials of Supervision Program on October 25, 2018.

Angel Vazquez-Murillo and Diana Vaughan-Jones completed the Motivational Interviewing Training on March 18, 2019. This course is a one-day training on the evidence-based technique of motivational interviewing, which addresses ambivalence to change. It is a conversational approach designed to help people identify their readiness, willingness and ability to change and to make use of their own change-talk.



**MY SINCERE GRATITUDE
TO THE ENTIRE MCSD TEAM**
for their efforts in these accomplishments
and all they do to improve the health and
wellness of San Diegans.

On behalf of the Health and Human Services Agency (HHS) and Medical Care Services Division (MCSD), it is my pleasure to share some of our key accomplishments for FY 2018-2019. MCSD was formed in 2017 to support access to quality, timely and evidence-based care in San Diego County's communities. The core functions of the division are to regulate the local emergency medical services system, guide nursing practice and ensure the quality of medical care services provided by HHS and coordinate and support programs like Healthy San Diego and Love Your Heart in close collaboration with community partners.

The accomplishments described on the following pages reflect significant contributions and achievements for our second full fiscal year as a division of HHS in support of the *Live Well San Diego* vision. In FY 2018-2019, MCSD credentialed over 5,000 prehospital providers and monitored the timeliness and quality of prehospital patient care for 233,000 emergency medical 9-1-1 calls. In addition, the MCSD team actively took steps to improve current regional and internal service delivery systems and advance our capacity to detect and respond to disasters and other health events. With an operating budget of \$27.7 million dollars and as a testament to our 53 innovative, passionate and dedicated MCSD team members, a few highlights from this fiscal year include:

- Enhancement of emergency response surveillance through the All-Hazard Capacity Management System
- Coordination of the effort to conduct nearly 14,000 health screenings to asylum seekers at the San Diego Rapid Response Network shelter
- Implementation of an electronic case management system to support person-centered delivery of home visiting services

My sincere gratitude to the entire MCSD team for their efforts in these accomplishments and all they do to improve the health and wellness of San Diegans.

Respectfully,



Nicholas "Dr. Nick" Yphantides, M.D., M.P.H.
Chief Medical Officer
Medical Care Services Division

THE MEDICAL CARE SERVICES DIVISION OVERVIEW



The Medical Care Services Division (MCSD) was formed on July 1, 2017 to support access to quality, timely and evidence-based care in San Diego County's communities. MCSD's role is to:

- Regulate, coordinate and integrate the local emergency medical services system;
- Support quality assurance and quality improvement efforts for medical care services provided by the Health and Human Services Agency;
- Guide policy and standards of practice for Health and Human Services Agency nurses;
- Provide expertise to support programs that improve the health and well-being of children; and
- Provide expertise to support programs that improve the oral health of San Diegans of all ages.

In order to fulfill this role, MCSD has an operating budget of \$27.7 million dollars and 53 staff. Some key responsibilities and projects of the division include the administration of operating areas for 9-1-1 ambulance service (including financial oversight for two county service areas), credentialing of prehospital personnel, development of a Nurse Residency Program, directing the initial assessment for the Wellness Integrated Network (WIN), implementing and maintaining the prehospital data collection system known as COSD LEMSIS and coordinating collaborative efforts such as Love your Heart and Healthy San Diego.

EMERGENCY MEDICAL SERVICES (EMS) is responsible for regulating, coordinating and integrating the activities of public and private agencies, hospitals, specialty care centers and other stakeholders to deliver timely, high-quality emergency medical services and specialty care to residents and visitors of San Diego County. This includes oversight of the countywide EMS response system, including trauma, cardiac and stroke systems, medical oversight of prehospital care, credentialing of prehospital personnel and permitting provider agencies. EMS also manages information communication projects and the regional EMS communications system to enable effective communication among prehospital providers, hospitals and other jurisdictions.

HNSA NURSING ADMINISTRATION supports quality, timely and evidence-based care and services provided by HNSA's nurses. This includes developing, implementing and updating policies and standards of practice for HNSA's nurses; quality assurance and quality improvement activities; consultation and liaison activities with internal and external partners; and other efforts to support quality, whole-person care through nursing. HNSA Nursing Administration works closely with area universities and colleges to assist with developing the future nurse workforce, including creating opportunities for undergraduate and graduate students to apply nursing theory in the public health, psychiatric hospital and long-term practice settings

MCSD ADMINISTRATION provides clinical leadership and operational oversight for the Division. Activities include strategic and operational planning and division-wide coordination of policy, budget, contracts and other administrative activities.

THE MEDICAL CARE SERVICES DIVISION

MAJOR ACCOMPLISHMENTS



Stop the Bleed Training



Love Your Heart Event



Public Health Nurse Residency Program Graduation

EMERGENCY MEDICAL SERVICES

- Monitored response times and coordinated quality assurance for prehospital patient care for 233,000 emergency medical 9-1-1 calls during the year.
- EMS credentialed 5004 prehospital providers including Emergency Medical Technicians, Paramedics and Mobile Intensive Care Nurses and permitted 22 private ambulance agencies, with a total of 329 ambulances inspected, to ensure prehospital providers and agencies meet state and local requirements.
- Redesigned the San Diego County Trauma System Data Dictionary and Registry to enhance system surveillance, contract monitoring and research.
- Implemented the All-Hazard Capacity Management System and with newly available technologies, conducted enhanced emergency response surveillance and distributing 83 daily and 52 weekly reports to response groups which have the ability to act on relevant situational data in the event of a disaster or other event which could strain health care delivery systems and/or emergency healthcare resources.
- Conducted investigations on 154 Emergency Medical Technicians per state requirements and managed 110 probationary cases.
- Designed, built and piloted the LEMSIS (Local Emergency Medical Services Information System) Patient Tracking in cooperation with four hospitals during the May 2019 Medical/Health Full Scale Exercise. This system will allow for seamless reunification of medical patients with their families during and after a disaster or multi-casualty event through a broad base of engaged community partners.
- Implemented new state regulations for stroke and cardiac programs.
- Coordinated with clinical leaders to spearhead use of CAHAN (California Health Alert Network) for management of strangulation domestic violence.

- Beginning July 1, 2018, more than 70,000 Prehospital Patient Care Records were uploaded to the California Emergency Medical Services Information System (CEMSIS), with a 99.3% record acceptance rate, providing local EMS data to the California State data repository. This model was presented at a national conference, providing a model for state and national excellence.
- Developed drug shortage strategy for San Diego EMS providers by submitting a local optional scope of practice application to the State EMS Authority for review and approval to use additional drug options for pain relief.
- Implemented non-opioid pain management options by seeking State approval to add intravenous acetaminophen and ketamine to the paramedic local optional scope of practice in San Diego County.
- Created a program and approved naloxone authorization for law enforcement to assist with the opioid crisis and reduction of overdose deaths.
- Implemented an enterprise wide Stop the Bleed Program in response to a Board of Supervisors directive. MCSD coordinated 12 Stop the Bleed courses to 265 staff and deployed 123 bleeding control kits at three of the largest county facilities: County Administration Center, County Operations Center and the Health Services Complex. Implementation at remaining sites continues through FY 2019-2020.

HHSA NURSING ADMINISTRATION ACCOMPLISHMENTS

- Developed and piloted a Public Health Nurse Residency Program in March 2019. The 11-week program provided a comprehensive overview of the county's public health and social services to nurses in their transition to public health nursing.
- Led the development and roll out of Nursing Shared-Governance. The Nursing Leadership Council formed in August 2018 to focus on nursing quality, practice and education.
- Implemented the Persimmony Electronic Case Management system to support client care, assure the consistent delivery of home visiting services and streamline documentation and reporting processes. Between July 2018 and June 2019, HHSA Nursing Administration conducted four separate trainings to more than 120 users. Additionally, the HHSA Nursing Administration team responded to approximately 1,000 support requests over the year.
- Implemented the Accessible Depression and Anxiety Peripartum Treatment (ADAPT) program in the spring of 2019. The program offers a mental health professional in each region to work with the Public Health Nurses to offer consultation, clinical services and linkage treatment for families in the perinatal and early childhood home visiting programs. The ADAPT professionals also provide education and support to the home visiting PHNs.

- Provided 14,534 home visits to 1,278 low-income high-risk families throughout San Diego County. These programs improve pregnancy and early childhood outcomes by engaging women in healthy parenting and preventive health and social practices.
- Coordinated events during National Nurses Week to recognize the significant contribution of nurses to the health of our community. This year, HHSA celebrated its nurses with a Board Proclamation presented by Chairwoman Jacob, a thank you memo from the Clinical Cabinet and dozens of local events. County Communications carried out a social media campaign highlighting individual nurses from across the county.

MCSD ADMINISTRATION

- In collaboration with Public Health Services Department and Regional Operations, coordinated efforts to conduct 13,630 health screenings to asylum seekers at the San Diego Rapid Response Network shelter to identify and prevent the spread of communicable disease.
- Designed the new role of Chief Pharmacy Officer for HHSA, conducted a large-scale recruitment and onboarded Dr. Emily Do to serve in the role. The Chief Pharmacy Officer's priorities are to ensure regulatory compliance of pharmacy operations throughout the county, maximize medication safety and minimize medication risk to both HHSA clients and staff throughout the Agency.

THE MEDICAL CARE SERVICES DIVISION ACCOMPLISHMENTS

MCS D ADMINISTRATION CONT.

- Coordinated the 8th Annual Love Your Heart Event on February 14, 2019, resulting in over 43,500 free blood pressure screenings at 375 sites across the US and Mexico. As a result, 345 people with significantly elevated blood pressure were sent to urgent care and 43 were sent to emergency departments.
- Engaged three new *Live Well San Diego* Partners: Alliance Healthcare, Children's Physician Medical Group and United Healthcare.

QUALITY IMPROVEMENT PROJECTS

- Developed and began implementation of a comprehensive Quality Improvement Plan for the division, which included the development of a training plan, curriculum, resources and proposed pilot QI projects for FY 2019-2020.
- Conducted a comprehensive evaluation of current home visiting programs, with the objective of identifying opportunities to serve more clients and improve outcomes. As a result of this evaluation, it is recommended that a system of home visiting programs be progressively implemented over the course of the next several years. The system will provide a structured approach to expanding home visiting services and assuring that families are enrolled in a program that best meets their needs.

STAFF DEVELOPMENT

Implemented Strengths-Based training at MCS D all staff meetings and coaching opportunities for managers and supervisors.

All MCS D contracting staff attended new required Contracting Officer Representative (COR) I and II training.

Highlights of professional development training completed by specific staff members included:

Administrative Support Academy: Davina Trejo-Valdez, Dawn Miller

Advanced Competencies for Administrative Professionals: Melissa Hermosilla

American Organization of Nurse Leaders Annual Conference: Denise Foster

Association of California Nurse Leaders Annual Conference: Denise Foster

Baldrige Examiner Training: Marlene Goldstein and Chris Lee

Emerging Women Executives in Health Care program by Harvard T.H. Chan School of Public Health: Jamie Beam

Essentials of Supervision: Cory Osth, Sheri Shahri

Great Leader Academy: Gina Cabrera, Denise Foster, Cory Osth, and Dawn Miller

Local Government Agency Medi-Cal Administrative Activities and Target Case Management California Consortium: Angie Durdiev and Annamira Karty

Moving into the Executive Chair Seminar by California State Association of Counties: Jamie Beam

Next Level Supervision: Gina Cabrera, and Brian Christison

THE MEDICAL CARE SERVICES DIVISION PUBLICATIONS AND PRESENTATIONS

ABSTRACTS

International Stroke Conference (February 2019)

Amelia Kenner Brininger, Lindsay Olson-Mack, Kristi L Koenig, Thomas M Hemmen. Variability in Endovascular Thrombectomy Treatment in San Diego County

Amelia Kenner Brininger, Lindsay Olson-Mack, Kristi L Koenig, Thomas M Hemmen. Increased IV tPA use and reduced door to needle times across a large regional stroke network in San Diego County

PUBLICATIONS

Koenig K.L., Farah J., McDonald E.C., Thihalolipavan S., Burns M.J. *Pertussis: The Identify, Isolate, Inform Tool Applied to a Re-emerging Respiratory Illness.* Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health. <https://escholarship.org/uc/item/9z75b667>.

Koenig, K.L., Shastry. S., Burns. M.J. *Hepatitis A Virus: A novel Identify-Isolate-Inform Tool for Frontline Healthcare Providers.* Western Journal of Emergency Medicine, 18(6). [uciem_westjem_35983](http://escholarship.org/uc/item/8v72p1sk), 2017. <http://escholarship.org/uc/item/8v72p1sk>.

Koenig. K.L. *The Opioid Crisis in America: Too much, too little, too late.* Western Journal of Emergency Medicine 2018. <https://escholarship.org/uc/item/5652m1c0>.

Sanello, A., Gausche-Hill, M., Mulkerin, W., Sporer, K.A. Brown, J.B., Koenig, K.L., et. al. *Altered Mental Status: Current Evidence-based Recommendations for Prehospital Care.* Western Journal of Emergency Medicine 2018. <https://escholarship.org/uc/item/6315b2wb>.

PRESENTATIONS

Foster, D. *Innovative Onboarding: A PHN Residency Program.* California Directors of Public Health Nursing. March 5, 2019. PODIUM PRESENTATION

Foster, D. *Appreciating Complexity Leadership.* San Diego Chapter of the Association of California Nurse Leaders Annual Conference. March 22, 2019.

Foster, D. *Innovative Onboarding: The County of San Diego's PHN Residency Program.* Association of Public Health Nurses Annual Meeting. April 14, 2019. PODIUM PRESENTATION

Smith, J. *Suicide in San Diego County, 2018,* San Diego County Suicide Prevention Council 7th Annual Stakeholders Meeting. June 25, 2019.

Smith, J. *Methamphetamine Strike Force. San Diego County Emergency Department. Visits for Amphetamine Dependence.* June 6, 2019.

San Diego Mobile Pediatric Emergency Response Team (MPERT). *NACCHO Preparedness Summit.* March 2019.

Tuteur, J. *San Diego Asylum Shelter Response.* Meeting with DHS Medical Leadership and Executive Office of the President of the United States. February 8, 2019 and June 11, 2019.

MESSAGE FROM THE DIRECTORS OF REGIONAL OPERATIONS



From left to right: Barbara Jiménez (Central and South Regions), Jennifer Bransford-Koons (East and North Central Regions), and Chuck Matthews (North Regions)

WE ARE EXTREMELY PROUD OF THE WORK OUR REGIONAL PUBLIC HEALTH STAFF HAVE ACCOMPLISHED IN FY 2018-2019 AND THEIR CONTINUED DEDICATION IN ENHANCING SERVICES WITHIN THE SIX (6) REGIONS.

Staff are focused daily on serving clients throughout the six (6) public health centers located throughout San Diego, preventing epidemics and the spread of disease, responding to disasters and promoting healthy behaviors. Providing these services regionally is essential due to the diversity and the unique needs of each community. This regional approach of delivering direct services such as immunizations, public health nursing and health education has proven successful.

In addition to providing direct services, the regions collaborate with community partners to address and identify emerging public health needs in the community; and develop shared goals to advance *Live Well San Diego* to improve health, safety and well-being for all residents.

Our collective achievements working across regions and collaboratively with Public Health Services reflect a strong and devoted team with a vested interest in achieving successful outcomes and advancing community health. We want to thank and celebrate the work that our staff have accomplished and are excited in sharing this work with you all.

CENTRAL & SOUTH REGIONS PUBLIC HEALTH ACCOMPLISHMENTS



Love Your Heart event on February 14, 2019 in Sonora, Mexico.

BINATIONAL LOVE YOUR HEART

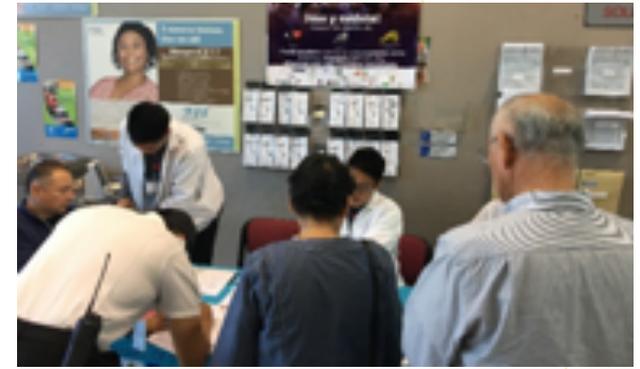
- Love Your Heart started on Valentine's Day in 2011 as an effort to raise awareness about heart health and to educate residents about their blood pressure numbers.
- In 2015, HHS South Region led efforts with the United States Mexico Border Health Commission, Mexico Section, to implement Love Your Heart, "Ama tu Corazón," in México, in 31 sites across 3 cities in Baja California and gave 2,480 blood pressure screenings.
- In 2019, HHS South Region assisted in expanding Mexico's efforts to 152 sites in all 6 Mexico Border States, the four U.S. Border States through the Ventanillas de Salud in the Mexican Consulates and the University of Arizona Mobile Unit, Juntos por la Salud. Together, they recorded 28,722 blood pressure screenings.



Love Your Heart event on February 14, 2019 in Baja California, Mexico.

BINATIONAL CHRONIC DISEASE PREVENTION CAMPAIGN 2018

- Hosted a week-long health fair as part of the Binational Chronic Disease Prevention Campaign.
- The purpose of the campaign is to raise awareness on both sides of the border about chronic diseases and risk factors such as hypertension, diabetes and overweight/obesity.
- The United States-Mexico Border Health Commission, México Section and Baja California Outreach Office coordinated the campaign during the Binational Health Week, in which different organizations came together to provide a series of health promotion and health education activities.



SDSU nursing students provide blood pressure screenings at Binational Chronic Disease Prevention Campaign 2018

- The health fair was made possible in collaboration with the American Heart and Stroke Association, the San Diego National Association of Hispanic Nurses, SDSU Nursing students, HHS South Region Public Health, Family Resource Center, and Community Health Action Team.
- Together, they were able to provide blood pressure screenings, flu and hepatitis A vaccines, depression screenings and health information. Over 150 participants received heart health education and mental health materials, 24 had their blood pressure taken and 188 received a free flu and/or hepatitis A vaccines.

CENTRAL & SOUTH REGIONS PUBLIC HEALTH ACCOMPLISHMENTS



Public Health Nurses checking blood pressures.

GRANDPARENTS RAISING GRANDCHILDREN

- Hosted two Grandparents Raising Grandchildren events in each region. These events are one-day symposiums and resource fairs where Public Health Nurses administer vaccines, health screenings and fluoride varnishes.
- Information and resources are also available to help relative caregivers better care for their families and over 180 caregivers were served including over 110 children.

IG COOKING CLASSES

- The Community Health Action Team launched a new and innovative program, Intergenerational (IG) Cooking Classes. The classes infuse nutrition education with intergenerational programming.
- IG Cooking Classes pair one adult and one youth to prepare a healthy meal together, creating a mutually beneficial environment.
- Leveraged key community partners to host IG Cooking Classes at various locations within the community such as libraries, community centers, schools and senior living facilities, serving a total of 155 community residents to date.



“What’s in your drink? Discussing added sugars.”

ASYLUM SEEKER

- Beginning December 20, 2018, the County of San Diego focused on protecting the health of the public, including families seeking asylum, by conducting health screening assessments in the setting of the San Diego Rapid Response Network shelter(s) and providing referrals for outside medical care as appropriate, and identifying and preventing the spread of communicable disease.
- Central and South Regions staff contributed early on in conducting and supporting health screenings and provided over 2,900 hours of Asylum Shelter Support.

HOMELESS SERVICES

- Public Health Nurses continue to provide on-site support at the Alpha Bridge Shelter. A team of nurses visit weekly/biweekly and have provided over 290 hepatitis A and over 200 Influenza vaccines. In addition, they also provide education, referrals and support to the residents.
- Public Health Nurses continue to visit other shelters and provide social and health assessments, referrals and targeted case management to children, families and single adults.

HEPATITIS A PREVENTION

- Continued outreach to protect vulnerable communities from hepatitis A infection. The teams planned 434 events resulting in 5,186 hepatitis A vaccinations, approximately 78% of the hepatitis A vaccines provided by all HHSA Public Health Centers.

IMMUNIZATION CLINICS

- Provided 48,399 vaccines to 15,099 clients, mostly children. Approximately, 25% of immunization clients utilized the HHSA self-service online appointment system resulting in little to no wait time.

TUBERCULOSIS PREVENTION

- Provided 3,512 tuberculosis screening and prevention services to 2,108 clients.

SEXUALLY TRANSMITTED INFECTION PREVENTION

- Provided 1,563 Sexually Transmitted Infection services to 1,332 clients.

SOUTH REGION FLU POD EVENT

- South Region Public Health held a Point of Dispensing Emergency Preparedness Drill at the South Region *Live Well* Center at Chula Vista. Nurses provided over 99 free Influenza and hepatitis A vaccines while helping HHSA South Region prepare for a future emergency.



South Region Public Health Staff working at the annual Point of Dispensing Emergency Preparedness Drill on October 16, 2018

REGIONAL HOME VISITING COLLABORATIVE

- Public Health Nurses continue to serve at risk pregnant women and young children in the Nurse Family Partnership and Maternal Child Health programs. The goal is to provide evidence and research support case management services to enhance health, safety and self-sufficiency outcomes for families.
- To enhance systems and collaboration, Central and South Regions led the Home Visitation Collaborative. Over ten community partners met to establish mutual goals, learn about each other's services, update the referral pathway tools to enhance services and improve the warm hand-offs of clients.

CENTRAL & SOUTH REGIONS PUBLIC HEALTH ACCOMPLISHMENTS



Central Region Public Health Staff working at the annual Point of Dispensing Emergency Preparedness Drill on October 25, 2018

CENTRAL REGION FLU POD AT FATHER JOE'S VILLAGE

- Central Region Public Health partnered with Father Joe's Villages on October 25, 2018 and administered 151 free Influenza and hepatitis A vaccines while helping HHS Central Region Public Health prepare for a future emergency.

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

- Foster Care nurses worked closely with Child Welfare Services social workers in ensuring that foster youth obtained 7,850 needed medical and dental exams.

I'M READY PILOT PROGRAM

- The "I'm Ready" Program of the Economic Vitality Work Group invited unemployed or underemployed youth ages 18-24 years old from National City, Chula Vista and Logan Heights to participate in an 8-week comprehensive empowerment program to support career and life readiness by receiving training in leadership development, financial planning and workforce readiness skills.

COMMUNITIES OF EXCELLENCE 2026 (AWARD)

- South Region has received two recognitions thus far for the commitment and journey towards the Baldrige Criteria for Performance Excellence and was recognized for the 3rd time on October 25, 2019 by Communities of Excellence 2026 at the Baldrige Fall Conference. The award recognized how the South Region has successfully applied the Baldrige based framework in the community leading to the development and processes, systems and measurable outcomes in the community.

CHRONIC DISEASE PREVENTION WORK GROUP

- The South Region *Live Well* San Diego Leadership Team's Chronic Disease Prevention Work Group accomplishments include the City of Chula Vista updating their smoking/vaping ordinance to include the posting of new signage that the campus is smoking and vaping free. Also, vaping devices and cartridges are now accepted at the Household Hazardous Waste collection facility and at one-day collection events.
- City of Chula Vista Police Department was awarded a Department of Justice grant to fund School Resource Officers to assist in preventing smoking and vaping in schools.
- Supported proposed updates to the Sharp Chula Vista smoking and vaping policy on the health care campus.
- American Lung Association assisted the City of National City in updating two smoking and vaping policies and presented at different schools in South Region with 175 total participants in the audience.

EAST & NORTH CENTRAL REGION ACCOMPLISHMENTS

MATERNAL CHILD HEALTH (MCH) AND NURSE FAMILY PARTNERSHIP (NFP) PROGRAMS

- Served 409 families during this fiscal year and 102 families completed the MCH or NFP programs. These families have had a Public Health Nurse work with them from pregnancy or postpartum period, up until their child reached 18-24 months. The home visiting programs have helped these families to transform their lives and create better futures for themselves and their children.

CAMP CONNECT

- Provided nursing staff for Camp Connect. The camp brings foster children/siblings who are placed in separate homes together at a fun-filled camp.

HOMELESS ASSISTANCE RESOURCE TEAM (HART)

- Participated in weekly HART joint operation with HOT HSS, Public Health Nurses, McAlister Homeless Outreach Workers, Dept of Public Works, Family Health Centers, etc. Provided hepatitis A vaccinations.

FLU POD (POINT OF DISPENSING)

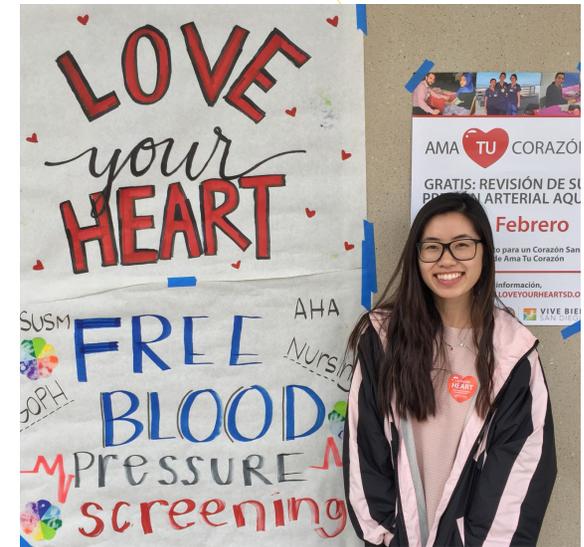
- Free flu vaccines were provided to the public for those aged 6 months and older, as well as hepatitis A vaccines for adults. This event enables staff to practice emergency procedures. Supervisor Jacob attended the East Region POD and gave positive feedback to the team for a job well done. Total vaccinations were East—173 and North Central—174.

NICE GUYS CHRISTMAS PARTY

- Provided flu shot and offered resources on County programs to those invited, including low income families and individuals. Approximately 1,500 people in attendance.

LOVE YOUR HEART

- A total of 43 sites in East and 42 sites in North Central (an increase from 75 combined sites last year.) Public Health also did related employee engagement and team-building activities.



Love Your Heart Blood Pressure Screening

EAST & NORTH CENTRAL REGION ACCOMPLISHMENTS

MENINGITIS POINTS OF DISPENSING (PODs)

- East and North Central Region Public Health staff participated in the Meningitis PODs that were held at SDSU for the outbreak that they had on their campus. Approximately 4,900 vaccines were administered in total. Staff also supported the meningococcal second-dose vaccine events at San Diego State University. There was a total of four events in a continued effort to keep the students and staff healthy in the post outbreak period. Additionally, the nurses continued to provide second dose hepatitis A.



ANNUAL BLOOD DRIVE

- East Region *Live Well* Center was identified as one of the sites for the 35th annual blood drive. Assisted in the coordination.

MIGRANT SHELTER

- East and North Central Region nursing staff played a critical role in staffing the shelter. Others in the region provided ancillary/support staff.

BANCROFT ELEMENTARY SCHOOL OPEN HOUSE/ HEALTH FAIR

- Community Health Engagement Team, Public Health and Eligibility staff participated in this event where more than 250 guests attended. Provided fluoride treatments and health information.

LINDA VISTA MULTI-CULTURAL FAIR

- Eligibility and Public Health hosted a resource booth. Fair attendees asked about income limits for CalFresh, resources to help pay prescription costs and other services available from the County.

HIRING HALLS

- Staff participated in events for PHN Residency Program. Interviewed panelists consisted of staff from Human Resources, PHN Managers, PHN Supervisors and Senior Public Health Nurses. The goal of the program is to help increase the pool of qualified Public Health Nurses entering the county workforce by allowing new grad RNs, or RNs with little to no experience in public health, participate in a 12-week residency orientation. Upon completion of the program, the nurses will be prepared to promote into a PHN position.

NORTH COUNTY REGIONS PUBLIC HEALTH ACCOMPLISHMENTS

IMMUNIZATIONS

- Provided 2,101 children in North County with timely immunizations, achieving 100% of the target goal.



MIGRANT SHELTER

- Provided public health support for asylum seekers including 763 hours of nursing support and 648 hours of additional staff support for the migrant shelters.

HOME VISITING

- Provided home visiting support to pregnant women ensuring 57% (50 of 87) continued breastfeeding until the newborn was 6 months of age. Health benefits include reducing the risk of childhood illnesses and premature deaths, minimizing the risk of harm to a child's cognitive development and reducing the risk of post-partum hemorrhage and depression for new mothers.

BREASTFEEDING

- Hosted a North County collaboration between the Supplemental Nutrition Program for Women, Infants and Children and PHS for a Global Big Latch On event, inviting 34 new moms to participate, promote and celebrate breastfeeding.

HEPATITIS A

- Provided cross-departmental support for multiple disease outbreaks (hepatitis A, meningococcal B, and shigella), providing over 710 hepatitis A vaccines at 103 field events to eliminate the hepatitis A outbreak, including education and hand hygiene for Shigella.

HOMELESSNESS

Supported efforts to eliminate homelessness in North County utilizing 6 HOT Teams consisting of Public Health Nurses, Human Services Supervisors, Police/Sheriff's and Behavioral Health Services in collaboration with 3 Police Departments and the Sheriff's Department; provided 682 homeless contacts, processed 217 applications for CalFresh, health insurance and cash assistance, 206 other services such as replacement card services, and made 382 referrals for other supportive services.

NUTRITION EDUCATION

- Expanded nutrition education for better health as NEOP Specialists provided nutrition classes/nutrition information to 4,043 residents; partnered with the North Inland FRC to provide nutrition information in the FRC lobby for over 80k walk-in clients.

GRANDPARENTS RAISING GRANDCHILDREN (GRG)

- Hosted the GRG Symposium for 175 caregivers featuring 3 interactive workshops, 30 resource tables, optional consultations on adoption/guardianship, free dental screenings and information on local support groups.

NORTH COUNTY REGIONS PUBLIC HEALTH ACCOMPLISHMENTS

GRANDPARENTS RAISING GRANDCHILDREN (GRG) CONT.

- Hosted the GRG Love Your Heart Event in partnership with Straight from the Heart, a resource center for families, to provide a Heart Healthy Day for 25 kinship and foster families who enjoyed heart health education, cooking demonstrations and free blood pressure screenings.

PRESCRIPTION DRUGS

- Reduced drug use and underage alcohol use by increasing awareness of proper disposal of prescription drugs at the annual North County GRG event and encouraged LWSD partners to utilize portable, disposable boxes at community events.

HEALTH LINK NURSES

- Two HealthLink nurses are assigned to HHSA North County Regions (one in North Coastal and one in North Inland) – these staff work in tandem with a school lead on the Community Health Promotion Team to connect representatives from North County school districts to community partners, resources and materials that may benefit schools' families. Both nurses also participate in HealthLink North County, a school health and wellness coalition that meets bi-monthly in San Marcos.

OCEANSIDE PROMISE

- Supporting the Oceanside Promise collective impact project representing community-based, cross-sector collaboration focused on a common agenda in the City of Oceanside. Collaboration to support children and youth, in and out of school, from cradle to career in strategic focus areas: Kindergarten Readiness, 3rd Grade Literacy, College/Career Readiness, College or Technical School Completion, Student Health & Wellbeing and helping make linkages between the city, school district, chamber of commerce, HHSA and other partner programs and services.

FOOD INSECURITY

- Collaborated with community partners to provide and promote available services to reduce food insecurity. Increased by 6% (6,826 to 7,216) the number of seniors receiving CalFresh using strategies such as video interviewing to serve customers in rural areas. 470 CalFresh and Medi-Cal interviews conducted via Video. Supported 67 community activities, processing 114 applications in the field and sharing 3,964 outreach materials on CF/MC and other resources to over 4,865 residents.

INTERGENERATIONAL (IG) EFFORTS

- Partnered with the City of San Marcos and the San Marcos Senior Activity Center, hosting the San Marcos Intergenerational Games for 33 older adults and 65 youth who paired up for a day filled with activities, fun, conversations, and playful competition.

- Supported the community planning meetings with the Oceanside Unified School District for design and implementation of an Intergenerational Garden in Oceanside. Assisted the IG Art Docent Program with Ramona Unified School District by providing expertise to create, plan and implement Art Docent Programming in all 6 Ramona Unified School Districts, impacting over 2,700 students.

SUCCESSION PLANNING

- Supported efforts to build an engaged and diverse workforce; supported nine Del Lago Academy junior year interns as well as seven local high school students through a six-week internship program and a Job Shadow Day providing them with career exploring opportunities with public health nurses, social workers and human services specialists.
- Partnered with the Masters in Public Health (MPH) program at California State University San Marcos to provide three MPH students the opportunity to complete their internship program with the HHSA North Regions CHP team. Additionally, provided support for North County's first Employer Internship Workshop, which highlighted the benefits of providing students with volunteer and internship opportunities to local organizations.



TECHNICAL SUPPORT TO SCHOOLS

- Supported North Coastal and North Inland school districts as they update and revise their School Wellness Policies by attending Wellness Council and related funding meetings.



Nurse-Family Partnership Graduate

RESIDENT LEADERSHIP ACADEMIES (RLAs)

- Sponsored three RLAs in Vista, Oceanside and Escondido to empower residents to create culturally appropriate and positive changes in their communities in the areas of active transportation, placemaking and nutrition access.

HEALTHY CITIES, HEALTHY RESIDENTS (HCHR)

- Supported HCHR grant implementation in the City of Vista to advance active transportation and access to healthier foods by providing technical assistance and participating in a multi-stakeholder coalition; led to the City of Vista being awarded a \$4 million active transportation grant by Caltrans to make infrastructure changes to improve walkability.

ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH)

- Advanced ACH by advocating for North County Regions to be selected as portfolio's pilot community, with a focus on improving cardiovascular health through proper nutrition. Participate in and support the Steering Committee of key community partners in this effort.

INQUIRIES

COUNTY OF SAN DIEGO BOARD OF SUPERVISORS

District 1 – Greg Cox, Vice Chairman
District 2 – Dianne Jacob, Chairwoman
District 3 – Kristin Gaspar
District 4 – Nathan Fletcher
District 5 – Jim Desmond

CHIEF ADMINISTRATIVE OFFICER

Helen N. Robbins-Meyer

DIRECTOR, HEALTH AND HUMAN SERVICES AGENCY

Nick Macchione, MS, MPH, FACHE

PUBLIC HEALTH SERVICES EXECUTIVES

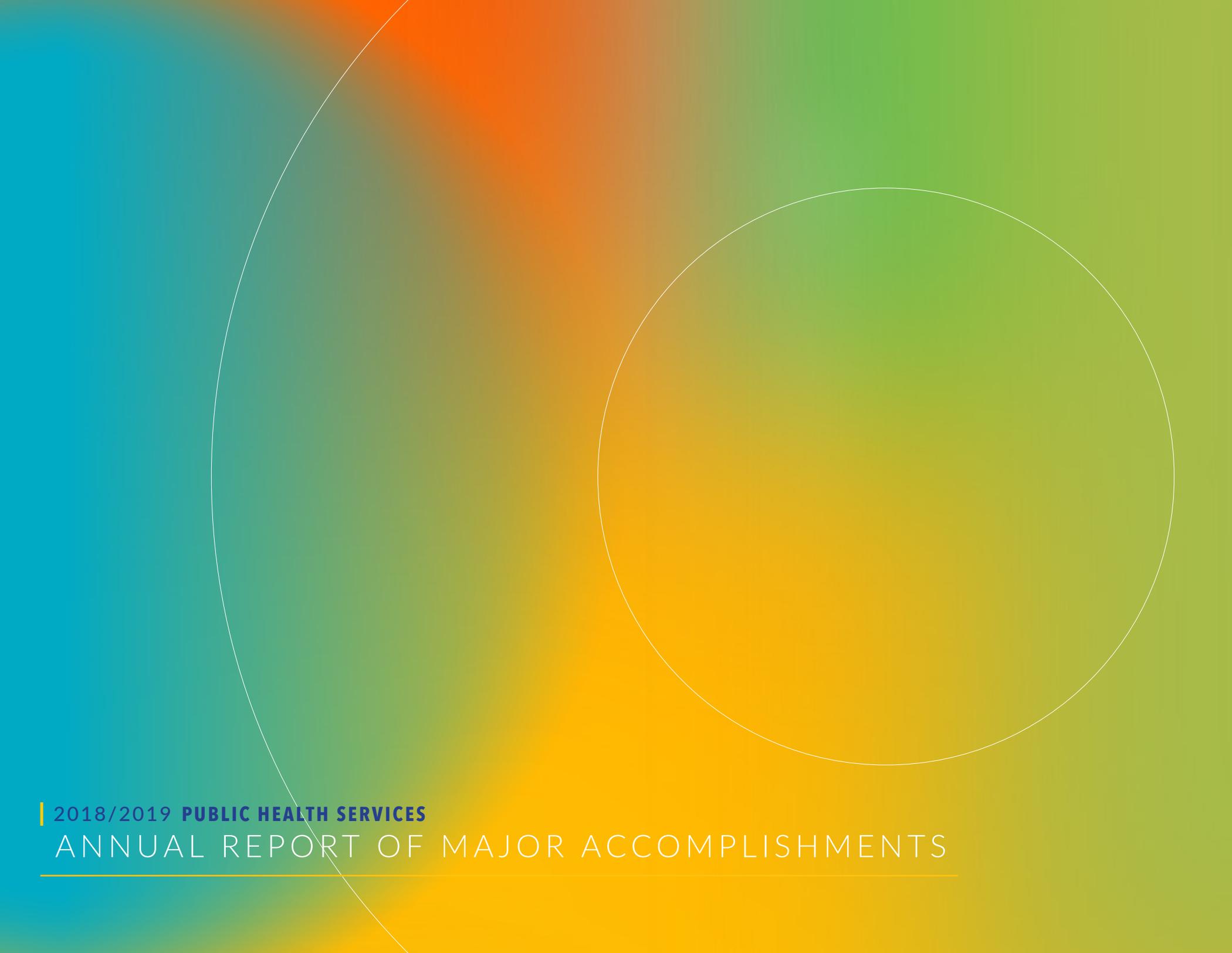
Wilma J. Wooten, M.D., M.P.H.
Nicholas “Dr. Nick” Yphantides, M.D., M.P.H.
Barbara Jiménez (Central and South Region)
Petros Alemeselassie (East and North Central Regions)
Chuck Matthews (North Regions)

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

County Administration Center
1600 Pacific Highway
San Diego, CA 92101







2018/2019 **PUBLIC HEALTH SERVICES**

ANNUAL REPORT OF MAJOR ACCOMPLISHMENTS
