



County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Rm 302




Monday, September 9, 2024,
3:00pm to 5:00pm
MEETING MINUTES

Seat#	District	Primary	Attendance		Notes	Presenters	HHS Support
			IP	Z			
					<p>Response to the June 25, 2024, Tijuana River Sewage Crisis, Mark Beatty, MD, Medical Consultant, Epidemiology and Immunization Services Branch</p> <p>Accept Additional State Funds for the CalFresh Healthy Living Program, Thomas R. Coleman, M.D., M.S, Medical Director, Maternal Child and Family Health Services Branch</p>	<p>Dr. Anuj Bhatia, Deputy Director, PHS</p> <p>Dr. Elizabeth Hernandez, Director, PHS (Zoom)</p> <p>Heather Buonomo, Director of Environmental Health & Quality, Department of Environmental Health & Quality</p> <p>Deborah Mosley, Deputy Director of Environmental Health & Quality, Environmental Health & Quality</p> <p>Jamie Beam, Director of Agency Operations, Medical Care Services (Zoom)</p> <p>Dr. Jennifer Tuteur, Assistant Chief Medical Officer, Medical Care Services (Zoom)</p>	

						Perinatal Equity Initiative Program, Rhonda Freeman, MPH, Branch Chief, Assistant Medical Services Administrator, Public Health Services - Maternal, Child, and Family Health Services	JOY Bryers, Admin Sec, PHS Joshua Beidler, Admin Sec, PHS Lisa Sumrall, PHS Office Assistant
		Dr. Afflalo, Suzanne	X				Rick DeHaven, Information Tech Analyst Talq Tera, Information Tech Spec
		Alexiou, Dimitrios					
		Alverson-Rodriguez, Lisa					
		Arroyo, Geysil (Vice-Chair)	X				
		Coda, Besma (Alternate)					
		Correa, Linda					
		Dailey, Jack (Alternate)	X				
		Fraser, Tim	X				
		Hailey, Katelyn					
		Hegy, Paul	X				
		Jacobs, Kris					
		Jantz, Barry (Chair)	X				
		Franciscus, Joanne	X				
		Lepanto, James	X				
		Melgoza, Ana					
		Ohmstede, Jennipher (Alternate)		X			
		Remington- Cisneros					

	Therese			
	Sales, Robin <i>(Alternate)</i>			
	Schultz, James, Dr.			
	Seldin, Harriet <i>(Alternate)</i>	X		
	Shaplin, Judith			
	Sumek, Caryn <i>(Alternate)</i>		X	
	Walters, Todd			
	Yates, Judith			
	Ilango, Samhita <i>(Alternate)</i>		X	
	Denise Lozares		X	
	Heather Buonomo		X	
	Deborah Mosley		X	

<p>I. WELCOME & INTRODUCTIONS</p>	<p>A. Roll Call</p> <ul style="list-style-type: none"> a. Barry Jantz called the meeting to order at 3:03 PM. b. Introductions from PHS staff. <p>B. Remarks from the Chairperson</p> <ul style="list-style-type: none"> a. N/A <p>C. Approval of September Agenda</p> <ul style="list-style-type: none"> a. The agenda was changed to remove the Public Health Services Leadership Report as no one was available to present it. b. Approval was moved by Tim Fraser and seconded by Suzanne Afflalo. c. Roll Call: All other HSAB members in attendance voted Aye. <p>D. Approval of August Meeting Minute</p> <ul style="list-style-type: none"> a. Moved by Tim Fraser and seconded by Suzanne Afflalo b. All other HSAB members in attendance voted Aye. <p>E. HSAB Attendance Confirmation</p> <p>F. Introduction to Samhita Ilango, Alternate Member.</p>
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II. PUBLIC COMMENT	• No public comment.
III. ITEMS FOR APPROVAL A. Response to the June 25, 2024, Tijuana River Sewage Crisis, Mark Beatty, MD, Medical Consultant, Epidemiology and Immunization Services Branch	<p>PRESENTER: Mark Beatty, MD</p> <p>1st Tim Fraser</p> <p>2nd Suzanne Afflalo</p>  <p>BOARD LETTER : UPDATE ON TASK FORCE OPTIONS AND RECOMMENDATIONS RELATING TO EXPANDING MOBILIZATION AGAINST THE TIJUANA RIVER SEWAGE CRISIS.</p> <p>Mark Beatty, M.D., Medical Consultant Epidemiology and Immunizations Services Branch Health Services Advisory Board Meeting 9/9/2024</p>  



Sewage Is Harmful To Health.

The Broken Sewage Infrastructure Is Diminishing The Quality Of Life For South Region Residents.

Ongoing County Public Health Surveillance



- **Reportable Disease**

- Case counts for select gastrointestinal reportable conditions



- **Gastrointestinal Syndromic Surveillance Data**

- Emergency department data for specific GI symptoms



- **Asthma and COPD Syndromic Surveillance Data (New!)**

- Emergency Department data for asthma and COPD



Expanding Mobilization Tijuana River Sewage Overview



- Summarize ongoing County surveillance activities
- Review seven Board recommendations
- Provide update on responses to these Board recommendations



Recommendation 1



- Tijuana River Pollution Task Force is collaboration between local government, community members, medical providers, and academic institutions
- Attended one Task Force meeting to date
- Provided input on *Healthy Water Healthy Community Survey*
- Survey dissemination by SDSU is pending

Recommendation 2



LIVE WELL
SAN DIEGO

- Develop of single website, or landing page, linking to other websites to capture full scope of information, data, and resources related to Tijuana River Sewage crisis
- SDSU is exploring options to host the landing page
- Continue *Surveillance Bulletin: South Region Illness Concerns*, updated weekly, the County's "go -to" source of ongoing disease surveillance data

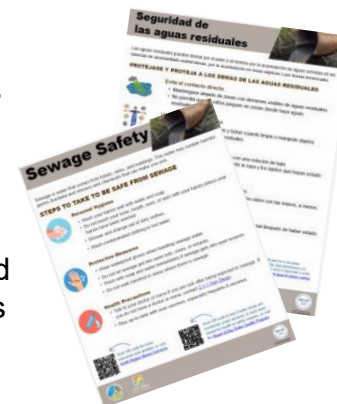


Recommendation 3



LIVE WELL
SAN DIEGO

- Best Practices Guidance was developed for use by DEHQ to develop individual decontamination protocols
- Published FAQs for Tijuana River Valley Sewage Situation Public Health Services South Region Illness Concerns Webpage
- Sewage Exposure and Sewage Safety flyers developed are available online and delivered with 414 Air Purifiers to South Bay



Recommendation 4



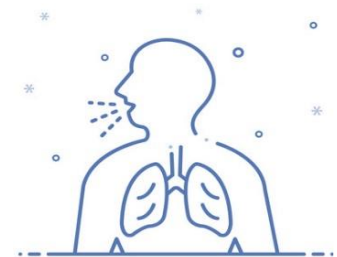
- Approval received for CDC Epi-Aid to further investigate health impacts
- Consulted federal partners on relevant work and approach
- Continued weekly meetings weekly with CDPH to review disease surveillance
- Explored CDC and EPA data and support international sewage treatment discussions
- Reviewed sensor locations in South Bay



Recommendation 5



- Obtained zip-code level data through 2022.
- Data aligns with asthma syndromic surveillance data already monitored by the County
- Asthma syndromic surveillance data to be added to *Surveillance Bulletin: South Region Illness Concerns*



Recommendation 6



- Beach water access and closures managed by DEHQ
- Enhanced surveillance and water quality testing requested
- Supported Task Force to obtain information for fish testing and on how to obtain right of way for environmental sampling.
- Water and air sampling data to be reviewed with CDC Agency for Toxic Substances and Disease Registry

Recommendation 7



- Engagement with Tijuana River Pollution Task Force and community partners to advocate for:
 - Funding
 - Address economic and health impacts
 - Secure necessary sewage treatment infrastructure

No One Should Be Living In An Environment Where Smells And The Closing Of Beaches Are The Normal.

Continued Funding Is Needed To Fix The Root Cause, The Broken Sewage Systems.



QUESTIONS?

Ankita Kadakia, M.D.
Interim Public Health Officer
Public Health Services
Ankita.Kadakia@sdcounty.ca.gov



Questions and Answers:

Barry Jantz: I'm sure there's going to be questions. There's a bunch on the Internet when you look up Tijuana River Valley. This is March earlier this year, "South Bay School District wants action on Tijuana River crisis. "I think we're hearing that all the time. And I see the report you're giving out today coincides with something going up on the County website just four days ago on the news service about increased information on the County website and the South County portion of the website being dedicated to this crisis. My first question is, the zip code data level, you mentioned Dr. Beatty, through 2022? That's from when until 2022?

Dr. Mark Beatty: It's for each reported year. It's reporting visits to health care providers during that calendar year. So it's given in calendar years with the most recent year that they have data available is 2022. This is coming from insurance data.

Barry Jantz: And how far back does the data go?

Dr. Mark Beatty: How far back?

Barry Jantz: If you have any number--what number of years do we have tracked so we can see--so we can compare the data from one year to the next?

Dr. Mark Beatty: I don't know the exact date when it began, but I'm sure that there's more than a decade of data because the HICFA database has been around for some time.

James Lepanto: First, I appreciate all the efforts that the county is making in the monitoring and doing due diligence. But as we know, this is a decades long problem. It is local, state, federal, and binational. And we obviously need more help from the state, and mostly the Feds, to really deal with this. And I don't know what that's going to take. I know the Board of Supervisors have reached out. It really is abhorrent that we've had to deal with this, especially the South Bay for years and years and years now. It's hard to know when it's going to be addressed as prominently as it needs to be from the feds. I'm at a loss for why that's not happening. But as far as the survey that San Diego State is doing, when will that summary of that survey be available? Do we have a projection for that?

Dr. Mark Beatty: We don't. So the design, according to the task force--and again, we're just advising. What has been explained to us is that they would make this an online survey that would be open for one year. And that anyone could go on to the website, fill out the survey as many times as they need to in terms of having a health impact. And that would be tracked over time. I think because we are trying to coordinate with SDSU because the Epi-Aid that I mentioned will also have a community assessment as part of a household assessment. And so we want to be able to

coordinate these two different activities. So I suspect that the survey is being delayed to give more time for the CDC Epi-Aid to take place.

James Lepanto: And follow up question on that, when we do have those survey results, let's say next year, nine months, whatever it's going to be, what will be done with that beyond here in the county to provide more data and more information for us? Will that go to the feds and the state as well?

Dr. Mark Beatty: So I could only speak about the Epi-Aid itself, which will be--because the SDSU survey, we've only been commenting on the questionnaire, the exact methodology in the sampling and other things of that nature the County has not been part of. I think that they'll be able to provide ongoing data as people enter that form. The CDC Epi-Aid will be a short-term, rapid assessment. And the results of that would be available shortly after completion of the survey.

Dr. Suzanne Afflalo: I just have a question regarding the recommendations one through seven. Are they being done simultaneously? Because I would think that we would want recommendation number seven further to the top so we can stop the problem from happening. So, I'm just curious how they're rolling out these recommendations, timelines.

Dr. Mark Beatty: I'm sorry, was that a question?

Dr. Suzanne Afflalo: Yes, that was a question. In terms of, are recommendations one through seven being approached simultaneously? If not, is it the order in which they're being presented? Because I'd be concerned about the extra funding to pretty much fix the problem. If we don't fix the problem, we'll continue to do all one through six over and over and over. So I would think that number seven would be more appropriate to move higher up if we're not doing them all simultaneously.

Barry Jantz: Are one through seven running concurrently, or are they prioritized in any way?

Dr. Mark Beatty: They are running concurrently.

Barry Jantz: And are you viewing any of more importance?

Heather Buonomo: I can clarify. The recommendations are based off of the board action that was provided to staff. So it's just laid out in the way that the board had directed that information. So, it's not chronological or prioritized, it's just following that response.

Dr. Suzanne Afflalo: So, I'm just making sure that number seven is being done around the same time everything else is being done. We're trying to fix the infrastructure, so we don't have to continue working on addressing the problem. And we'll hopefully get the problem fixed a lot sooner than having to do years of one through six.

Heather: There's a lot of advocacies to fix that infrastructure. That is certainly going to be several years away, because all the funding has not been identified yet. That is with the federal government. So certainly, they are moving on to smaller projects in Mexico right now and working on making some repairs at the treatment plant, but concurrently, the long term.

Barry Jantz: OK, thank you. I know Tim had a question, but this is almost a point of order question here. Go ahead.

Geysil Arroyo: Thank you for the presentation. If I may ask--I tried to review the documents-- but what are we approving?

Barry Jantz: What are we being asked to do today? Because this letter has gone to the board, and the board's received this letter, right? I'm assuming they adopted it. So, this is coming to us after the fact.

So what are we--is this informational, or it's listed as an approval item, so I guess we're trying to--

Dr. Mark Beatty: The board requested an update, I believe, of 90 days. And that was the purpose of this--was to provide that first update.

Barry Jantz: Dr. Beatty, would you say it's informational to us, then, and you're not looking for us to take any action?

Dr. Mark Beatty: Correct.

Barry Jantz: I guess I'm asking. Anuj, maybe you can go ahead.

Dr. Anuj Bhatia: I think it was listed as an item for voting for approval. For that, it needs to go to the board.

Barry Jantz: We'll figure that out. Tim, why don't we take your question?

Tim Fraser: Well, I think Dr. Afflalo brought up a great point on looking to make sure we prioritize here recommendation number seven, specifically talking about advocacy towards this. My understanding is that our state assembly members are calling on the governor to declare it as an emergency, so that they can push the federal government and President Biden to act more swiftly to allocate and direct funding to the problem. So, my first question would be, has the County also approached and petitioned the governor to create this as an emergency? And if not, I would make that as a request as part of this approval and prioritize recommendations for staff.

Barry Jantz: By the way, I think we've clarified our confusion. We're looking at the June date and realizing, OK, that was when the board first weighed in. There's a 90-day update. So, this is going back to the board later this month. So, the letter is for our review and to act on what's going to the board. OK? So that clarifies it. Go ahead.

Deborah Mosley: Hi everybody, I'm Deb Mosley. I'm with the Department of Environmental Health and Quality. To answer your question, yes, our Board of Supervisors has been--and also our Office of Economic Development and Government Affairs, OEDGA, over the years have been doing a tremendous amount of advocacy. But formally, June of 2023, the board did declare a local emergency for environmental and economic reasoning, not a public health emergency, because those are different. And as part of that emergency, which has been continued every 60 days, our board has continued to approve the emergency, there was a request for the governor--the board did decide to send letters to both the president and to the governor for advocacy for funding and resources and additional support. And so letters have been sent by our board and by our Chairwoman Vargas, initially when that happened, and then has continued onwards, that advocacy and communication.

Tim Fraser: Just a clarifying question on that, when you say that the letters were sent to the governor and to the president asking for additional funding, did they also ask the governor to declare it?

Deborah Mosley: Yes. So let me clarify. Yes, that was a question. To declare a state emergency and then also for the president to declare a federal emergency. The state has not declared an emergency. I think there has been some "Is it a federal or a state issue" Questions that have been going back and forth.

Barry Jantz: So, when this goes to the Board of Supervisors, is it going to be clear to them that although they've requested a state emergency, it's not been decided yet?

Deborah Mosley: So, there's different things that are happening and we're returning to the board. So, on Wednesdays, the local emergency returns to the board. That information is part of that board letter. And that's a separate track that our department leads, bringing that back to the board every 60 days. And the board is aware that there has not been a declaration at the state or federal level, and that's part of that board letter. This is a separate board letter and a separate request from the board to have staff which public health is leading and we're supporting to come back with these seven recommendations.

Barry Jantz: Does that help, Tim?

Tim Fraser: Yes, it does help. And I appreciate you all taking the lead in declaring emergency. I guess my last question would be, we declared it for environmental and economic reasons. But we are here to discuss the public health. And we're looking to track the data now. Do we have enough to add public health as part of the emergency?

Dr. Elizabeth Hernandez: This is Liz. I can help answer that. So as of today, the data that we've been monitoring,

our syndromic surveillance data and all the data we've been monitoring shows no increases in infectious diseases. However, we are continuing to look at data that's coming through various sources. And so that may change. But as of today, there is no local health emergency from a public health perspective, because there are no health-related significant concerns that would bring to the level of a local health emergency.

Tim Fraser: I would just make a recommendation to reach out to the clinics that are down in those areas that are serving the patients we are getting reports from a lot of our patients that are coming in. But these issues, they may have some data to help.

Dr. Hernandez: Thank you so much. Dr. Kadakia has reached out to San Ysidro Health Clinic. And so we'll continue that conversation. Thank you so much.

Tim Fraser: I'd include Imperial Beach as well.

Dr. Elizabeth Hernandez: Will do. Thank you.

Barry Jantz: The water districts, the county water districts that are overlying this area are San Diego, Otay, and Sweetwater. Is that right? Can anybody answer that?

Deborah Mosley: I can semi-assist.

Barry Jantz: I'm wondering how they're involved. Other than throwing a bunch of other agencies in the mix, I'm just wondering how they're involved.

Deborah Mosley: Yeah. So, we've been meeting the State Water Resource Control Board, specifically the Division of Drinking Water, who would oversee the water agencies. In the most impacted area of Imperial Beach, it's Cal American, California American, is the water company that serves that. So we're in conversations with the water agencies. They're monitoring. There haven't been any impacts from this on the regulated water service. In the more rural area, there are some transient [unclear] water systems. And I do know that DDW oversees those and is regulating monitoring for their required samples.

Barry Jantz: Ok. Suzanne, I didn't want to miss you. So, I'll have your hand up.

Dr. Suzanne Afflalo: Actually, I think you asked the question, because I was going to ask why it under a medical or public health emergency wasn't. And the data doesn't support it. I would be surprised about that with the amount of contamination that there aren't people-- I don't know what they're looking for in the charts to identify issues. I see and hear, you know, referral diseases, they have gastrointestinal, you know, asthma, respiratory related. But I'd be curious

to do a deep dive or find out exactly what they're looking for in the charts to determine what's going to qualify as a condition, public health condition, that would warrant health-related emergency.

James Lepanto: Yeah, I had the same question of what are the benchmarks that are being looked at, or the red flags, or the data that's being looked for. And I'm wondering if, in our next meeting, we learn more, I think for our own education and understanding, that we hear more from the county as far as what that--with Dr. Hernandez-- what they are looking for, what the benchmarks are, what would qualify as a public health emergency. I mean, we had benchmark, even just coastal-wise this week. I think it was 1,000 days this week that our beaches have been closed. You know, Imperial Beach is taking a tremendous hit with this. So, I'd be interested in learning more about that.

Dr. Hernandez: James, I think that's a great question. There are multiple things that go into declaring a local health emergency. One, it is the health data, significant health data. And I'm not sure if Dr. Beatty shared, but we do have a website that captures everything South Bay illness, regarding gastrointestinal illness, several significant infectious diseases, asthma, and we're not seeing any spikes. Nevertheless, we're still monitoring. Nevertheless, we're still doing multiple public health responses, working with the task force, as Dr. Beatty recently shared in his presentation. In addition to the health impacts, another big thing about to declare an emergency is resources. Are we going to be getting extra resources, or do we need extra resources to respond to this emergency? And we are doing everything we can from a public health perspective to respond to this emergency. Where we're leaning towards now is the air pollution and control district and working with them to elevate their resources to tackle this. Not sure if that's helpful, but usually, local emergencies allow us to contract easier, allow us--allow the board supervisors to maybe loosen up some funding, allow us to just engage much more quickly from a contract's perspective. I hope that helps.

James Lepanto: Yes, thank you.

Barry Jantz: OK, anyone else? Anyone else? Do we want to approve this as we're looking at it, or do we want to add anything to it? I'm not trying to drive it. I'm just--I was just--I mean, I think, at the very least, it's a recommendation that we check with the clinics in South County. I would say the clinics--I mean, there's some hospitals down there too, right? They're not that far south.

Tim Fraser: They're not going into the emergency room, right? Or come to primary care.

Dr. Harriet Seldin: There's a part of this that's--I don't know what you call it--quality of life, mental health, something. These are people who have traditionally or chosen to move to--to live in a place that is close to water, and that water is basically not accessible to them. And there's all of the days that they're not swimming, the kids aren't swimming because of this, and some of this, maybe they're not getting sick because they're not in the water, but then they're not doing what they would normally be doing.

Barry Jantz: That's right.

Dr. Harriet Seldin: Going to the water. So, I'm not sure how we look at this, but this is a serious thing. And on a flat basis, there's been more activity on it, but I think there might be something more that we should be saying. Just to say that there's no health impact, because nobody goes outside. That's not really taken care of.

Tim Fraser: So, I'll make a motion to approve the recommendations, but--to caveat it, really focusing on recommendation seven to continue the advocacy push toward--prioritizing. And prioritize recommendation seven. Prioritize the state to call it a state emergency, because, again, my understanding is that the president cannot--typically will not act until the state declares an emergency before the federal government will declare emergencies. That would be the big sticking point, because I believe the feds have identified--I think our congressman worked very hard to identify over 300 million in funding for it. But it is part of that sticking point. So, I would say approve with the prioritization of recommendation seven.

Barry Jantz: OK, so your motion comes down to that last sentence. Approve with a prioritization of recommendation number seven. Is there a second?

James Lepanto: If I can ask that we have a--this is such a profound impact on our community, on our folks, on our neighborhoods, on our economic, on our tourism, everything else. I realize that we're here for public health, but could we get an update report in three months on this? See where we are and see what the data is and what we've gotten in progress.

Dr. Harriet Seldin: The survey.

James Lepanto: Yeah. The San Diego State.

Barry Jantz: So, I would say let's just do it. But at the same time, since it's going--you've got two rounds of things going to the board this month, they might be asking as well for an updated 90 days. If that's the case, it may be our timing is such that we'd be seeing something in advance of another--so let's see how that plays out, see what our timing is. But I'd say, yeah. So, we've addressed it from environmental, we've addressed it from economic, we've addressed it from public health, we've addressed it from recreational. So I think those are the things we're interested in is in a--in a broader--or not--

James Lepanto: And mental health. Yeah, mental health and anxiety, yeah.

Vote: Moved by **Tim Fraser** and seconded by **Suzanne Afflalo**

Roll Call: All other HSAB members in attendance voted Aye.

**B. Accept Additional State Funds
for the CalFresh Healthy Living
Program, Thomas R. Coleman,
M.D., M.S, Medical Director,
Maternal Child and Family Health
Services Branch**

ACCEPTANCE OF CALFRESH HEALTHY LIVING PROGRAM FUNDS



Thomas R. Coleman, M.D., M.S.
Health Services Advisory Board Meeting
September 3, 2024

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PROGRAM FUNDING STRUCTURE



USDA SNAP -Ed Program
↓
California Department of Social Services (CDSS)

↓
California Department of Public Health



- Healthy food access
- Physical activity
- Policy, systems, and environmental changes (PSEs)
- Nutrition education



BACKGROUND



CFHL is a core and sustained source of funding for addressing obesity and chronic disease prevention.

- Started in 2012; this will be the 5th cycle of the program.

Goal: Improve the likelihood that individuals eligible for Supplemental Nutrition Assistance Program (SNAP) will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans.



ELIGIBLE POPULATIONS



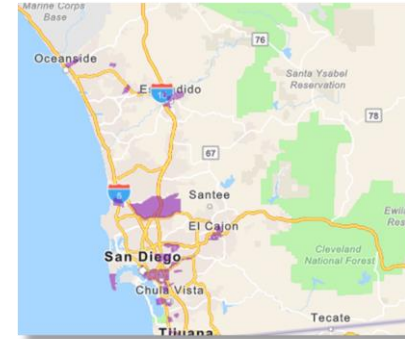
Target Audience

- Low-income individuals who qualify for SNAP benefits or other federal assistance programs.
- Census tract where more than 50% of the households earn below 200% of the Federal Poverty Level.

Examples of eligible non -census tract sites:

- Food distribution sites
- Head Start programs
- K-12 schools with 50% or more students eligible for Free and Reduced Priced Meals

MAP WITH ELIGIBLE CENSUS TRACTS



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FFY 2019 - 2023 OUTCOMES



Youth and Education

Early Care and Education
40 Sites
Reached 520 people

Schools
64 Sites
Reached 33,000 students

Wellness
Trained 25 new school nurses on School Wellness Policy

Community Environment

Gardens
18 Sites
Reached 9000 people

Nutrition Education
Reached 7,600 people

Healthy Cities, Healthy Residents
3 Cities implemented program

Food System & Access

Farmers Markets
3 Sites
Reached 1500 people

Small Food Stores
17 Sites
Reached 25,500 people

Small Farms
5 Farmers
Trained in business planning to expand production and distribution

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NEW GRANT CYCLE = NEW OPPORTUNITIES



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THREE MORE YEARS OF CALFRESH HEALTHY LIVING FUNDING

OCTOBER 1, 2023 –
SEPTEMBER 30, 2026

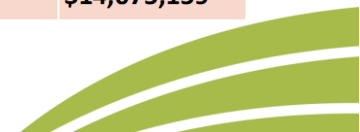


CURRENT BUDGET - FFY 24-26



Funding Agency:	California Department of Public Health		
Federal Fiscal Year (FFY)	Annual Allocation	Carry-In	Total
FFY 2023-24	\$3,920,698	\$744,785	\$4,665,483
FFY 2024-25	\$3,920,698	\$784,140	\$4,704,838
FFY 2025-26	\$3,920,698	\$784,140	\$4,704,838
Total	\$11,762,094	\$2,313,065	\$14,075,159

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ANTICIPATED OUTCOMES FFY 24-26

Youth and Education

- 5 school districts awarded funds to improve PE program
- 12 schools or districts provided with TA for school wellness activities
- Policies and trainings for lactation supportive environments
- 15 Food Smarts classes for food waste reduction education
- Collaborate with the Live Well San Diego Equity Ambassador Program

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Community Environment

- 2 communities supported with HCHR programming goals
- 6 active transportation quick-builds designed and implemented
- 1 healthcare setting to connect with local farmers
- 10 enrolled small or medium sized employers in Live Well @ Work Program
- 4 Community-Directed Enrichment Projects that align with CFHL goals

Food System & Access

- 9 local small farms supported with TA
- Increase EBT access at Farmers' Markets or farmer direct sales
- Promotion and training for the Live Well Community Market Program Guide
- 9 gardens supported in priority communities
- Policy and systems TA provided to support Market Match Programs
- Educate 250 individuals and provide TA to promote water and reduce SSBs



REQUEST

BOARD LETTER – Vote to support the following actions:

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of **\$2,313,065** in additional grant funds from the California Department of Public Health for the CalFresh Healthy Living Program for the period of **October 1, 2023 through September 30, 2026** for a revised total funding amount of **\$14,075,159**, and authorize the Agency Director, Health and Human Services Agency to execute all required grant documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
3. Authorize the Agency Director, HHS, to **pursue future funding opportunities** related to the support of chronic disease prevention efforts

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DISCUSSION

QUESTIONS?

Thomas R. Coleman, M.D., M.S.
Medical Director, Maternal, Child, and
Family Health Services
thomas.coleman@sdcounty.ca.gov
(619) 375-7604

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Barry Jantz: Thank you Dr. Coleman. Tim, and then Suzanne.

Tim Fraser: Thank you, Dr. Coleman. I just have a clarifying question for your outcomes that you have listed here for anticipated outcomes FY 24 to 26. Are those just for the additional \$2.3 million, or is that in total of the \$14-plus million for the three years?

Dr. Thomas Coleman: That's a great question. This is sort of what we had looked at initially, and we've amplified a couple of these. So that's a long-winded answer, too. It's really for the entire three-year cycle, including the additional funding.

Tim Fraser: Well, I was looking at the first three-year outcomes, and the amount that they were able to do outreach. They had schools, 64 sites, 33,000 students. But in the next year, I'm just kind of looking at five school districts awarded funds to improve PE, 12 schools or districts provided with TA. So I was just a little curious on it seems like the next three years seem to have a lower outcome rate than the first three years, but we're increasing our funding by \$2.3 million. I could be reading it wrong. I'm just looking at it kind of first. First slide. That's my question.

Dr. Thomas Coleman: Yeah, no, I appreciate the question. And I know Chez Blevins, our program director, was on the call. I'm not sure if he's still here. Chez can probably speak more to some of the granular aspects. But I understand and appreciate the question.

Chez Blevins: Sure, Dr. Coleman. I'm happy to do that. This is Chez Blevins, I'm health planning program specialist. And I oversee our CalFresh Health and Living program. So great question. And the clarifying point to that is, in the previous cycle, we worked only with San Diego Unified School District. And so those are the number of students impacted within San Diego Unified. In this new cycle, we will be working with five school districts to be determined. We don't have that predefined. So, it's going to be a very large set of schools that we end up working with. And at face value, it looks like it's a smaller number. But it'll be five school districts instead of the one that we worked with last cycle.

Tim Fraser: That helped, thank you.

Barry Jantz: Obviously, the one is that there are a lot more schools. And some of the other four, they may be working with. Suzanne?

Dr. Suzanne Afflalo: Yeah, that's fine. I have a question regarding this entire program. Does it include the Mas Fresco Prescription Program that has been going on the last few years? And I believe we did get some funding to restart it.

Dr. Thomas Coleman: That is a great question. It does not include the program itself. But this program works very closely with Mas Fresco and Mas Fresco Plus. So it's very much in alignment, even though that's through a separate funding stream.

Barry Jantz: Any other questions? OK, I'd be looking for a motion to accept the staff report. Yeah, so we're going to exempt the additional state funds. We're going to accept the staff report.

Vote: Moved by **Tim Fraser** and seconded by **Suzanne Afflalo** .

Roll Call: All other HSAB members-in attendance voted Aye.

C. Perinatal Equity Initiative Program, Rhonda Freeman, MPH, Branch Chief, Assistant Medical Services Administrator, Public Health Services - Maternal, Child, and Family Health Services

ITEM #[XX]: AUTHORIZE ACCEPTANCE OF PERINATAL EQUITY INITIATIVE FUNDING FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

Rhonda Freeman, MPH Branch Chief
Maternal, Child, and Family Health Services
Public Health Services

September 9, 2024



PERINATAL EQUITY INITIATIVE BACKGROUND



Goal to improve birth outcomes and reduce mortality for Black infants through evidence-based, evidence-informed or reflect promising practices.

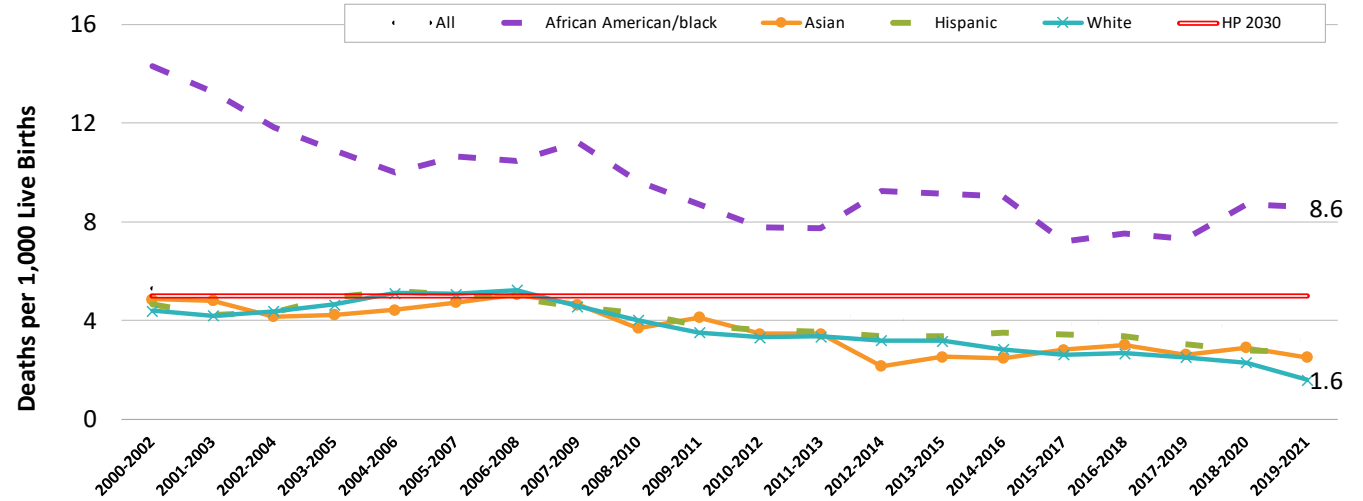
The County of San Diego has received PEI funding since 2018.

PEI complements programs and services offered through the Black Infant Health model.



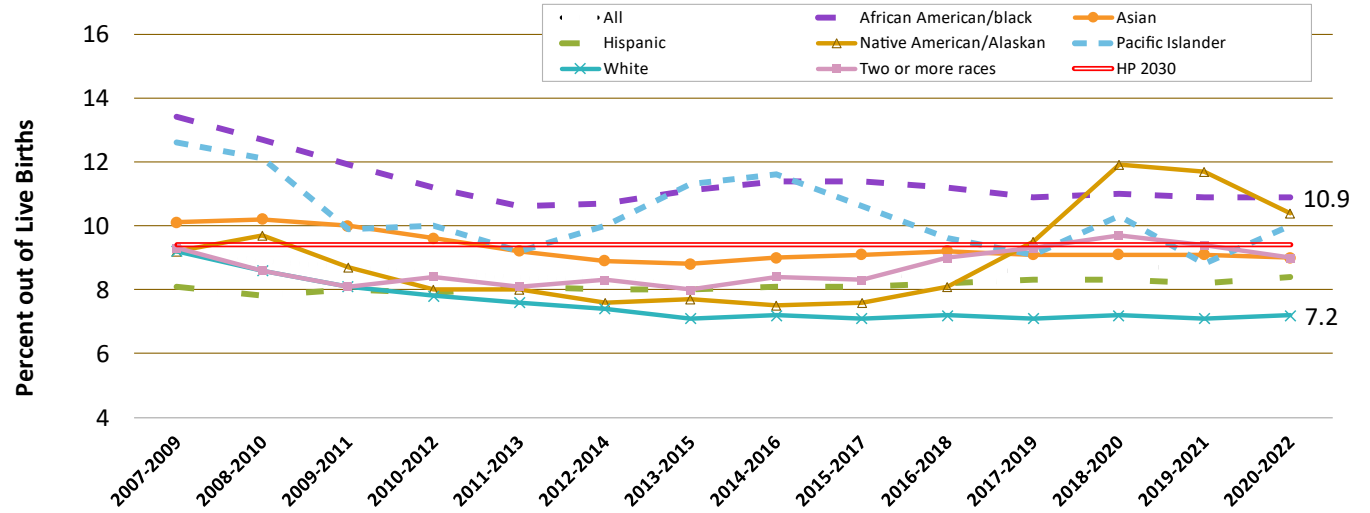
Dejon and Myke, North Park

INFANT MORTALITY RATES BY RACE/ETHNICITY SAN DIEGO COUNTY RESIDENTS, 3-YEAR ROLLING AVERAGES



- Rates not shown for Unknown race/ethnicity and groups with fewer than 20 events in any period (Native American/Alaskan, Pacific Islander, Other, and Two or more races).
 - Source: California Department of Public Health, Center for Health Statistics and Informatics, Birth Cohort Statistical Master Files.
 - Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services.

PERCENT PRETERM BIRTHS BY RACE/ETHNICITY SAN DIEGO COUNTY RESIDENTS, 3-YEAR ROLLING AVERAGES



- Rates not shown for Unknown race/ethnicity and groups with fewer than 20 events in any period (Other).
 - Source: California Department of Public Health, Center for Health Statistics and Informatics, Birth Statistical Master Files and California Comprehensive Birth Files.
 - Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services.



Perinatal Equity Initiative

PERINATAL EQUITY INITIATIVE PROGRAM SERVICES



- *Black Legacy Now* Public Awareness Campaign.
 - Received the National Association of Counties Achievement Award in 2021.
- Fatherhood Pilot Intervention.
- Implicit Bias Training for health care providers.
- Community Advisory Board.



Dr. Kelly, Valencia Park

PERINATAL EQUITY INITIATIVE OUTCOMES



Black Legacy Now **Public Awareness Campaign**

- Reached over **18** million views of website, social media posts, and ads.

Fatherhood Pilot Intervention

- Equipped **15** new and expectant fathers to support African -American women during pregnancy and childbearing

Implicit Bias Training

- Trained **114** health professionals through asynchronous training and **144** completed a facilitated training.
- Promoted Diversity Science training/exam to a cohort of **99** County Public Health Nurses to be completed during FY 2024 -2025.

Community Advisory Board (CAB)

- Maintained **200** CAB members with **50** active key stakeholders.
- Established clinical subcommittee.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PERINATAL EQUITY INITIATIVE FUNDING



Jordan, Lemon Grove

Perinatal Equity Initiative

- Allocation: \$484,310 annually
- Period: July 1, 2024, through June 30, 2025

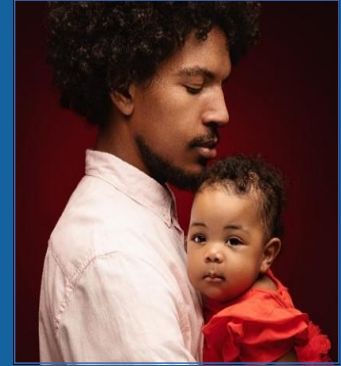
RECOMMENDATIONS



1. Authorize acceptance of \$484,310 in grant funds from the California Department of Public Health, Maternal, Child, and Adolescent Health Division for the period of July 1, 2024, through June 30, 2025.
2. Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, that address improvement of health equity for San Diego County residents.



Ashley, Central City East



Dorian and Ahliyah, El Cajon

THANK YOU

Rhonda Freeman, MPH Branch Chief
Maternal, Child, and Family Health Services
Public Health Services
rhonda.freeman@sdcounty.ca.gov



Questions and Answers:

Barry Jantz: Great. Thank you for the question. Suzanne, I knew you had some great questions last year.

Dr. Suzanne Afflalo: Yes. Rhonda, thank you for that wonderful presentation. That is, it warms my heart to hear all the work that's being done in the community for our black women. A couple of things. How often do you meet with the advisory board?

Rhonda Freeman: We meet on every month, so bi-monthly. I can say our next meeting is September 13. Next Friday.

Dr. Suzanne Afflalo: I'd love to join in at it if possible. Do you have representation from the organizations that work within our community, like San Diego International Birthing Project, or the midwifery programs that are here in our community and a birthing center that's owned by a black female? Are any of those people involved in what's being done, or involved with this program?

Rhonda Freeman: Yes. So, we work closely with the same [INAUDIBLE] and we also work with the board of the village, with the doula services and other doula programs as well. So, they are a part of our community advisory board.

Dr. Suzanne Afflalo: OK. That's wonderful.

Rhonda Freeman: Actually, and global communities as well. Yes. Great. Great. Good. OK. I think it sounds like you have residents, providers, but I really want to make sure doulas and midwives and promoters are all involved in this. So, thank you for the wonderful work you're doing.

Barry Jantz: I go with 200 community advisory board members. When you have a monthly meeting, what kind of participation do you get? Just out of curiosity.

James Lepanto: Yeah. So, 50 actives.

Rhonda Freeman: And that's why we say we have our own 50 active. We did reach out to all our advisory board members. They said they want to stay on the distribution list. So, whenever we have information, they receive that. We also solicit input from them, and they can respond virtually. Because we know everyone is busy writing. But when we need to call on them for their input, they're always there. But around, we're looking at having a hybrid model. So, when we were virtually, we had a more robust. But now that we're doing a hybrid, we're able to expand that. So, for those who can't come in person, at least they'll be able to participate virtually.

James Lepanto: Just a quick question for you. First, thank you for what you and your team, as always, are doing to make a difference. It's always remarkable and it's always delightful hearing you share the success of your team and what's happening in the community. I notice that there are spikes in this when I'm looking at the data. If there is a spike in--or you're seeing spikes in higher mortality or increased mortality, are you able to track that and figure out why? Or is that just random? It goes up and down. Does that make sense?

Rhonda Freeman: Yeah, because our numbers are smaller in San Diego County, that's why we group the numbers together, like looking at three years. So, you can't necessarily say it's significantly significant if you see a small spike. So usually, they do three years average. So, if you do a one year, it will be a lot of spikes. And so, we know some of the reasons why. And that's looking at improving those systems. We know racism. We know that there are barriers to care. And how can we improve those barriers to care? You know, for African American, it doesn't-- regardless of your education, your income, our rates are higher for infant mortality and maternal mortality. So, looking at reducing those stressors in life. And we know it starts before you even become pregnant. So how can we look at improving environmental, social determinants of health so that we can have those positive birth outcomes long term? And that's why it can't be done overnight. And it can't be done in isolation, that you do need to have all our community partners working together, like you said, midwifery, doula services, the hospital systems, making sure that we have equity in

our food systems across the county. You know, it's so much that's involved. And that's why we must continually to work on this together.

James Lepanto: It's very exponential. Thank you so much. Thank you for that information. Geysil? Yeah, thank you for the presentation.

Geysil Arroyo: Yes, I think just to expand on what you were saying, at the end, I'm thinking of the community advisory board. And whether there are members who are trying to increase the number of black providers in the medical field. Because I think-- I'm not an expert on this, but I would think that that will have an impact on the way that black mothers are to be treated. So, is there an effort of this community advisory board to investigate that? I mean, you know, I'm thinking-- when I look at those numbers, Rhonda, and it's detrimental. I can't imagine how people go into OBGYN knowing that there's such big health disparities. I mean, it's already so scary when you're pregnant. And to know that you may not be treated with respect and professionalism is just terrifying.

Rhonda Freeman: Yeah. So, for our community advisory board, that's not the only charge. You mean to increase the diversity in the workforce? Is that the question?

Geysil Arroyo: Yeah, like if there's an effort--you know, a mini subcommittee or a task force looking into that. I don't know how diverse our medical providers is who deal with the care of pregnant women in San Diego.

Rhonda Freeman: Yeah. And I know that's been being worked on in many different venues, whether it's in the colleges, also trying to have that workforce pipeline. So that's something that the community advisory board can't also help support. But again, it's working with the colleges, the health care professionals. I think it's a gamut of everyone, again, working together on this. But that hasn't come up completely, but it has been brought up as a barrier. And how can we work with those institutions to help improve that? And looking at--one thing that we have identified is that when we're working with our--the participants in the program, we're looking at them like, they want to go back to school because they see this. And so, we can provide them with some assistance on how to kind of navigate and to support them in their journeys to become, I think, for example, a nurse or a paraprofessional working with doula services. And I know we did have a contract to help support. The county had a contract with one of our doula programs to help train doulas that work in the BIPOC population so that we can improve that workforce. And so, I'm not sure what the disposition of that is yet, but since when we get more information, we can provide that.

Geysil Arroyo: Thank you.

Dr. Suzanne Afflalo: So, Rhonda, in terms of the implicit bias training, who are you training? Are we starting from the minute the female walks into the door, like the receptionist and the MA,

because they can make or break that visit? And if you've got horrible approach to the patient as soon as they check in, that can easily go south and make that visit horrible, no matter who the provider is and how much they've been trained. So, at what level are we training and are we training every single person that meets a black or pregnant mom?

Rhonda Freeman: I think our initial training is really to look at the health professionals, but we are looking at expanding that as well. And Dr. Coleman, I don't know if you want to chime in as well, but we-- like you're saying, the first person that enters the door, right, how can we include them to be a part of that training? And I think that's something that we may be looking at for the future as we're rolling out this new implicit bias.

Dr. Thomas Coleman: Yeah, thanks, I'll chime in. What we saw--Rhonda's right. The first iteration of the funding and the contract, that's what we had to do or what we were trying to do. There was an attorney general report--it's been almost a year ago now--and it looked at all the implicit bias training that came out of the original legislation. And two things came out of that. There wasn't really an ordained training, but diversity science, the one that we've embraced, about 80% of the birthing hospitals, did that. And there was no regulatory authority in terms of holding the birthing hospitals accountable. Assemblymember Weber has a bill that I saw her last week that she thinks the governor is going to sign soon, AB2319. And that would give the regulatory authority to the attorney general. And so, I think there'll be more teeth in terms of that. And within that legislation, it defines in the perinatal space who would need to be trained. And at least the last version of that bill I saw, it would basically be what you've talked about, Dr. Afflalo. It would be sort of whoever--it wouldn't just be physicians or nurses. It would be the entire care team that would be responsible to be trained.

Dr. Suzanne Afflalo: That sounds wonderful and promising. And I think a follow-up question I have is, are there any kind of training or outreach to create a pool of advocates and navigators that go with these women to their appointments? Because it's very intimidating when they're the only ones in the room, and the providers are nonchalant or dismissive that they have an advocate there on their behalf, because they're already intimidated and feel out of place, don't want to be there because their provider doesn't look like them and they don't feel welcome, but they have nowhere else to go. We need advocates and navigators. I know that's part of the doulas and the promoters to go there, but we really need to make sure every single woman has a visit, has someone with her at every visit. And I'm just wanting to make sure that that part is not overlooked.

Rhonda Freeman: We have, through our Black Health Program, at least for the participants in that program, our family health advocates work very closely with them. And they do go to appointments with them if requested. But there are also other parts of working. We work with families to help empower them, right, to educate themselves. So not only are we going to go with them, but we want to give them the tools and the information so that they can advocate for themselves and say, you know, I need to be respected. I need more information. That has been one of the successes of our program through Bay 8th. [INAUDIBLE] family was saying that I have the wherewithal now to advocate for myself. But at the same time, I have that support system if I need someone to go with me. And so those are for just the

participants in our program. Like you're saying, how can we expand that to everyone who needs these services? So, I agree. That would be something that we need to investigate as well.

Tim Fraser: Thank you so much for the tremendous work that you're doing. I was glad to see that we at least cut the rate in half. We have a lot more work to do. I hope it doesn't take 20 years to cut it in half again. Now we can, with this funding, really go and tackle this. I would like to make a motion to accept the \$484,000 grant, but also, more importantly, to look for additional funding opportunity announcements out there. I know from the federal side, they're looking at this issue a lot more, putting a lot more funding into this. And hopefully next year, depending on the outcome of the election, there could be additional funding there. And we'd really ask the county to do as much as they can to fund additional dollars to this important program.

Barry Jantz: So, your motion is for the staff recommendation?

Tim Fraser: Correct.

Vote: Moved by **Tim Fraser** and seconded by **Dr. Suzanne Afflalo**.

Roll Call: All other HSAB members-in attendance voted Aye.

IV. ITEM FOR DISCUSSION

A. Community Inspiration Awards: Update and Discussion

Barry Jantz: We're under a discussion on Community Inspiration Awards. We typically have this under the Chair's Report. In fact, it's still listed as Item D under the Chair's Report. We probably won't need that down there. But the reason we moved it up here is because when the committee met, within the last couple weeks, there was an update from county staff about maybe not being able to support this at the level we were discussing with staffing. And so there were some concerns, because we understood a few months ago that we would have some staffing that would be able to support this process. And with that said, we did have a meeting this morning. We pulled a meeting together this morning. Geysil, James, I, Anuj was on, and Dr. Hernandez was on. And we do have an update for you. The reason we had moved it up here is because at the time we moved it up there, we just wanted to have a broader discussion and try to determine what it was the county was most concerned about. I think we figured that out. And it really comes down to budget constraints and to be able to provide resources at the level we were discussing. But Dr. Hernandez did propose something to us that I think we're all initially in favor of, or at least supportive of, refining a little bit. And so, I go to Dr. Hernandez and ask her to report out on that briefly. Unless Geysil or James, do you have anything you'd like to say first?

James Lepanto: No, I think that obviously it came as a surprise to us initially to get the information we received about status of the awards. But I think through several meetings we've had, now meetings with Dr. Hernandez and Anuj this morning, the county had talked about exploring additional options for us to continue in some way, and that's what the update was today. I think that the meeting was productive and positive and encouraging, so Geysil and we can turn it over to Dr. Hernandez.

Geysil Arroyo: Go ahead, Dr. Hernandez. I don't have anything to add.

Dr Hernandez: All right. Well, thank you. Thank you, everyone, for meeting this morning. And we want you to know that the Community Inspiration Awards is incredibly important to us and public health. I know it's important to the HSAB board members, and the community is there as well. And frankly, it's just trying to celebrate organizations and individuals in the community for their great work at the grassroot level, and at the same time balance that with our budget challenges. So, the proposed Community Inspiration Award process would be to use the criteria that have already been established by previous Community Inspiration Award processes and have the members themselves nominate organizations and individuals that would be deserving of the awards based on those criteria. You all are from the community, represent the community, and so having an awardee from each region is really the vision of the community, and so the community is the one that would be able to nominate. And so, the board members would nominate, and they can nominate as many as they want. And the Community Inspiration Awards subcommittee would review all the nominations, and select five, one from each region. These awardees would receive their award, and it would be a beautiful award, and then we would have a little meeting, or right after if the meeting ends at five, we could have a little reception. So, we would still honor the awardees, we would still provide them awards, and maybe have a little cake or dessert, and celebrate them along with their loved ones in attendance. So that's in essence what the proposal is.

Barry Jantz: And Todd, who's been part of the committee, is not available, so he hasn't heard this yet. Anna is new to the committee, so I don't think she's been involved in any planning, so she may or may not care. Suzanne, I know you've received an update today, you're a part of the committee. My reaction to it, at least, I don't want to speak for the two of you, my reaction to it this morning was understanding it's about resources and budget constraints. One part of this award ceremony is getting the word out to the community, and collecting nominations, and trying to get the word out if not enough nominations are coming in, that sort of thing. And I've been through those kinds of processes before, so I know that sometimes it can be frustrating. So, if the county's thinking about staffing, I can understand why that takes resources. The other part is the event itself and what the event looks like, and then getting people invited to the event. So, the proposal, as I say, kind of, one, it puts a little bit more focus on us doing nominations directly, or going directly to organizations and saying, "Here's the form, nominate yourself," or telling them, "I'm going to nominate you, but I need some information to fill out the form," whatever it may. It puts the onus on us. I'm okay with that, because if we're talking about one per supervisorial district, I think we can get there. And the other part is the event itself, which means maybe at the end of this, at five o'clock, we have a little reception, and James said he'd bring the cake if there's concerns about funding. So that's, obviously, there may need to be a little bit of refinement to this, but that's kind of what we would do. And I think that addresses the county's concerns. We weren't going, "Oh my gosh, you really pulled the rug out from under us." At least that's not what I was expecting. Anything, Geysil?

Geysil: No. I would like to hear from you. What do you think about, you know, we as agency members identifying organizations as individuals to nominate them? Is that doable? I mean, it's up to us, to the federal file.

Dr. Suzanne Afflalo: That's what I was doing the last three years anyway. So, I personally know all of them and someone paid a fine. And then we would, you know, out of that long list, they would be in there and the native-disperse and win, depending on the criteria. But I personally reached out to people that I know in the community. That's a little different because I represent District 1, but I work, live, and pray and play in District 4. So, I'm going to have to do some extra outreach for District 1. So, and District 1 is very close, you know, national cities. So, I'll go over two blocks and then I'll start trying to find someone. But I mean, that's how I've done it all along. I thought that was the spirit of it at the beginning is that we know who the people are doing the work in the trenches, serving the community where no one else knows. And so, the outreach for me has been easy all along. We'll just see how it goes for others.

Geysil Arroyo: I mean, I think what I remember from the council participation exactly was the subcommittee members, right, that really were pushing to find the nominees. So now we will all.

Barry Jantz: But now county staff is making sure we're there. It's going to be.

Geysil Arroyo: And then a subcommittee will review the entries.

Barry Jantz: Well, and to a certain extent, I mean, some of us are grassroots in the community where we know the players and we know who's deserving. So, I mean, I don't have an issue with this.

Geysil Arroyo: I think the question is, are we are we allowed to nominate a young member maybe making a difference in the community?

James Lepanto: Yeah, I think the whole purpose of the awards were to really recognize people that often don't get recognized and to motivate people, inspire people and let people know organizations, very grassroots individuals that they're making a difference. And all of us can make a difference regarding public health. And we really worked on the criteria to address that. So, I'm pleased with this proposal and this option. It really doesn't change much of what we do. We've already got a lot of these things in place as far as applications and as far as a ranking system. It's all there. The one thing that we talked about, in that we're going to be moving forward with youth engagement for the board, is that's a voice that we don't recognize. And to add a youth engagement award, so that would mean six, probably a youth in the county that really is making a difference. And that would be wonderful to kind of motivate young people to get involved in this. So, I think that's important in that we're going to be having youth engagement on the board to have their voice as part of that award.

Barry Jantz: Sure. Any other input from anyone?

Dr. Anuj Bhatia: Just to say, I don't think there's any concern. We work with a lot of small community-based organizations, individuals that are doing great things that impact public health. So, I don't think it would be a challenge to find folks.

Barry Jantz: Yeah. OK. Anything else? So why don't we leave it up to us whether we need to pull the community together? I don't know. I don't want to speak for all, but I didn't want to leave anybody out of the loop on this. I think everyone's going to be fine. It's just then developing a time frame. We must look at the criteria to make sure it doesn't need to be altered in any way. But I think it's really kind of in the committee's realm to do this. So, yes.

Dr. Suzanne Afflalo: Can we ask if Dr. Hernandez said we can expand it from five to six to include the youth? Do we need permission for that? Because she mentioned five and that's one for each district.

Barry Jantz: This morning on the fly, she said three or four. We said five. So, I think she's going to be OK with six.

Dr. Hernandez: I think so, too. That's at the Board's pleasure. Thank you for consideration.

Barry Jantz: Will you take seven? But let's not push our luck here. We've had a very productive morning. So, it's been a productive day so far on this. Dr. Hernandez, thank you for coming to us this morning, and thank you for your report today.

Dr. Hernandez: Thank you so much.

V.

A. Survey Evaluation before HSAB Advance

B. HSAB Advance, 9/25/24

Barry Jantz: OK. Most of the rest of the agenda has to do with the fact we've got an Advance coming up at the end of the month. So, is that available for the 25th?

Tim Fraser: I did.

Dr. Suzanne Afflalo: I haven't yet.

Barry Jantz: So, Anuj, maybe push it out one last time. You don't know, Paul said? I don't know. So, we have been carrying these items under the chair's report for some time. And one is a survey evaluation. James, you offered the other day to help me kind of with the agenda. Would anybody else like to help with the agenda? Geysil, would you like to?

Geysil Arroyo: Yeah.

Barry Jantz: Would anybody else like to help with the agenda and what they'd like to see on the agenda for the 25th? In your package, there is an agenda. But this is not an agenda for this year. This is an agenda from 2020.

Barry Jantz: This is the last one. So, it was just kind of a starting point. You know, my initial and James, the two of you who have been involved in it before and I really would rely on your input. I already asked Anuj the other day kind of on the fly without your permission. I was just saying, you know, if it would be possible to get one of the supervisors to come by and just talk to us for about 10 or 15 minutes that day, you know, it might be interesting. But I'd like to hear your perspective on that. And Anuj was saying, well, we haven't done that before. And I said, yeah, I know, I know. I think some of the discussion that I'm interested in is, you know, when we are sending a Budget Letter, when we are sending a--Tim, you really helped with this--when we are sending a letter that says, hey, remember us and we hear we hear back from two offices, but not the other three. You know, sometimes I must question what kind of impact we're having and if people are really seeing what we're doing. I know staff is engaged with us, but sometimes you wonder--sometimes it may cause people to wonder, well, why are we sitting here? You know, and I've heard I've heard that from folks. Anna mentioned that to me in passing at an event and I said, well, I know where she could be involved. She could be involved in the inspiration awards. So, we asked her to get involved. But it was your idea. It was your idea. Anyway, so that's some of the things I want to focus on. It did occur to me to just to take the strategic plan, which is about this old now to and see what the priorities were. And use that as a basis for the service to kind of say, here's what were priorities last time in our strategic plan and list those and maybe some other things that are obvious. And the survey could go out and say, please, priorities, these items, you know, one to five bubble and see where that comes out just as a starting point for discussion. And James, I know you do strategic planning. I mean, that's oftentimes the way we start strategic planning processes. So, I'm just kind of spit balling here a little bit, but—

James Lepanto: I just have one question. Yes, usually in the past, if we're going to be working on a Strategic Planning for the board, and it's kind of about time after 2020 as far as staff to help with that, facilitate that—Jo Ann (Julien) or somebody else--are we going to be able to utilize somebody from the county to help us? One of your facilitators to help us with that process.

Anuj Bhatia: So, we have done that in the past, whether it was Jackie or Jo Ann. We can make a request for staff to help facilitate the continuation of that.

James Lepanto: Can you get the date? We're not very far out here. The 24th is coming quick and I know how busy their schedules are.

Barry Jantz: 25th.

James Lepanto: I'm spending the night, so... There is a reception the night before. Yeah, yeah.

James Lepanto: Do we know location yet?

Barry Jantz: Okay. So, you can you give us those two options?

Anuj Bhatia: We have two options right now. One is where our main offices at the Seville Plaza building, 5469 Kearny Villa Road, San Diego. Another is the County Operations Center; we have conference rooms there. We did look at other venues that we not able to secure anything for that date.

James Lepanto: We're a long way from the Yacht Club and the leadership center in La Jolla.

Barry Jantz: Where was the last one?

James Lepanto: Marina Village.

James Lepanto: In person? It was the Center for Leadership in La Jolla.

Barry Jantz: Is anybody familiar with the Research Center? It's on the water right there.

Tim Fraser: I mean, if we could just get a location as a next week so we could plan our day

Barry Jantz: So obviously the County Operations Center. What's the other facility?

Anuj Bhatia: That is Seville Plaza, 5469 Kearny Villa Road.

Barry Jantz: And how far is that from the county operations Center?

James Lepanto: That's probably about five minutes away.

Barry Jantz: Is one of them more convenient parking-wise or anything like that?

Anuj Bhatia: I'd say we do it in the county operations. At least we have a roof top to go to for lunch. Yeah. Which is one that was hard to figure out where to park and how to walk and find the thing that we're looking at having the insert that we do that. That's not the one. This is thinking.

James Lepanto: Well, when we were looking at when we were looking at moving these meetings a couple years ago, we did move to the county operations center for one meeting. We ended up not getting a quorum. So that was kind of a question, but there is plenty of parking. Yeah. But it wasn't like you just properly add it some distance away. Yeah. Yeah. So, I still go to the parking. Go to the one that has one of the great leaves. You just park and you walk right across to the one that's easy.

That's what I was expecting. Right. And that's okay. Any other.

I don't care. Equally about the same size. Yeah. One. The one that the single closet is a little bit bigger. It's 20, 25 people. It's possible. I think we have.

One county operations center is 15. Okay. So that's our that's our road right now. I'm going to pin down the hub center tomorrow. Okay. New. We're the county provide lunch for us. And the answer. So that is.

And that's the more 69. Okay. So, I'm going to ask this. I asked a month ago, but it was kind of too early. It wasn't really on anybody's radar yet. If you have if you want to look at this. Doesn't matter. But if you if you have anything you'd really like.

Just to consider being on the agenda for discussion. Or if you have any and or if you have anything you'd like. A survey question something we should consider doing in the next say three years.

So, I think we should prioritize the next three years whether we're whether we've done it already or not. Or you or something we've been doing where you say. Yeah, we've been talking about youth engagement forever and we think we should do that or why are we talking about it. I don't anticipate the second one. But I don't care what it is. Email me. Does everybody have my email address very chance at Gmail email me or email a new that we'll get in. We'll it We'll figure out.

We'll get it. How's that. Can I have that by Thursday end of end of business Thursday. So that takes over the survey that we should before the event. We're not going to send out surveys where you're asking here to the members. Hey, you want something I was hoping we could do a little doodle. In the next week where we survey some things, and I would look to you and James. Anybody else.

I want to help to help me. It doesn't have to be, but I think the starting point would be the strategic plan from last time because those are listed items, and we can list those as a basis to see what these are still priorities, and we had some other things so we're not going to send out the evidence-based boards survey that we do. That that provided us some information about what we needed to work on. That's what I was suggesting that we do. So OK then we do that.

Well, is there a survey that we have that maybe this is where I need your input. Yeah, there's a in fact this was something that doctor Wooten help us with. It's an evidence-based board survey that asks about feedback on your role as a board member evaluation and how the board is doing. We've got it. If we already have something I love it. I didn't I didn't realize that I thought we were going to have to design some kinds of know that we've got some new. Very thorough feedback on board member evaluation. I don't think it speaks specifically to the strategic plan. But it doesn't take a lot of time. It's very quick. Well, OK. So, without redesigning it I'd say one of the items we're probably going to have on the agenda is the existing strategic plan and we just asked do we need to dust it off. We need to update it. Do we need to take anything off. Do we need to add anything. And that's what strategic plan is.

	<p>You don't start from scratch. You start with your design. So, OK I'm happy if you're happy. Let me know if I need to bake snacks. But I would still if there's anything you want considered for the agenda then please just get it to me by Thursday. And I just get you now. Is it being it EOB. I always get confused. EOB or EOB or COB or EOB. Close the business or close the business and the day off.</p> <p>OK and the business what's the business. Yeah. Does anybody in this room end business at 5 p.m. anymore. OK then. So. Just imagine we can create strategic plans and we can work through them, but I think it's evident that we send a letter to the board and only two out of five responds.</p> <p>When it's not being listened to so there be a discussion on how this board can better work with or supervisors and maybe put some requirements on maybe those that are appointed by the supervisor,</p> <p>I know they're supposed to have regular meetings with the supervisor or maybe have them report out on what they're doing for. So. So this was already a priority for me on the agenda to discuss this kind of what I call a communication gap.</p> <p>And it goes deeper than just whether they're responding and because if we're going to get into whether the person is appointed by the supervisor has a meeting with them, we've got. We've got one supervisor with no one on this. We've got another one I think with one that shows up so. So yeah, we need to have that discussion. I'm on your page. I think we're all on each other's page.</p> <p>Okay thank you for that. Youth engagement. I'm going to leave it. I'm going to leave it for now because nothing really happened other than there's a little bit of a vacuum that's part of what we're talking about.</p> <p>Well, we can get our response back on.</p> <p>C. Youth Engagement Update D. Community Inspiration Awards</p>
VI. INFORMATIONAL ITEMS	A. Subcommittee and Work Group Updates: None

VI. PUBLIC HEALTH SERVICES LEADERSHIP REPORT	A. None
VII. ROUNDTABLE	None
	<u>Questions & Comments:</u> None
VIII. ADJOURNMENT	Meeting adjourned at 4:40pm.
IX. Next Meetings	HSAB Advance: September 25, 2024 Location: Seville Plaza Building 5469 Kearny Villa Road, San Diego CA 92123, from 12:00 pm to 4:30 pm. HSAB Monthly Meeting: October 1, 2024. CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm