

**STAKEHOLDER FORUMS for "BUILDING BETTER HEALTH"
COUNTY of SAN DIEGO'S HEALTH STRATEGY AGENDA
June 9th and 10th, 2010**

QUESTION & ANSWER PERIOD

*Some of the questions were addressed at the Forum,
others were submitted in writing*

The Health Strategy Agenda is organized into four major areas. The questions and corresponding answers are organized in the same fashion:

- A) Build a Better System by providing health services that maximize quality, eliminate waste, and focus on results;
- B) Support Healthy Choices by empowering county residents to take action and responsibility for their health;
- C) Pursue Policy Changes for a Healthy Environment to make it easier for residents to make healthy choices, and;
- D) Improve the Culture from within the County organization to support positive health outcomes.
- E) Questions that were not directly related to the Health Strategy Agenda but had more to do with other County and/or Agency operations and activities.

A) BUILD A BETTER SYSTEM

- 1. Someone experienced problems getting granted for public assistance. What should they do?**
You can always call or email ACCESS (toll free at 1-866-262-9881; pubassist.hhsa@sdcounty.ca.gov) for assistance or the Family Resource Center Supervisor or Manager. Because of confidentiality regulations, we cannot discuss specific case details without authorization from the applicant. If a person or community-based organization is assisting, they can request that the family submit a form, signed by the applicant, to waive confidentiality so that we can provide information about a specific case to those the family identifies. These forms are available on line at http://www.sdcounty.ca.gov/hhsa/programs/ssp/access/access_providers.html
- 2. When can we expect to see a better health care delivery system?**
You should start seeing improvements incrementally, as various phases of the Health Strategy Agenda go into effect. The plan is a 10-year plan, so it will take time to be fully implemented.
- 3. Is SBIRT a part of the plan and can it be done at the Mobile Remote Libraries?**
The Screening, Brief Intervention and Referral to Treatment (SBIRT) program has proven to be a valuable tool. Public health nurses in the mobile remote libraries are

already beginning to use the screening tools, and we are looking forward to assessing the feasibility of implementing SBIRT in other non-health care settings.

4. Are you looking for additional partners for interactive video interviewing?

Partners are key in helping to improve access to services. We will need to assess how and where video interviewing will be most useful and seek out partners who are the best match based on the need.

5. How are other County departments or programs involved in the plan?

This is a County plan, and as the lead, the Health and Human Services Agency (HHS) has already made connections with the other four County business groups. For instance, the Land Use and Environment Group (LUEG) administers County parks and also has a role in land use planning and other activities important to healthy communities. The Public Safety Group (PSG) is needed because if communities are not safe, residents are unlikely to enjoy the outdoors and be physically active. The Community Services Group (CSG) has libraries where health information and activities are offered. The Finance and General Government Group (FG3) helps us maximize county resources for the benefit of everyone. As we continue to implement and refine the Health Strategy Agenda, there will be other opportunities for deepening these partnerships.

6. Oral health has been proven to have significant impacts to overall health – how is it represented in the Health Strategy Agenda?

Oral health is widely recognized as a vital component of health and well being. Currently, the County has the Share the Care dental health initiative. This is a public-private partnership in which preventive services, such as sealant clinics, are offered along with information, education and technical support. We will continue partnerships like this to improve oral health in our communities.

7. How does the plan address chronic homelessness?

The Health Strategy Agenda is not a plan that deals specifically with chronic homelessness. However, we know we serve high-risk, high-need clients that include the indigent and homeless. Our Health Strategy Agenda calls for a coordinated approach that addresses physical and mental health, as well as social services, which are all critical to improving their well-being. While this does not directly address their homelessness, these services will help them achieve self sufficiency and stability.

8. How do you see the issue of housing fitting into the plan?

We recognize the important role that stable housing plays in health. The Health Strategy Agenda acknowledges the importance of connecting people to social services like housing in order that they achieve good health. Because housing is such a complex area, it is critical to involve others with expertise in housing, including the County's Community Services Group (CSG), cities, local housing commissions and community groups. We will continue to build and leverage partnerships to address housing.

9. How is mental health represented in the Health Strategy Agenda?

One of the major principles in the Health Strategy Agenda is that health is not only physical wellness, but also behavioral health and social supports. Several goals in the

Health Strategy Agenda specifically address mental health—including the goal to integrate behavioral health among physical health and social services to support a patient-centered medical home, and reducing stigma associated with seeking and obtaining mental health counseling.

- 10. Partners working in the alcohol, drug and tobacco prevention and cessation programs find the organization of the systems within the County to be a little challenging – for example, substance abuse programs are administered by Behavioral Health, but tobacco is a Public Health program. It would be easier to navigate if they were better integrated.**

There is still a lot of work to do in the County to break down silos between programs. Also, there are constraints that are outside local control. These include federal and State government rules and regulations. Improving integration of services is an underlying goal of the Health Strategy Agenda.

- 11. Will there be any deliberate effort to perform home visits in targeted areas as part of the plan?**

The Health Strategy Agenda calls for looking at ways to deliver services more efficiently. Home visits are used in some circumstances, for example, in our Nurse Family Partnership Program in which public health nurses visit first-time mothers. Working with partners, we will consider home visits along with other service delivery strategies and adopt the approach proven to be most beneficial and feasible.

- 12. For senior programs, is there a plan to increase information and access?**

The Health Strategy Agenda calls for increasing the dissemination of information about health, and improving access to services for those residents who are eligible. We recognize there are special access issues for seniors and particularly the home-bound, and we will leverage programs that already serve this population to share information about available services.

- 13. The SMILES dental health program for County schools has been cut completely. This program is so important for general health. Can this program be picked up by HHSA?**

It is unfortunate that the SMILES program is no longer funded locally. HHSA's funding for dental activities does not allow for direct patient services. However, the County is part of a public-private partnership for dental health called, Share the Care, which offers capacity building, technical support, education and building community awareness. As we move forward, we will continue to look for funding opportunities and other partnerships to support dental health for children.

- 14. How can substance dependency/abuse treatment programs assist clients to faster access their social services benefits within the new system? Our clients are dually diagnosed and often have no designated worker. It can take up to 6 months for them to get their benefits.**

We recognize that, particularly with high-need customers or clients, we need to do a better job in coordinating care to improve their quality of life and to reduce public costs when they fail to improve or recover. We will look at ways to improve access to social services among our most vulnerable customers, regardless of which system they are in.

B) SUPPORT HEALTHY CHOICES

1. How do we get doctors to be part of this plan?

From the very beginning in the development of the Health Strategy Agenda, we have consulted and collaborated with clinical leaders (doctors, nurses, therapists). This includes seeking input from the San Diego County Medical Society, the Hospital Association of San Diego and Imperial Counties, and the Council of Community Clinics. We will continue to consult with physician leaders in our future implementation efforts upon approval of the Health Strategy Agenda by the Board of Supervisors on July 13th. This includes working with health providers to offer consistent messaging about healthy eating, the importance of physical activity, and how leading a tobacco and drug free life positively impacts health and well-being.

2. People are capable of making healthy choices when they have the resources to buy healthy food for their families. So why isn't the County putting a maximum effort to help people with food stamps? Then San Diego will not be the worst in the nation for the 6th year in a row.

The County Health and Human Services Agency's Nutrition Security Plan, adopted by the Board and incorporated in the Health Strategy Agenda, calls for increasing participation in the Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps) among San Diego residents and incentivizing healthy purchases. Fortunately, we are beginning to see the fruits of collaborative efforts in the SNAP program. By enrolling 30,470 additional child and senior participants since March 2009, we have achieved 60.9% of our goal to add 50,000 child and senior participants to SNAP by 2012.

3. How can local schools receive part of the ARRA grant dollars to begin community gardens at several of our schools? Vegetables and fruit could be sold at low cost to our school families.

The County already has some strong collaborative efforts going on with schools through programs related to our public health infectious disease efforts, immunizations practices, as well as the Childhood Obesity Initiative (COI) in which schools are engaged in a public-private partnership to combat childhood obesity. Under the American Recovery & Reinvestment Act (ARRA), the conditions for selection of primary partners had to be determined prior to grant submission to ensure that activities were initiated quickly (within 90 days). The selection of school districts and locations for school gardens was developed by the County Office of Education and participating school districts. An advisory committee that has already been formed will provide guidance to ensure success in implementation of all activities of the grant. Please visit the website with information about the ARRA grant, "Communities Putting Prevention to Work."

(Note: This website was recently created and new information will be posted once it is available)

http://www.sdcounty.ca.gov/hhsa/programs/phs/chronic_disease_health_disparities/CPW.html

4. **Can you reward (recognize) those service agencies that embrace healthy choices from within the organization?**

For ten years now, the County has recognized area organizations, individuals and government agencies through the Public Health Champions Awards. This reflects a long-standing commitment to recognizing others for extraordinary achievements in protecting and promoting health. Recognition of service agencies that embrace healthy choices is an excellent idea and something we plan to continue.

C) PURSUE POLICY & ENVIRONMENTAL CHANGES

1. **What is the County's approach to dealing with land use issues requiring the approval of the City?**

Any plan for change in the physical environment will require the partnership of cities. There are successful models of how this can be done, including in Chula Vista and La Mesa. A critical factor for success is the involvement of residents—residents have to be vocal participants. We will forge partnerships to encourage land use changes that support healthy environments.

2. **There is so much money and knowledge devoted to making the easy choice the worst food choice in schools. Will the schools be able to help us make the change toward better health?**

School policies are the responsibility of school boards and almost all districts in San Diego County have passed local "school wellness policies" to improve the health of campuses. In addition, the County works with the schools to encourage healthy behaviors and expand access of families to healthy foods through Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps) screening and application assistance. Also, the grant recently awarded under ARRA (American Recovery and Reinvestment Act) by the Federal Centers for Disease Control and Prevention (CDC) includes a focus on schools to promote nutrition and physical activity.

3. **How does the Health Strategy Agenda increase access to healthy foods?**

Our Health Strategy Agenda incorporates the County's Nutrition Security Plan, adopted by the Board, which calls for increasing Electronic Benefits Transfer (EBT) access to farmers' markets (enabling clients to use Supplemental Nutrition Assistance (SNAP) benefits). This strategy incentivizes healthy food purchases and expands availability of healthy foods in the community.

4. **Smoke free public parks and environments will support youth in socializing and recreating in tobacco and marijuana free environments. What are you doing to support smoke free public venues?**

Working towards tobacco and drug free environments has always been a priority, and is also part of the Health Strategy Agenda. The County's Tobacco Control Resource Program (TCRP) provides resources to the community regarding health risks of tobacco use and also works to counter pro-tobacco influences and to refer smokers to cessation programs. The County also partners with various cities throughout the region to promote and enforce alcohol and drug-free environments.

5. Access to health services can be significantly impacted by transportation—how are transportation barriers addressed?

Because transportation is often a barrier, particularly in rural areas, we are looking at alternative technologies for residents to access services, as well as making some services mobile. Examples of this include library bookmobiles in which we have placed public health nurses to provide basic health screenings and referrals in remote areas. We are piloting video-interviewing for determining eligibility for public assistance in a tribal community. For the general public, we want to make sure that, to the extent feasible, services and resources to help people be healthy can be made available via the internet.

6. How will people without transportation or a computer have access to the information?

We are committed to evaluating many different access points, such as working with partners like 2-1-1 San Diego to provide resource and referral services. We are also looking at how we can better utilize new and existing technology to increase access to information, and make some services mobile when it makes sense.

7. What kind of challenges will be addressed when addressing land use issues? For example, there are specific issues in rural areas that impact safe outdoor physical activity (e.g. crosswalks).

There are many challenges when addressing land use issues. These include existing land use plans, current zoning and development practices and of course limited resources for infrastructure improvements. This is why it is critical to partner with others who have expertise in land use and/or direct interests in the community affected—including the County's Land Use and Environment Group (LUEG), San Diego Association of Governments (SANDAG), community groups and city and neighborhood leadership. Existing forums also provide a good opportunity to bring up these issues, like the Rural Health Initiative in North Regions.

There are successful models for change. The Communities of Excellence in Nutrition, Physical Activity and Obesity (CX3) initiative featured a "walkability" audit in La Mesa in which seniors and youth together walked the neighborhoods to identify needed improvements. As a consequence, the City of La Mesa won a Safe Routes to School Infrastructure Grant to improve sidewalks.

8. How can we get involved as a partner in the prevention activities the County is undertaking with the ARRA grant?

Within our application for the American Recovery and Reinvestment Act (ARRA) grant, the County had to provide an itemized budget that has already been allocated to certain contractors and subcontractors for the completion of specific interventions. However, selected opportunities may be available through contractors and subcontractors. Please go to the website with information about the ARRA grant, "Communities Putting Prevention to Work."

(Note: This website was recently created and information about collaborative opportunities and contacts will be posted as it becomes available.)

http://www.sdcounty.ca.gov/hhsa/programs/phs/chronic_disease_health_disparities/CPW.html

9. **Does the County have jurisdiction on school lunches?**
School policies are the responsibility of school boards. The County does not have direct jurisdiction over school lunches. However we partner with school districts to promote healthy eating and increased physical activity.
10. **How will you make our parks and recreation areas safe (and clean) so parents/kids feel safe going there?**
We will be working collaboratively with our County's Land Use & Environment Group, the San Diego Association of Governments, city governments and community partners to improve lighting, build safer sidewalks and enhance traffic control which allow for individuals and families to enjoy outdoor recreation activities. Many of the environmental changes that promote physical activity can also help reduce crime and drug activity.
11. **How are you going to support the community colleges to enforce their fledgling smoke-free policies? That is where youth learn to smoke (evidence based info)**
The County's Tobacco Control Resource Program (TCRP) provides resources to the community regarding health risks of tobacco use and also works to counter pro-tobacco influences and refer smokers to cessation programs. TCRP may be a resource to community colleges implementing smoke-free policies.

D) IMPROVE THE CULTURE FROM WITHIN

1. **What difference does promoting culture change in the County's workforce have on impacting the health of the community?**
The 16,000 employees of the County are part of the community. We want to encourage all County staff to choose healthy behaviors because this will benefit their own quality of life and productivity. Furthermore, staff who see the connection between the work they do and the health of the people they serve in the community is more engaged in their work and therefore provide better customer service.
2. **Will you be measuring, tracking, and evaluating employee health improvements (of County employees of HHSA) based on employee wellness programs and utilization? If so, results may help other employers/organizations develop programs and incentives of their own.**
All of the initiatives in this Health Strategy Agenda will be monitored closely for progress toward implementing and their impact. Progress updates and lessons learned will be shared with the County Board of Supervisors, Chief Administrative Officer and his leadership team, the community and, when appropriate, outside organizations. For example, if we realize a decrease in worker's compensation claims submitted that could be attributed to an increased awareness of health and health hazards, we will certainly share these results with others who are interested.

E) OTHER

1. **What is the relationship between National Healthcare Reform and the County's Health Strategy Agenda?**

National Healthcare Reform is about insurance coverage whereas the County's Health Strategy Agenda is focused on service delivery reform. The County's initiative is about improving the delivery of local services and giving residents information so that they can make choices that lead to healthier lives.

Currently, the State of California is developing its own plans for implementing National Healthcare Reform, so in reality, it is a combined Federal/State health reform that will impact us locally. The State has been in discussions with counties and the Federal government on how best to implement National Healthcare Reform, especially regarding bridging activities to 2014 when federal reform is to be fully implemented. This includes the future direction of the federal 1115 Medi-Cal waiver, for which San Diego County is considered a model because of its Coverage Initiative program, providing comprehensive chronic disease management services to indigent uninsured San Diego County residents.

2. **How is the provision of culturally appropriate services incorporated into the plan?**

There is recognition that the services we provide must be culturally and linguistically appropriate in order for these services to create the outcomes we desire. That goes beyond ethnic or racial factors—we need to keep in mind differences in age groups, as well as community factors, when developing culturally appropriate services.

3. **How will you improve the cultural/racial diversity of your administration so that your plans/goals are diverse?**

The County recognizes the value of having a diverse staff. This includes not only ensuring diverse representation but also valuing and leveraging differences. We also work to hire a diverse staff that matches the community we serve, including bi-lingual and bi-cultural staff.

4. **How does the plan respond to San Diego's unique needs as a border community?**

Federal law has not changed regarding eligibility for public assistance programs. However, the Health Strategy Agenda calls for working with community partners to distribute messages about healthy choices. This may help mitigate the impact that undocumented immigrants have on our hospitals and clinics by encouraging healthy behaviors. HHSA also has many border health partners with whom we work to address unique border health issues.

5. **Why doesn't CalWIN deliver the number of granted Food Stamp cases it promised to deliver?**

CalWIN is an eligibility determination system that the County uses to hold the data involved in granting and maintaining assistance program cases. While CalWIN is a tool used in the eligibility process, the determination of eligibility is

ultimately made by HHSa eligibility staff who collect, review and process the required documentation and verifications when individuals apply.

6. How will the plan improve the CalWIN system, specifically the generation of multiple Notices of Actions (NOAs)?

CalWIN is a state-approved eligibility determination system, which is used by 18 counties. San Diego is working with this consortium of counties, as well as with health advocates, to streamline the notification system within CalWIN. It should be noted, however, that there are legitimate instances where multiple NOAs are required (based on family composition and other factors). To accurately know whether NOAs are appropriate or not, one would have to know the specific family situation. Specific concerns or questions can be brought up directly with staff in the Family Resource Centers (FRCs).

7. Is the ACCESS line set up to handle requests related to public-assistance programs? Both the Caring Council and USDA gave poor evaluations. The USDA Report said that half of the calls were dropped (after 20 minutes waiting), and the person had to visit the FRC to get service.

The County fully implemented the ACCESS Customer Service Center in November 2009. Both of these reports provide only a snapshot of its performance early-on in the implementation. HHSa has increased the number of ACCESS agents to reduce wait times as well as added a self-service option to let callers complete some transactions without waiting to talk to an agent. The Agency will continue to monitor and work to resolve these issues going forward.

8. How do you know the BPR is sufficient; do you have data to sustain that?

The Eligibility Business Process Reengineering (BPR) is a major initiative launched in March 2008. The goal is to convert from a case-based eligibility system to a task-based eligibility system that is more responsive to customer needs. We are consistently monitoring performance on the progress of this initiative. In addition, the UCSD Center for Management Science in Health, which was contracted to measure the impact of the BPR, reported in its final evaluation (May 2010) that the BPR has met initial goals including improvements in productivity, client satisfaction and reducing unit costs. We have also realized improvements in meeting processing timelines. The County will continue to seek ways to improve the task-based eligibility system.

9. Part of the goal of culture change is to make County employees health ambassadors—how will this work given the Eligibility BPR is a task-based system?

Staff members in the HHSa Family Resource Centers still have contact with customers, even though they only handle specific functions of an individual's case rather than being their designated caseworker. In addition, it is important to recognize that this Health Strategy Agenda goes beyond the employees that work in the eligibility system. It is a County plan and therefore includes all 16,000 County employees.

10. What is the communication plan?

We will work with the media and community partners to get messages out about how to become and stay healthy. Websites, press conferences, FRC lobby videos, informational tools and resources are among many approaches we may deploy. We will also consider

how to capitalize on mobile technology (e.g. healthy tips relayed via smart phones) because this is how more and more people access information.

11. After this meeting, how do we communicate with you about health issues?

There are a number of ways to not only communicate, but also to get involved in supporting the health of your community. HHSA staff members participate in a number of regional community collaboratives and associations. These organizations provide an excellent forum for communication and opportunities to get involved in projects in your community. A great resource for learning more about community collaboratives is 2-1-1 San Diego, which is online at www.211sandiego.org. The Health and Human Services Agency also has 17 citizen advisory committees. These committees meet regularly and advise Agency management related to HHSA programs and services. For more information about the citizen advisory committees, please call 619-515-6555. We will continue to involve stakeholders as we implement specific actions in the Health Strategy Agenda. Rather than create new committees, we will work, to the extent feasible, with existing committees already engaged in related work.

12. Why doesn't the County include an advisory board of the people who need human services before designing a plan for healthy communities?

The County is committed to transparency and inclusiveness and, consequently, has reached out to the community to develop the Health Strategy Agenda. HHSA consulted with all 17 of its citizen advisory boards. Some of these advisory boards include consumers of services, and all include community providers and key stakeholders. We consulted extensively with organizations representing citizens and other interests—including the San Diego Taxpayers Association, the San Diego Regional Chamber of Commerce, and Community Health Improvement Partners (CHIP). HHSA Executives also met with community leaders and regional collaboratives to gather input.

When implementing these strategies, we also recognize the need to engage stakeholders and consumers to ensure solutions are designed in a way that best meets their needs. Furthermore, we plan to evaluate the success of the Health Strategy Agenda based on what the community thinks is important. We will identify measures based on feedback gathered from these advisory boards, subject matter experts, evidence-based programs and community groups.

13. At some point, with less resources you cannot continue to do more – you have to do less. Are there any promises as part of this plan for additional resources?

The Health Strategy Agenda is about optimizing our existing resources by innovating better ways in serving the public with their health needs. An example is the business process re-engineering of our eligibility systems, in which we moved from an operation-based on caseload assignment to one based on task assignment. We will seek additional funding sources when it is appropriate to do so. We are also committed to supporting our partners where possible as they pursue new funding sources.

14. Core services are being threatened—can Mental Health Services Act (MHSA) funds be leveraged to avoid these cuts?

Pursuant to the guidelines of the MHSA and our state approved plan, we have been using MHSA funds strategically to sustain services in instances where core service funds have been cut. It is noted, however, that this funding has also been on the decline with the economic downturn.

15. How can organizations, groups and residents get involved in the plan for Building Better Health?

Your participation at the forums demonstrates your interest and the partnerships we enjoy within the community. Many of you are probably already active in the community, and this is an important avenue for getting involved in this plan for “Building Better Health.” Participating in County citizen advisory boards, and volunteering in a local health agency such as a community clinic, hospital or non-profit, are other ways to get involved. On our end, we will continue to strengthen partnerships and work with the community as we move forward to implement some of the strategies. This includes engaging County partners and residents in activities to build healthier communities.

16. How is the business community going to be encouraged to participate in the plan?

This could be called the “healthy bottom-line” concept—based on achieving healthier communities which in turn leads to healthier people. This creates a much larger pool of healthier prospective applicants for businesses to draw from, especially local businesses that hire locally from their communities. When businesses invest in the health of their employees, we end up with healthier workers who are more productive and contribute to “healthier” profits for their employer—which is a “win-win” for everyone.

Local businesses have already demonstrated commitment to this concept. For example, the Childhood Obesity Initiative (COI) is a public-private partnership to combat childhood obesity. The “business domain,” led by the Chamber of Commerce, is working on creative initiatives such as supporting the San Diego Padres FriarFit program for healthy schools; implementing debit and credit card terminals at farmers’ markets to promote use of Supplementation Nutrition Assistance Program (SNAP) benefits; and connecting businesses with free resources to assist in creating healthier worksites. We have been engaging the business community in promoting healthy choices and will continue to seek more innovative ways to enhance our government-business partnership towards creating a healthier population.

17. How does the 10-year strategy integrate the growing needs of military veterans before they reach crisis? What work are you doing with military partners in the area? (e.g. Navy, Marines at Camp Pendleton)

Currently, the County assists with the State’s Reintegration Program for Veterans and also works with the San Diego Veterans Coalition. Military families are a part of the 3.1 million population of San Diego. Consequently, they will benefit from the health messages and policy changes that are key components of the Health Strategy Agenda. We also know that our military families and veterans are at-risk for chronic diseases and behavioral health issues because of the strains of military service, particularly long and multiple deployments. The Health Strategy Agenda calls for better coordination of services and reducing the stigma associated with seeking and obtaining mental health

counseling and substance abuse treatment. We will continue to explore what role the County can best play in order to meet the health needs of military families.

- 18. Some community members get confused about community clinic services (non-profits, for the most part) and County Health & Human Services. It seems to them to be duplicated. Is there something to be done about this (outreach, etc.)?**

San Diego County has one of the nation's most extensive networks of community health clinics, acute care hospitals with emergency departments, trauma centers, physician and dentist group practices and pharmacies which comprise the health safety net to provide care for the vulnerable and high-need populations. The community clinics network in San Diego is not duplicated by the County HHSA. In fact, the County relies on, and partners with, community clinics to provide key services to the community, including primary care services which the County does not provide. However, the service delivery system in San Diego is extremely large and complex and depends on cooperation of all partners to meet the demand for services and improve coordination of care, and at the same time, operate with limited resources. Part of the Health Strategy Agenda is to help residents better manage their own health and become more informed consumers of health services. All health providers and partners in the region need to work together to educate the public about what types of providers and which services can best meet particular health needs so that we optimize these resources and strengthen the health safety net.

- 19. Is it true that search engines (e.g. Google) can be used to track health epidemics?**

Google does have a portal called Google Trends that allows any user to look for trends for any key word associated with news items. It does not track the actual subject, but the general volume of news articles associated with it.

For more information see this link: <http://www.google.com/intl/en/trends/about.html>

- 20. Evidence-based was mentioned—can you give an example of how you will be incorporating evidence based practices in this plan?**

Nurse Family Partnership has been demonstrated to improve the health outcomes of new mothers and their children, and so we are looking to use this program when beneficial and feasible. Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based tool that has been shown to be effective in intervening with those who have alcohol and drug problems. As part of the Health Strategy Agenda, we are hoping to incorporate SBIRT in some other non-traditional settings, like Family Resource Centers. Studies have shown that integrating physical and mental health services can be extremely effective—further integration of these services in our local system is a big part of the Health Strategy Agenda.

- 21. Is the County planning to address the issue of adults on Medi-Cal losing their vision and dental coverage?**

The State establishes all benefit levels for health insurance coverage through the Medi-Cal program. While the counties have input regarding coverage needs, the State ultimately makes these decisions. However, we do try to identify gaps in service and

help to fill them where we can. For example, we built a dental component into our Coverage Initiative, referring to the chronic disease management program that serves 3,000 indigent uninsured San Diego County residents. We will continue to seek partners to address the oral health of those who are under- or uninsured.

22. There seems to be a disconnect between the city and county. What can the county do to work with and encourage the city to be responsible and close down stores selling drug paraphernalia and marijuana? These enterprises impact public health and safety.

The County has recently taken action to amend its zoning ordinance to impose certain restrictions on the medical marijuana collectives. This includes maintaining a separation from these facilities and residentially zoned properties, schools, churches, playgrounds, and other collectives. This action reflects the County's commitment to applying policy and environmental approaches to assure a safe and healthy community. Historically, the County has partnered with various cities throughout the region to establish ordinances to reduce the availability and accessibility of alcohol and other drugs, such as the adoption of social host ordinances (referring to restrictions on the hosting of parties that allow minors to consume alcoholic beverages) by 17 of the cities and the County.