



# County of San Diego

## HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, March 15, 2018 | 3:00-5:00 PM

Coronado Room, Health Services Complex  
 3851 Rosecrans Street, San Diego 92110

### MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Other People Present	HHSA Support
Seat 1/Dist 1	Karrar Ali	Seat 5/Dist 3	Harris Effron	Dr. Julianne Howell, Senior Health Policy Advisor, Health and Human Services Agency  Dr. Winston Tilghman, Medical Director/STD Controller, HIV, STD, and Hepatitis Branch (HSHB)  Heidi Aiem, Clinical Services Coordinator, HSHB  Maryan Osman, Community, Mid-City CAN  Patrick Loose, Chief, HSHB  Reginald Carroll, Community  Tara Beeston, Community Health Program Specialist, HSHB	Dr. Wilma Wooten, Public Health Officer
Seat 2/Dist 1	Paul Raffer	Seat 8/Dist 4	(vacant)		
Seat 3/Dist 2	Judith Shaplin	Seat 9/Dist 5	(vacant)		Dr. Liz Hernandez, Assistant Director
Seat 4/Dist 2	LaVonna Connelly	Seat 10/Dist 5	(vacant)		
Seat 6/Dist 3	Elly Garner	Seat 11/Cmty	Paul Hegyi		
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 12/Cmty	Dimitrios Alexiou		Dr. Sayone Thihalolipavan, Deputy Public Health Officer  Nora Bota, Community Health Program Specialist  Victoria Ollier, Admin. Secretary II  Donna White, Office Assistant
Seat 11/Cmty	Jennipher Ohmstede (alt)	Seat 13/Cmty	Henry Tuttle		
Seat 13/Cmty	Nicole Howard (alt)	Seat 14/Cmty	Greg Knoll		
Seat 14/Cmty	Jack Dailey (alt)	Seat 17/Cmty	(vacant)		
Seat 15/Cmty	Michael Matthews				
Seat 16/Cmty	Leonard Kornreich				

Minutes	Lead	Follow-up Actions	Due
3/15/18	Dr. Wooten	Look into overlap of deaths in ICU cases and total Influenza deaths by types.	4/3/18

Near Dates of Importance
<b>Next Meeting: Tuesday, April 3, 2018, 3-5 PM—County Administration Center, 1600 Pacific Highway, Rooms 302/303</b>

Agenda Item	Discussion
<b>I. Welcome &amp; Introduction</b>	James Lepanto called the meeting to order at 3:01 pm. The Health Services Advisory Board (HSAB) members and people in attendance were introduced.
<b>II. Public Comment</b>	No public comment

Agenda Item	Discussion
<p><b>III. Action Items</b></p>	<p><b>A. Approval of January 18, 2018 Meeting Minutes</b></p> <p>Paul Raffer motioned to approve the minutes. Leonard Kornreich seconded the motion. Nicole Howard abstained as she was not at the last meeting. All other HSAB members in attendance voted Aye, with no oppositions or abstentions, to approve the minutes.</p>
<p><b>IV. Updates/                      Presentations                      / Follow-up                      Action Item</b></p>	<p>The two presentations are being provided in response to the HSAB strategic plan for 2018 as the board wanted to hear from County staff. The presentations will provide insights on identifying priorities to address the two strategic issues for the HSAB strategic plan related to the ACA and Infectious/Chronic Disease. These priorities will be for the next six months to one year.</p> <p><b>A. Affordable Care Act (ACA) Update</b></p> <p>Presenters: Julie Howell, Health Policy Advisor, Health and Human Services Agency, County of San Diego</p> <p>Julie provided an overview of the ACA, Covered California, Medi-Cal, policy options under consideration and population health. The ACA involves more than expanding coverage, as it deals with many facets of coverage. The intent was to develop new delivery and finance models, to improve quality and value, to improve care coordination which is a major issue in San Diego, to focus on public health, and to develop workforce capacity. The intent of the ACA has been captured by the concept of the “Triple Aim” to provide better care for the individual and improve the health for the whole population, at a lower cost per person to assure that the resources are available for other essential functions. There has been some progress made toward the Triple Aim.</p> <p>Despite changes that undercut the ACA enrollment, marketplaces remarkably remain stable.</p> <ul style="list-style-type: none"> <li>• 11.8 million enrolled nationwide (3.7% decrease from 2017)</li> <li>• Enrollment on Healthcare.gov decreased by 5.3%</li> <li>• State-run exchanges saw an increase of 0.2%</li> <li>• Covered California had a decrease of 2.3%; perhaps because consumers who did not qualify for subsidies were encouraged to buy off the marketplace</li> </ul> <p>Population health provides the ACA an opportunity to move beyond medical care.</p> <ul style="list-style-type: none"> <li>• National Prevention Strategy                         <ul style="list-style-type: none"> <li>- Building Healthy &amp; Safe Community Environments</li> <li>- Expanding Clinical &amp; Community Preventive Services</li> <li>- Empowering People to Make Healthy Choices</li> <li>- Eliminating Health Disparities</li> </ul> </li> <li>• Prevention &amp; Public Health Fund                         <ul style="list-style-type: none"> <li>- First mandatory funding dedicated to improving public health</li> </ul> </li> <li>• Community Transformation Grants (CTG)                         <ul style="list-style-type: none"> <li>- Tobacco-Free Living</li> <li>- Active Living &amp; Healthy Eating</li> <li>- Clinical Preventive Services</li> <li>- Social &amp; Emotional Wellness</li> <li>- Healthy &amp; Safe Physical Environments</li> </ul> </li> </ul> <p>The mantra that health is not equal to healthcare is getting a lot of attention. The resources provided by the ACA through a Community Transformation Grant and subsequent initiatives have been an important resource to the County as we have pursued efforts to reduce the burden of</p>

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<p><b>IV. Updates/                      Presentations                      / Follow-up                      Action Item</b></p>	<p>chronic diseases and “move upstream” to address the broader “social determinants of health.” What the focus should be on is social determinants of health and how place matters. The <i>Live Well San Diego</i> vision is ahead of the curve because of the advocacy for the social approach to healthcare.</p> <p>Triple Aim 2.0 focuses on improved health and social well-being for the entire population, better service systems for individuals, and lower cost per capita.</p> <p><b><u>Discussion (Q/A):</u></b></p> <p>Are we on track percentage-wise compared to number of people eligible?</p> <ul style="list-style-type: none"> <li>• Some are enrolled.</li> </ul> <p>Do you have any information on medi/medi population and Medicare/Medicaid percentages?</p> <ul style="list-style-type: none"> <li>• Do not have this data off hand.</li> </ul> <p>Do you know the age demographics of the expansion population?</p> <ul style="list-style-type: none"> <li>• Do not have the data right now. However, there are databases.</li> </ul> <p>Question regarding Low-Income Health Program and funding from federal level.</p> <ul style="list-style-type: none"> <li>• Expanded Medi-Cal will be tweaked, but the notion of people covered is society’s expectations as this may not happen in the state. We may not receive federal funding.</li> </ul> <p>Where are we getting the doctors that are willing to cover for the reimbursements?</p> <ul style="list-style-type: none"> <li>• Modes of care and peer support that enable us to manage the population.</li> </ul> <p>James Lepanto asked for consideration as to what HSAB can do to address the ACA and look for any future suggestions.</p> <p><b>B. Syphilis, Gonorrhea, and Chlamydia Update</b></p> <p>Presenters: Patrick Loose and Winston Tilghman; HIV, STD, and Hepatitis Branch, Health and Human Services Agency, County of San Diego</p> <p>Patrick Loose and Dr. Winston Tilghman provided an update to HSAB members on the status of STDs in San Diego County, including the various efforts conducted by Public Health Services (PHS) staff to address the increased rates of STDS. The mission is to improve health outcomes for communities disproportionately impacted by HIV and STDs. Patrick provided some additional historical information regarding syphilis and gonorrhea rates in California to show that although the current level of cases is alarming, it is still relatively low compared to prior periods.</p> <p>Nonetheless, the increasing number of cases is concerning. Dr. Tilghman discussed the priorities for the local STD program, including why preventing cases of congenital syphilis is the highest priority for PHS’ response to STDs. Dr. Tilghman also provided an overview of the many programs in place in PHS to ensure that persons infected with STDs can be identified and referred to treatment as well as the programs focused on preventing new infections. There are rising rates as chlamydia and syphilis cases are increasing among young women.</p>

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Agenda Item	Discussion
<p><b>IV. Updates/                      Presentations                      / Follow-up                      Action Item                      (continued)</b></p>	<ul style="list-style-type: none"> <li>• Develop medical systems’ capacity to prevent congenital syphilis as it is a concern for the state and County to ensure there are not babies born with syphilis.</li> <li>• Advocate for increased funding as the resources are not keeping pace with the increased cases.</li> <li>• Advocate for building capacity for medical systems and youth-serving organizations to address sexual health as some providers are not screening.</li> <li>• Advocate for research as we are running out of antimicrobial agents to address gonorrhea as it has developed resistance. For syphilis, there is still no blood test to detect active syphilis.</li> </ul> <p><b><u>Discussion (Q/A):</u></b></p> <p>Why is there more than one y-axis?</p> <ul style="list-style-type: none"> <li>• Syphilis is on the right axis because there are fewer cases, and chlamydia and gonorrhea are on the left axis.</li> </ul> <p>What are the grey lines?</p> <ul style="list-style-type: none"> <li>• Confidence intervals</li> </ul> <p>Why are the congenital syphilis rates increasing?</p> <ul style="list-style-type: none"> <li>• Because of men who have sex with women and also have sex with men.</li> </ul> <p>For the CSP testing, is a urine test used? If the test is negative, is the individual tested again?</p> <ul style="list-style-type: none"> <li>• This is a urine based test.</li> <li>• If the detainees are rebooked, then they are retested.</li> </ul> <p>As minors, can they decline the test for CSP?</p> <ul style="list-style-type: none"> <li>• Yes, they can decline. However, it happens infrequently.</li> </ul> <p>Are the prevention efforts provided in all the threshold languages?</p> <ul style="list-style-type: none"> <li>• Most of the marketing is in English and Spanish, including the website.</li> <li>• Consider having the materials in other languages.</li> <li>• The outreach is directed towards the population most impacted.</li> </ul> <p>What percentage of funds goes directly to care verses outreach, education, and testing?</p> <ul style="list-style-type: none"> <li>• Currently, we do not have the information. It can be provided at a later time.</li> </ul> <p>What is the budget for HIV and STD?</p> <ul style="list-style-type: none"> <li>• HIV - \$17 million.</li> <li>• STDs - \$600,000.</li> </ul> <p>James Lepanto suggested raising awareness and prevention in schools, especially focusing on young adults. James welcomed HSHB staff come back to provide more input on what HSAB can do in regards to legislation, funding, and recommendations to the County.</p>

Agenda Item	Discussion
<p><b>V. Chair's Report</b></p>	<p><b>A. County Engagement Updates</b></p> <p>HSAB is focused on engaging with the Board of Supervisors and County executives. James met with Supervisor Dianne Jacob, Nick Macchione, Matthew Parr, and Caryn Sumek. James recently met with Chairwoman Kristin Gaspar and discussed her focus areas on drug medical waiver, increase in heroin use in the County, prevention, and homelessness, alzheimers and dementia, and evidence-based practices. James asked Chairwoman Gaspar to talk to HSAB and would like to have her on the calendar for this year.</p> <p><b>B. Meeting Date and Location</b></p> <p>James received feedback from everyone regarding their availability to change the HSAB meeting date and location. Elly Garner motioned to approve the change of the HSAB meeting date and location to the 1<sup>st</sup> Tuesday of the month from 3-5 pm at the County Administration Center, 1600 Pacific Highway, Rooms 302/303, effective April 3, 2018. Michael Matthews seconded the motion. All other HSAB members in attendance voted Aye, with no oppositions or abstentions, to approve the change of the meeting date and location.</p> <p><b>C. Brown Act Update</b></p> <p>James has provided updates regularly. Sub-committee meetings need to have agendas posted ahead of time and meet in person, in compliance with the Brown Act.</p> <p><b>D. Board Member Contact Information</b></p> <p>Please provide updated contact information regarding emails, phone numbers, etc., including alternates as well. Since the last meeting, James has been working to recruit board members. He hopes to submit the applications and has two potential new members for the board.</p> <p>Paul Raffer will be moving in the next two weeks. This will be Paul's last meeting with the board. He always makes the effort to attend the meetings, actively participate and engage in discussions, and provided expertise. Paull will notify the appropriate Board of Supervisor of his resignation.</p>
<p><b>VI. Informational Items</b></p>	<p><b>A. Committee Reports</b></p> <ol style="list-style-type: none"> <li>1. <b>Policies and Program:</b> Leonard Kornreich (Co-Chair), Paul Raffer (Co-Chair), Greg Knoll, Harris Effron, Karrar Ali – Polices and Programs met today. They will send an announcement for the next meeting.</li> <li>2. <b>Budget:</b> James Lepanto (Chair), Judith Yates, Judith Shaplin – Invited Andy Pease to present to discuss County fiscal updates.</li> <li>3. <b>Health Legislation:</b> Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou – Meeting will be scheduled for March 30, 2018. Dr. Wooten will invite Kat Deburg, Executive Director for the Health Officers Association of California, to provide a legislative update at the next HSAB meeting.</li> <li>4. <b>Strategic Planning/Annual Report/Nominating Committee:</b> James Lepanto</li> </ol>

Agenda Item	Discussion
<p><b>VII. Public Health Officer's Report</b></p>	<p><b>A. Public Health Officer Report</b></p> <p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report.</p> <p><b>1) Communicable Disease Issues</b></p> <ul style="list-style-type: none"> <li>• Influenza                     <ul style="list-style-type: none"> <li>▪ 18, 779 total cases; 283 ICU cases; 302 deaths, 2 of which were under 18 years of age; The numbers of deaths are increasing as we are more vigilant with reporting and identification.</li> <li>▪ Question related to ICU Cases: Look into overlap of deaths in ICU cases and total Influenza deaths by types.</li> </ul> </li> <li>• Zika Virus                     <ul style="list-style-type: none"> <li>▪ To date, there are 106 travel related cases, most that are acquired in Mexico.</li> </ul> </li> <li>• Hepatitis A                     <ul style="list-style-type: none"> <li>▪ There have been 45 non-outbreak cases for FY 2017/18. There's been two additional outbreak cases reported as of today, March 15<sup>th</sup>, there are 586 cases.</li> <li>▪ Co-infection – 24/486 confirmed or probable Hepatitis B 81/472 confirmed or probable Hepatitis C</li> <li>▪ The local health emergency has ended as of January 23, 2108.</li> <li>▪ Vaccinations as of 2/28/2018: 126,979</li> <li>▪ Hygiene Kits Distributed as of 2/28/2018: 11,893</li> <li>▪ Handwashing Station as of 2/28/2018: 149 removed and 11 remaining (most have been removed). There are some locations in North County where the units are still located and security has been added.</li> <li>▪ James Lepanto: Assemblyman Gloria has asked for an audit. Is the audit for the City and the County or just the City?                      -Dr. Wooten – Read the same article and understood that Assemblyman Gloria is asking for an audit of the City and County.</li> </ul> </li> <li>• It was not included, however, pertussis is increasing, but not compared to the same levels three or four years ago.</li> </ul> <p><b>2) Board Letter Forecast-</b> Five Board Letters forecasted: 1) Fee Increase; 2) TB Elimination; 3) RHAP Funding; 4) Region VI Mutual Aid Agreement; and 5) Accept Ryan White Funding for FY 18/19.</p> <ul style="list-style-type: none"> <li>• Question about the Naloxone proposal as what plan is in place?                     <ul style="list-style-type: none"> <li>▪ Dr. Wooten provided an overview as the state received federal funding and purchased Naloxone. In doing so they put out a request for all public health jurisdictions to submit an application. 38 organizations applied to obtain the Naloxone. 50% (19 of the 38) organizations have completed the process.</li> </ul> </li> </ul> <p>[See Attachment]</p>

Agenda Item	Discussion
<b>VIII. Agenda Items for Future Meetings</b>	<b>A. Proposed Agenda Items for Future Meetings</b>  <ol style="list-style-type: none"><li>1) Chronic Disease Update (April 2018)</li><li>2) Legislative Update (April 2018)</li><li>3) Budget Update (April 2018)</li><li>4) Mental Health and Refugee Population (May 2018)</li><li>5) MAA/TCM Presentation (May 2018)</li><li>6) Lessons Learned from the Flu (June 2018)</li></ol> <p>Dr. Wooten suggested whole-person wellness and 1115 waiver to be presented by Dr. Dean Sidelinger and California Children Services staff.</p>
<b>IX. Adjournment</b>	This meeting was adjourned at 5:00 PM. Next meeting: April 3, 2018 at the County Administration Center, Rooms 302/303