



**County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Rm 402A**

**Tuesday, December 3, 2024
3:00pm to 5:00p
MEETING MINUTES**

Seat	District	Primary	Alternate	Attendance	Presenters	HHSA Support
1	1	Ana Melgoza			Introduction of HHSA Director, Dr. Kimberly Giardina , DSW, MSW, Deputy Chief Administrative Officer, Director of San Diego County Health and Human Services Agency. Informational Presentation: Food Justice Community Action Plan, Rebeca Appel , Program Manager, Eden Brukman , Chief Sustainability Officer, Kimberly Greene , Group Program Manager, LEUG. HSAB Strategic Plan Discussion, Nora Bota , MPH, Performance Improvement Manager, Amber Hilliker , Quality Improvement Specialist, PHS Administration.	Dr. Ankita Kadakia , Interim PHO, PHS
2	1	Dr. Suzanne Afflalo	Samhita Ilango	IP (A)		Dr. Elizabeth Hernandez , Director, PHS
3	2	Barry Jantz (Chair)		IP		Dr. Jennifer Tuteur , Chief Medical Officer, MCS
4	2					Adrienne Yancey , Assistant Director, PHS
5	3	Todd Walters		IP		Dr. Anuj Bhatia , Deputy Director, PHS
6	3	Linda Correa				Nora Bota , Performance Improvement Manager, PHS
7	4	James Lepanto		IP		Amber Hilliker , Quality Improvement Specialist, PHS
8	4	Geysil Arroyo (Vice-Chair)				Aaron Brown , Community Health Program Specialist, PHS
9	5					Joy Bryers , Executive Assistant, PHS
10	5					Joshua Beidler , Administrative Secretary II, PHS
11	SDC Med Soc	Paul Hegyi	Jennipher Ohmstede	IP (P)		Rick DeHaven , Information Tech Analyst
12	HASDIC	Dimitrios Alexiou	Caryn Sumek	Z (A)		Talq Tera , Information Technology Specialist, PHS
13	HC Partners	Tim Fraser	Lauren Abrams	IP (A)		
14	Consumer Center	Joanne Franciscus	Kris Jacobs	IP (P)		
15	BHAB	Judith Yates		IP		
16	Healthy SD-PRO	Dr. Harriet Seldin		IP		
17	Healthy SD-Con	Jack Dailey	Alex Perez	IP (P)		

Seat	District	Primary	Alternate	Attendance	Presenters	HHSA Support
						Jonathan Rodriguez, Information Technology Specialist, PHS

Key for Attendance column: IP = In Person, Z = Zoom, (P) = Primary, (A) = Alternate

<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 3:00 PM. b. Introductions from PHS staff. <p>B. Remarks from the Chairperson: None</p> <p>C. Approval of December Agenda</p> <ul style="list-style-type: none"> a. Motion was made by Dr. Harriet Seldin and seconded by Paul Heygi. b. Roll Call: All other HSAB members in attendance voted Aye. <p>D. Approval of November Meeting Minutes</p> <ul style="list-style-type: none"> a. Motion was made by Dr. Harriet Seldin and seconded by Joanne Franciscus. b. Roll Call: All other HSAB members in attendance voted Aye. <p>E. HSAB Attendance Confirmation: Geysil Arroyo absent due to just cause.</p>
<p>II. PUBLIC COMMENT</p>	<p>None.</p>
<p>III. INTRODUCTION OF HHSA DIRECTOR</p> <p>Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer, Director of San Diego County Health and Human Services Agency.</p>	<p style="text-align: center;">Questions and Answers:</p> <p>Judith Yates: Since you raised the issue and are saying that you were looking at it seriously, I think a lot of us have been in public health and the healthcare arena for most of our lives. We're very concerned about the potential impacts of presidential decision-making. What are you thinking might be--what should we keep our eye on? What is it that we think might be the most likely impact. And not necessarily in a positive way.</p> <p>Dr. Giardina: Yeah, I think, obviously, decisions that they make about the types and amount of grant funding. Public health is obviously largely funded by grants. And so I think we're keeping a really close eye on where we either might not get certain grants they may not come up for renewal later on. And so I think, paying attention to those opportunities. We are having lots of discussions around CalAIM. The waiver for that will be up for renewal during this new administration, and so we will be closely monitoring whether or not we think that waiver will be re-approved. I think the State is working very hard to solidify many of the pieces as part of our State plan amendments and things like that to make it less risky that that won't be approved. So trying to make sure that that stays in place, I think just all the reforms we've made with CalAIM have been significant. We're also still relatively new into the process of it, and so haven't had a chance to see how everything works and want to make sure we get that opportunity to do so. To me those are the two top tier things I think we're paying attention to.</p>

Judith Yates: But vaccines is definitely on your list?

Dr. Giardina: Sure. I'm not so worried about it for California, necessarily. I think California will continue to fund--now what that means in terms of where the resources come from...

Judith Yates: I was just going to say it's supply and demand that's going to drive that, especially for clinics and healthcare and hospitals.

Dr. Giardina: Correct.

Dr. Seldin: Hi. I'm Harriet Selden, and I'm a dentist. I'm here with the Healthy San Diego Advisory Board. But I'm also a dentist. We talked about vaccines that we know that water fluoridation may be at risk in some way. We don't know, although that's state and local, but still, and it is sort of bizarre, because I remember years ago, when we worked to get the water fluoridated first in the City of San Diego. And we were like the largest city in the country at that time that didn't have water fluoridation, and that was in 2000. And then, you know, here, all this stuff is at risk. And that means that what they're saying now, it's like 25% difference in terms of decay rate in communities that have water fluoridation or don't. So there's a lot that we don't know.

Dr. Giardina: Yeah, absolutely. And I think both Dr. Hernandez and Dr. Kadakia been fantastic about sending me a bunch of research, so I can be prepared on water, because that has already been definitely coming up as a topic of conversation.

Dr. Hernandez: Last month we shared with the group some of the changes that you've been leading in terms of mergers and consolidations and integrations. Could you talk a little bit about that?

Dr. Giardina: Yeah, absolutely. So I'll talk about the one [that is] probably easier for this group. First, we've been looking at our homelessness work. So we are going to actually be dissolving our Department of Homeless Solutions and Equitable Communities. That department is made up of three different offices, and so those offices will get folded into existing departments. So the Office of Homeless Solutions will join our Housing and Community Development Services to really broaden, I think, the scope of work. Historically, HCDS has just sort of focused on administering their voucher programs and then partnering on expanding the number of housing units that we have in the county. Adding the Office of Homeless Solutions will really make sure that department looks at the full array from homelessness prevention all the way through the entire continuum to permanent supportive housing. We also have within that the Office of Equitable Communities. That team does a lot of community engagement work and is very aligned with the work that our Live Well San Diego team does, so they're going to join our Office of Strategy and Innovation and the Live Well San Diego team. And then the Office of Immigrant and Refugee Affairs. Our refugee services prior to the creation of HSEC was with Self-Sufficiency Services, and so that office will go back to Self-Sufficiency and be working on those pieces. For Public Health and Medical Care Services, we are looking at sort of merging those two departments together. That will take us a little bit of a longer time frame to really think through what is that exactly going to look like? What should the role of that new department be? I know they have historically been together. And then we're not together anymore. And are we getting lots of questions, "Is it just going to go back to how it used to be?" And that is not the plan. We're not the same as we were seven or eight years ago when they were one department, and so going back to what that used to look like doesn't make any sense. So we are really asking our staff to help us design what that new

department should look like. What should the role of the Public Health Officer and the Chief Medical Officer when they're working together in the same department be, how should we think through those roles. So while we're starting those changes now, and starting to put some of those pieces together, it'll probably take us, I would think, two years before the full changes of those two departments coming together are realized. We are starting this process now because of our budget. We have some opportunities to get some easy wins around reducing some redundancies, reducing some administrative costs by merging some of those departments, and so for me, anywhere that I can save some money without impacting service, delivery or staff is what I want to do, so doing some of that work now will help prepare us for what's to come.

James Lepanto: Hello! Welcome, welcome. It's exciting, and we appreciate you being here. We know you're busy. Two things. One is, I was happy to hear your focus on equity and inclusion, and I think we've talked sometimes as well here as far as diversity as well as County staff, that, hiring to be reflective of the communities our folks are working in and doing outreach. And we did that during Covid a lot. And so I think that's a continued focus and allows us to engage in diverse communities, and I know that's challenging sometimes. But I hope the County will stay focused on that as well. The other thing is not losing focus on our older adults. I sometimes think that we don't talk about them enough. And I think across the country, I think we're woefully unprepared for what's coming as far as this aging population, and I really hope there'll be a focus on not only outreach, but also care and caregiving, and I know we have that. But I'm just hopeful that we can be proactive instead of reactive.

Dr. Giardina: Absolutely, and I appreciate both of those. I think on the workforce piece, that is really important to me as well. Ensuring our workforce reflects the community that we serve. When I was in Child and Family Wellbeing, one of the first things I did was actually get some data from HR about the race and ethnicity, the age and the gender of our staff, and how did that compare to the population we were serving in child welfare? And what I found was actually it was pretty comparable, the diversity of our staff. What was not comparable was our leadership. Our leadership was almost entirely white, and our staff, we had a good majority of our staff of color. And so we actually started some pretty specific interventions. We started a culturally matched mentoring program as well as some growth opportunities. So by the time I left, we had really actually moved the dial. We had about 7% of our leadership was African American. When I left, about 20% was African American. So I've already asked our HR team to dive into the same data across our agency, just so we can see, where are we and where do we need to do some work? I don't get the sense Public Health is one of those areas. I think we have a pretty representative group, but maybe we're going to find something different. And so really wanting to dive into that piece. And then I think about our older adults. I know that conversation has also been coming up fairly regularly around IHSS and some of the needs that are there, but also on our housing discussions, right? And our seniors, unfortunately, are our fastest growing population becoming homeless. And so really thinking about where do we have opportunities to do a better job.

IV. INFORMATIONAL PRESENTATION

- A. Informational Presentation: Food Justice Community Action Plan, **Rebecca Appel**, Program Manager, **Eden Brukman**, Chief Sustainability Officer, **Kimberly Greene**, Group Program Manager, LEUG.

FOOD JUSTICE COMMUNITY ACTION PLAN



Office of Sustainability & Environmental Justice
Health Services Advisory Board
December 3, 2024





June 4, 2024 (12) Board Direction

- **Convene a regional summit** of stakeholders, service providers, community leaders, local farmers, and other governmental agencies.
- **Creation of a community action plan** which would include staff recommendations for the County of San Diego to implement.





Approach



Community Outreach & Engagement (2 months)



Promotion through County channels, emails, flyers, and social media

- **107** attendees across **six** community roundtables
(Spring Valley, Alpine, Fallbrook, National City, Lemon Grove, Valley Center)
- **150+** interactions at the 4th Annual Gathering for Food Vision 2030
- **1,500+** comments, ideas, and shared experiences
- **~13,000** visits to the website





Action Plan Objectives



Capacity

- Funding
- Asset building
- Scaling up



Culture

- Policy
- Knowledge
- Food sovereignty



Connectivity

- Transportation
- Resource accessibility



Safety Nets

- Public support programs
- Public health



Process

- Engagement
- Community leadership
- Accountability
- Transparency



Preparedness

- Emergency response planning
- Food crisis





Actions Divided Into Three Groups

EXISTING

- Existing County program or effort
- **No additional resources needed**

MODIFIED

- Modification of an existing County program or effort to accommodate
- **Operational and fiscal analysis needed**

NEW

- New County program or effort
- **Operational and fiscal analysis needed**



FOOD JUSTICE COMMUNITY ACTION PLAN



Office of Sustainability & Environmental Justice
Health Services Advisory Board
December 3, 2024

Questions and Answers:

James Lepanto: You already answered one for me. Thank you. Because I was curious about the interaction with community organizations--Feeding America, the different charities that provide--and getting their ideas and thoughts, possibly. And also my second question. I don't mean to be naive, but just to educate myself. What is food sovereignty?

Paul Hegyi: Thank you, that was mine as well.

Rebecca Appel: It's around kind of the sentiment that we can identify--each individual has their own cultural background, and so really bringing that forward.

James Lepanto: So a sensitivity.

Barry Jantz: So this is informational because you're finalizing what's going to the Board, and then the Board is going to

	<p>give some direction, so we'll get a report back at the appropriate time on what the Board decides to do.</p> <p>Rebecca Appel: That's correct. We're going to the board next week with, it's almost like a touch point of, "We've received this direction. We're coming back to you, this is what we've heard from the community asking for more direction." And so we can come back to this group and share after hearing what they've selected. And prior to that, report back on what that looks like.</p>
<p>V. HSAB STRATEGIC PLAN</p> <p>A. HSAB Strategic Plan Discussion, Nora Bota, MPH, Performance Improvement Manager, Amber Hilliker, Quality Improvement Specialist, PHS Administration.</p>	<p><i>Board members split up into breakout sessions facilitated by Nora Bota and Amber Hilliker. Following the breakout sessions, the following report outs were provided:</i></p>

Objectives and Actions for Goal 1

Enhance HSAB's **Value** to the County Board of Supervisors, Chief Administrative Officer, and Agency Leadership.

Enhance ongoing and bi-directional communication with the BOS, **CAO**, and **HHSA Leadership**.

- Schedule BOS and Board Aide presentations to the Board.
- Meet with BOS and Board Aides at least twice a year to ascertain priorities and areas of focus and report out on communications with BOS as regular agenda items.
- Use the PHS Community Health Assessment to inform actions.

Convey community needs and priorities to the BOS, **CAO**, and **HHSA Leadership**.

- Advocate for community health needs based on member expertise and knowledge of respective districts.

Provide timely advice and recommendations to the BOS, **CAO**, and **HHSA Leadership** regarding relevant issues under the scope of HSAB in the areas of budget, legislation, policy and program changes.

- Identify key County of San Diego Department contacts for their expertise and solicit their input to HSAB Subcommittee work.
- Utilize existing and ad-hoc HSAB Subcommittees to identify key focus areas or issues to collect information, data and input relevant for advising, making recommendations, and identifying solutions.
- Form a new HSAB Work Group to explore data needs for HSAB, including existing data accessibility and current gaps.

Maintain best practices in the administration of the HSAB through communication, collaboration, and transparency.

- Produce an annual report for the Director of HHSA and the BOS which summarizes findings and recommendations on issues presented to the HSAB, pursuant to Section 861.9 of the San Diego Code of Administrative Ordinances.
- Communicate, share information, and collaborate with other HHSA Boards and Board Chairs.

Aaron Brown: So for this very first objective, we like all of the actions and ours, it actually was red for the middle one, which is the “meet with the Board of Supervisors and board aides at least twice.” And we're thinking, no, that would be really important. We want to keep that meeting. In fact, we talked about keeping twice a year, and then adding maybe a quarterly meeting for the board aides. That way there's increased communication throughout the year. Really like the idea of the community health assessments to inform actions. And we talked about the integration of some of the dashboards that we have at Public Health Services, and just overall utilization of said data. When you're looking at objective number two, a little bit of a shorter one, nothing [with] feedback to add or subtract. But within our group we talked more about community engagement, ensuring that it's regular and looking at different things,

such as sectors, different regions and zip codes, just different ways that you could look at the health needs based on different areas. The third objective, we talked about the point number two, the “utilize existing and ad-hoc subcommittees and potentially the work groups.” The one under it, it is in red, it says, “form a new work group.” So we were talking about the differences between kind of taking a step back and looking at the existing ones, and potentially repurposing them or figuring out, looking back at their mission rather than forming new ones. So we did like the idea of going back to just utilize what we already have. For the fourth objective--on ours it was in red--for “produce annual report” we were saying we really like that idea, and to go along with the annual report, it would be nice to have a presentation led by the Advisory Board to the Board of Supervisors. So one thing that we would add is a presentation to go along with that report. On the part of transparency, we talked about transparency with kind of budget hearing drafts, ensuring that members have access to that information beforehand so they go into the meetings with information that they need and have the opportunity to review that information. And yeah, again, just another emphasis on ample time to review.

Objectives and Actions for Goal 2

Advance Ways to Enhance Residents' Ability to Navigate the Public Health System to **Ensure all Residents have Access to Services and Ability to Get the Care Needed**

Identify and monitor the key factors or barriers that underserved residents face in navigating the integrated/public health system and accessing the services that they need to be healthy

- Define the focus in terms of patients and clients most likely to experience barriers, and types of barriers commonly faced.
- Review current available data and information on the nature of these barriers.
- Solicit input from community members, community partners, providers and organizations.

Explore ways to inform and empower all residents to better navigate the system.

- Review evidence-based research and best practices for enhancing patient and client navigation.
- Elicit input from County and providers regarding current practices, policies and strategies that contribute to "user friendly" navigation.
- Consider the role of community health workers, and other community resources, in helping residents navigate the system for better health outcomes.
- Advocate for community health needs based on member expertise and knowledge of respective districts.

Advise on new systems, policies, and practices that would make it easier for all residents to navigate the integrated/public health system

- **Prioritize recommendations, policies, and practices.**
- Consider how these improvements to navigation can best advance health equity and care integration.
- Explore means of operationalizing recommendations to enhance the ability of underserved populations to access care.
- Review Goal #2 biannually and monitor progress through County, community, provider and organizational input and tracking.

Nora Bota: Great job, Aaron. And I know we're kind of wrapping up at the end of the day, what we'll do is summarize everything and then send it back to you all. So if you weren't in that group, you can provide feedback at a later time. So for goal two, that was focused on the public health system. And again, we're going to revisit if we're going to say integrated health system, public health system, or find a different term. But we have three objectives. So what we decided was keeping the three objectives. We realized with the first objective, it's very high level, like what kind of factors or barriers are we going to assess So what we did was, we're moving the dot points around to be in order of how we would go about those activities.

James Lepanto: Sequentially?

Nora Bota: Yes, sequential. And then the fourth dot point that we'll be adding is prioritizing one to two barriers to identify based on data, presentations, and input from the community, for the first calendar year. And for the second one, it's "explore ways to inform and empower residents to navigate the system." So we're just going to add the word "the public health system." And then what we want to do is merge the first two dot points together. So I'll work on that. And then also in the second dot point where it says elicit input, we want to add the word "community," not just county and providers. And then in the last objective, so you'll see the action, the last one it says "review goal two." So I just recommended we remove that and it's just self-explanatory that your strategic plan for all three goals, you all will decide the frequency and recommend reviewing your strategic plan every quarter and assessing where you're at your target activities or not. And then later on, I'll discuss what would be like the best practice and method of how to track the strategic plan.

Objectives and Actions for Goal 3

Engage with the Community and Elicit Their Input on Equitable Public Health Services to Improve the Health and Well-being of Residents

Increase community and stakeholder participation and attendance at HSAB meetings

- Facilitate or attend at least one District community outreach forum and report back to HSAB (HSAB District Appointees).
- Convene three HSAB meetings within identified County regions as a strategy to enhance region-specific participation, engagement, and communication with the Board (Implement in 2021).

Solicit input from the public and stakeholders by leveraging existing coalitions, Resident Leadership Academies, and other community groups and events

- Reach out to specific community organizations and stakeholders regarding meeting Agenda items.
- Review and utilize summary presentations of County HHSa community forums and relevant events.

Work with planning agencies, research, and policy makers to identify best practices and to promote health and well being of San Diego communities

- Increase outreach and requests for data, and utilize existing County, stakeholder, and community data, for HSAB analysis, recommendations, and reports.
- Obtain or receive updates and assessments from health care provider coalitions and advisory boards to inform recommendations.
- Request that all HSAB presentations include data that will help to inform the Board in its advisory responsibilities.
- Curate a list of resources, with links to County, Association and Organizational reports, that is tailored for HSAB's reference and analysis, updated annually.

Encourage a focus on health equity in the collection of information and the solicitation of community input

- Explore and define what "health equity" means within the County of San Diego.
- Require that all HSAB presentations include information on health equity data, successes, and barriers relevant to presentation topic.
- Advise and make recommendations regarding health equity as appropriate to the scope of HSAB.

Amber Hilliker: All right, so... Our last one is goal three. So we did have one minor change of the goal statement itself, changing "solicit" to "elicit." And that's going to be carried down to this goal here. And then what we're going to do is actually merge these two together and focus on increasing some activities to increase participation and attendance. And then reorganizing a couple of these dot points to either move them up to increasing engagement as well as adding a couple of items down here to talk about how you're engaging your stakeholders and using that data. I did have an updated one on my slide, I do apologize. So goal three we will only have four objectives. I do think that there are an opportunity to identify some actions on health equity and then also revising that objective itself a little bit. But for this one, yeah, there's quite a bit of changes, but really just mostly reorganizing the items and keeping most of it

there and then looking on how you could increase engagement and stakeholder participation. As Nora mentioned, we're going to draft up the strategic plan as a draft itself, send it to everybody. You can make comments, edits, revisions directly to the document, send it back to us, and then we'll regroup from there.

Paul Heygi: Sounds good to me. I like the workgroup process of breakouts and yeah, let's see what the final thing looks like and we can hopefully finalize it in January.

Barry Jantz: One thing I noticed sometimes HSAB is referred to as the board. And I think we need to make sure we're clear on when we're talking about the Board of Supervisors. So I think anytime it refers to us and it says "the board," maybe you can just do a global search, make sure it's HSAB.

Nora Botas: Yeah, that's great feedback. And then something else we discussed was aligning your strategic plan to the County and HHSA strategic plan. So we'll work on that as well.

James: It's a big commitment for the board. This is actionable, so...

Amber: And I know one of the things everyone keeps saying is how do we actually implement or measure how we're progressing on this? So that would be the next step, but it's great to see that you guys are already thinking about that.

VI. CHAIR'S REPORT

A. Youth Engagement:

Barry Jantz: So youth engagement, we're still trodding along nowhere. So James and I had a little discussion right before the meeting because it was a third attempt in which actually now a meeting can be scheduled and I was about to get James's input. And since the idea was to meet with the chair of the Board of Supervisors, the chair will be changing. So we thought we'd refresh this effort when that takes place. So that's where we are. And that's all I'll say on that.

James: What I'd like to do too is I'd like to update because I work really closely with the Office of Strategy and Innovation on this. They've been very involved with it. Also, the Youth Council with them we presented too on this so I want to update them. I don't want them to think that we have not followed through on this because we have and we've worked for a long time now, Dr. Hernandez, to do this and make this happen. So I'd like, with your permission to be able to update that and just bring them up to date.

Barry: Absolutely. And if you'd like to bring some of the folks that were in with them before, even though that was several months ago, that would be great. However you'd like to do it. So anyway, that's our plan. And I think most of us know you know what the new chair is going to look like unless something changes, but we'll take a stab at that when that happens.

B. Community Inspirations Awards:

Barry: Community Inspiration Awards, I think we discuss it next month. I think in May we're planning for an event after our meeting.

James Lepanto: We'll talk more about it at January's meeting, but it is scheduled for May, and we're going to integrate, obviously, the County's suggestions. It's been kind of a joint effort here and we'll continue to update as needed.

VII. INFORMATIONAL ITEMS

Subcommittee and Work Group Updates:

Barry: Nothing then on subcommittee and work group updates. I probably should have mentioned [that] we did do an orientation meeting. A couple of you were involved in that.

**VIII. PUBLIC HEALTH SERVICES
LEADERSHIP REPORT**



Health Services Advisory Board Meeting Public Health Services Report

December 3, 2024





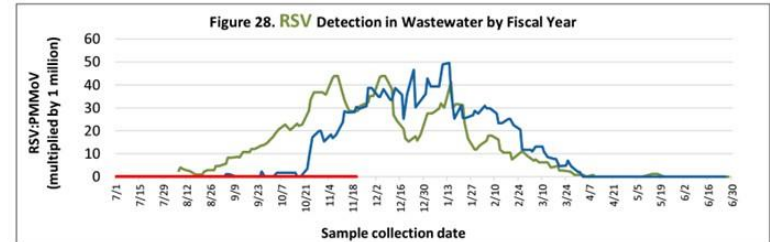
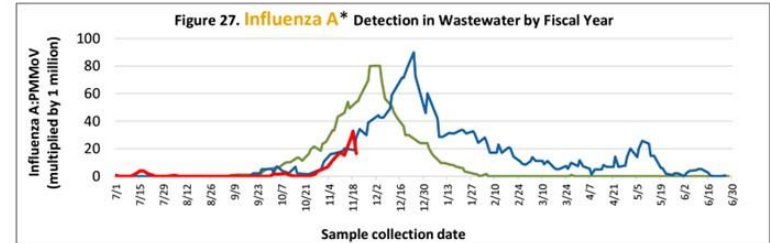
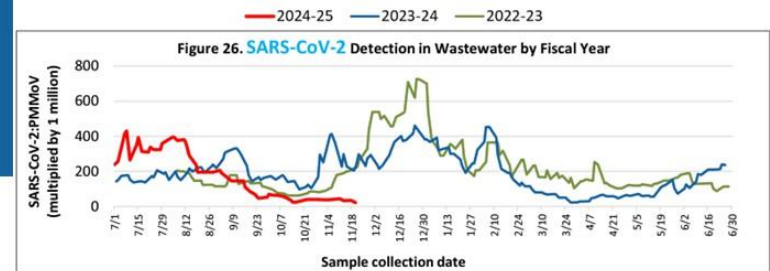
Public Health Officer Update

Ankita S. Kadakia, M.D.
Interim Deputy Public Health Officer
Public Health Services



Respiratory Virus Surveillance

Testing Positivity



INFLUENZA MYTHS

Three Flu Vaccine Myths as Flu Season Ramps up in San Diego County



By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office
Nov. 20, 2024 | 8:38 AM

Reading Time: 3 minutes

[Three Flu Vaccine Myths as Flu Season Ramps up in San Diego County | News | San Diego County News Center](#)

Flu Vaccine Myth #1 – The flu isn't that serious. I don't need the vaccine

- It's true that many people get the flu and feel better within a week or two. But some people can, and do, get seriously sick and even die. Last flu season nearly 20,000 people got the flu, 1,500 were hospitalized and 60 San Diegans died including two infants. The flu vaccine can help protect you and your loved ones who are most at risk of getting seriously sick like young children or older adults.

Flu Vaccine Myth #2 – The flu vaccine will give me the flu

- The flu vaccine cannot make you sick with the flu. It is made of inactive or dead viruses. The nasal spray vaccine is made of weakened viruses. You may have some side effects from the flu vaccine or nasal spray vaccine like a sore arm or even a headache, muscle aches or a runny nose. These symptoms should not last long and are much less severe than actually getting the flu.

Flu Vaccine Myth #3 – I had the vaccine and still got the flu, so it doesn't work

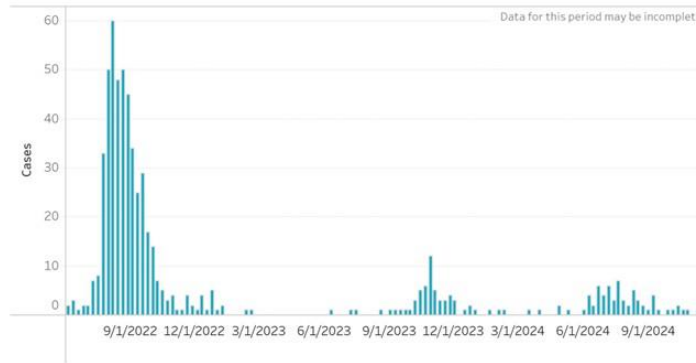
- Scientists spend a lot of time predicting which flu strains should go into the vaccine each year. Flu viruses can change or mutate similar to other respiratory viruses. Some individuals may pick up a strain that is not in the vaccine however most strains that are active during a flu season are in the vaccine. Even though you may still get sick, you are more likely to have milder flu symptoms. It takes about two weeks to build up the antibodies that protect you. Even with a chance you will still get sick, it is still really important to get the vaccine each year and improve your chances of avoiding getting sick, and maybe even accidentally giving it to the people around you.



Mpox

Cumulative Cases*	Cases Since Last Report	Cumulative Hospitalizations	Cumulative Deaths
604	5	23	1

MPOX Confirmed and Probable Cases* by Episode Date,^ San Diego County



Distributed via the CDC Health Alert Network
November 18, 2024, 5:30 PM ET
CDCHAN-00519

First Case of Clade I Mpox Diagnosed in the United States

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to provide information about the first case of clade I mpox diagnosed in the United States and recommendations to clinicians about preventing, diagnosing, treating, and reporting mpox cases. On November 15, 2024, the California Department of Public Health (CDPH) confirmed the [first reported case of clade I mpox](#) in the United States. This individual had recently traveled to areas experiencing clade I monkeypox virus (MPXV) transmission and sought medical care for mpox symptoms in the United States. Consistent with other recent clade I mpox cases, the patient has relatively mild illness and is recovering. CDC and the local and state health departments are investigating potential contacts; no additional cases in the United States have been

HEALTH

Bird Flu Detected in Wastewater, But Not In People



By [Cassie N. Saunders](#), County of San Diego Communications Office
Sep. 16, 2024 | 5:02 PM

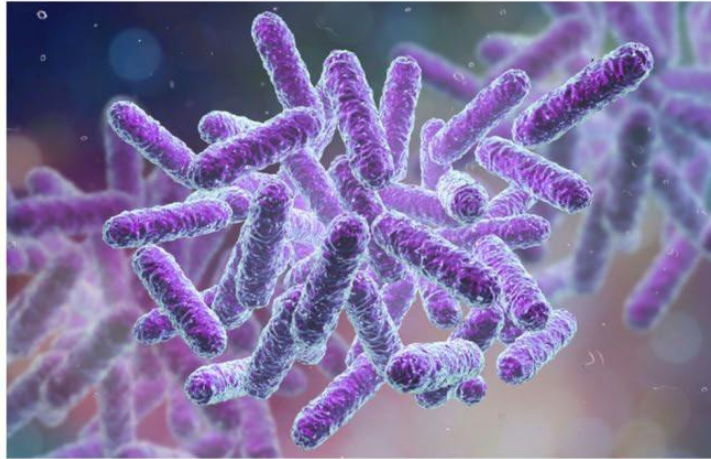
- San Diego was the fifth location in CA to detect H5 influenza virus
- Detected through wastewater testing conducted on September 1, 2024
- More information about H5 can be found on the Public Health Services [website](#).

[Bird Flu Detected in Wastewater, But Not In People | News | San Diego County News Center](#)



HEALTH

Health Officials Investigating Outbreak Linked to Raw Milk



By [Cassie N. Saunders](#), County of San Diego Communications Office
Oct. 20, 2023 | 2:09 PM

- 9 cases of Salmonella illness reported
- Cases began in late September
- Anyone who may have recently purchased Raw Farm LLC raw milk or milk products to not consume it and discard the product
- More information on raw milk safety is available on the [CDC website](#)

[Health Officials Investigating Outbreak Linked to Raw Milk | News | San Diego County News Center](#)



HEALTH

Organic Carrots Linked to E. Coli Outbreak



By [Cassie N. Saunders](#), County of San Diego Communications Office
Nov. 26, 2024 | 2:28 PM

- Nationwide Recall
- Shiga Toxin Producing E.Coli (STEC)
- 1 person in San Diego County affected

[Organic Carrots Linked to E. Coli Outbreak](#)
[| News | San Diego County News Center](#)





Public Health Director Update

Elizabeth A. Hernandez, Ph.D.
Public Health Director
Public Health Services



Public Health Services

BOARD LETTER FORECAST

Board Meeting Date	Subject
January 7, 2025	Single Source Procurement of Equipment and Supplies for Hamilton
TBD	California Department of Justice funding for Tobacco Retail Licensing Program Activities
TBD	Receive and authorize additional funding from CDPH for Chronic Hepatitis C

Confidential: Subject to the deliberative process.

Media/Community Events

Targeted Date and Time	Description & Location of Event
November 2023 and ongoing	Perinatal Equity Initiative (PEI) radio ads run on local radio stations, Z90 and Magic 92.5. Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website.
June 2024 and ongoing	PEI creatives (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies.
December 5, 2024	African American/Black Outreach Immunization Planning Meeting
December 6, 2024	Brad Truax Award Ceremony. Recognition of World AIDS Day, remembering lives lost, celebrating outstanding work in the community. - The San Diego LGBT Community Center, 3909 Centre St., San Diego, CA 92103 (3pm – 5pm)



The flyer features the County of San Diego and Live Well San Diego logos at the top. The main title is "AFRICAN AMERICAN/BLACK IZ OUTREACH PLANNING MEETING" in blue and green. Below the title, it says "PLEASE JOIN US! THURSDAY, DECEMBER 5, 2024 11:00 AM - 12:00 PM". The presentation is from the Somali Family Service of San Diego, with the topic "Somali Family Services Programs and Services provided for the community by Sagal Abdullahi". It includes a Zoom link and login information: Meeting ID: 234 834 982 152, Passcode: UZVMob. At the bottom, there is a logo for "DEDICATED TO BUILDING THRIVING COMMUNITIES" and a colorful illustration of diverse people.

Highlights

Dr. Corrigan and Dr. Hallis Elected to Leadership Positions

- The Public Health Laboratory Director, Jeremy Corrigan, and Assistant Public Health Laboratory Director, Sam Hallis, have been nominated to serve in leadership positions on the [California Association of Public Health Laboratory Directors](#) (CAPHLD) Executive Council (EC).
 - **Jeremy Corrigan was voted in as the President-Elect.**
 - **Sam Hallis was voted in as Representative At Large, South.**
- CAPHLD is a nonprofit organization that has representatives from all the Public Health Labs in California.



Health Services Advisory Board Meeting



Thank you!



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

Highlights

EISB HAI Program Highlighted Nationally in NACCHO E-News

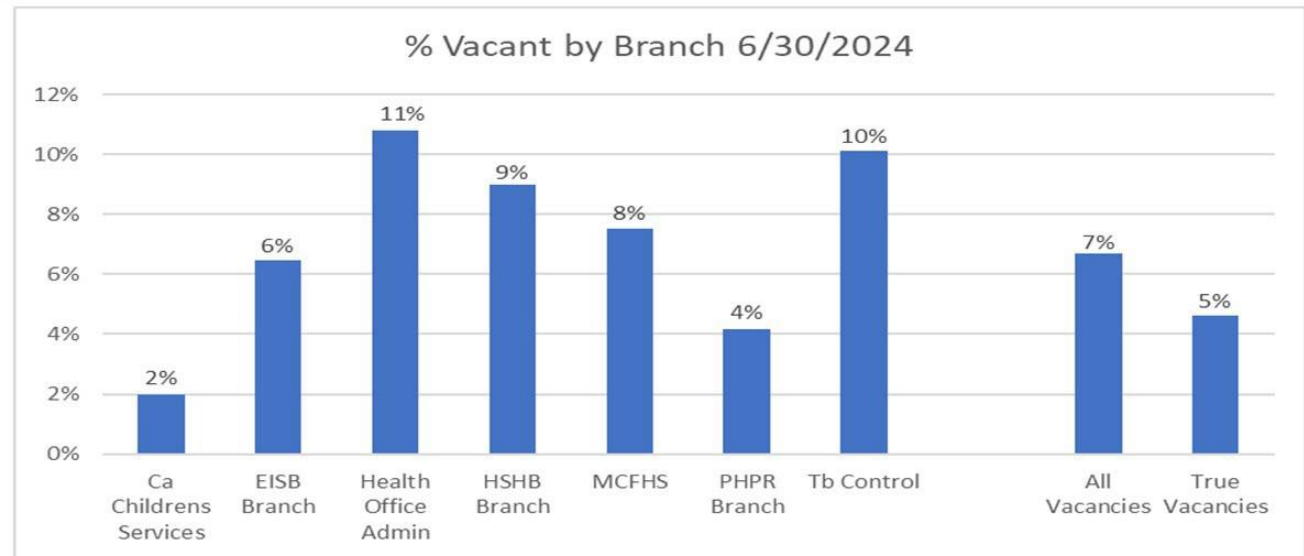
- On October 21, 2024, EISB Healthcare Associated Infection (HAI) Program was highlighted nationally in the National Association of County and City Health Officials (NACCHO) e-newsletter.
- This article showcases the great work and provides insight into how the team implemented Candida auris (C. auris) screening (funding infection), the outcome of the HAI Program work, and lessons learned.
- C auris is a growing concern nationwide and we are grateful to share some of the lessons learned and successes that can be leveraged by other health departments nationwide.
- Read more about the EISB program at [BUILD HAIAR Site Spotlight: County of San Diego - NACCHO](#)



Contracts Dashboard

Category	PHS	HHSA	PHS Share of HHSA Total
DIFFERENCE # Contracts	-2	-19	+00.1%
FY Value of Contracts	-\$8.5 Million	-\$79.6 Million	-00.4%
# MOA/MOU & RA	-3	--	-00.5%
# Facility Use Agreements	--	--	--
Total Number of Procurements	+1	+15	-01.8%

PHS Vacancies as of 6/30/2024



James Lepanto: First of all, I want to say I've been really impressed with the outreach over the water pollution and stuff that the County has done. I've seen you on several videos educating the community and I thought that really was well done. You got in the media, you got in the papers. Really well done. And secondly, with concern about what's going to happen over the next couple of years with the messaging that's going to go out on vaccinations, what's the County's plan to address that and make sure that we're reaching out even further to deal with the anxiety that some people may have or the confusion they might have about vaccinations? It's really concerning. And is the County proactively kind of starting to identify?

Dr. Kadakia: Absolutely. And, you know, I actually met with health officers across California because everyone has concerns, right? That's, you know, inherent in public health messaging. And we had a lot of lessons learned during COVID. If you remember, there was a lot of misinformation around vaccines. We had a misinformation panel. And we've actually met even with our County physicians here and had that discussion as well. How do we want to combat some of the misinformation that we know might be coming out and not just vaccines, but also for flouridation of water and some of the other health concerns, right? And it's not new to public health. We've dealt with misinformation for years, right? Whenever we try to go out with a campaign, there's always thoughts around, well, we shouldn't do this, we shouldn't hit that. And I will quote my predecessor, Wilma Wooten, data, data, data, right?

You can't argue with the numbers. We can show how many lives [were] saved with vaccinations. We can certainly speak in a knowledgeable way and try to reach individuals. One thing that was successful during COVID was reaching out to particular communities and hearing their concerns around the vaccines and answering directly to them. And this is also, I think, is really important, including cultural awareness, right? Cultural awareness and concerns around vaccines and cultural beliefs. And so we want to ensure that we're inclusive in our messaging and reaching out to those communities and I think there's a strong foundational base that public health has had for many years that we can really rely on and plan to move forward as things come out. We don't know what the future is going to hold with the new administration, but we're certainly going to be prepared. But also joint messaging across the state with the other health officers and health directors.

Dr. Hernandez: We are definitely organizing, with public health labs in Southern California. So there's a large organizational piece.

Dr. Seldin: What is Hamilton?

Dr. Hernandez: Hamilton is a lab equipment that I don't know what it actually does right now, but I will when I read the board letter.

Dr. Kadakia: It's for the Public Health Lab. They need specific equipment and certain equipment is required for certain diseases. And so that request is for that particular equipment. I don't know what they're going to test for.

James Lepanto: Something important.

Dr. Hernandez: We'll find out in January.

Barry Jantz: Before we do the roundtable, Geysil reminded me a few weeks ago, and it may have been based on a conversation you had with her about, once we're elected as chair and vice chair here, we don't serve on forever unless you're James. So Geysil and I wanted to make sure we were following because when that officer election took place, it was about a year and a half ago and it had it had drug on and we had done it late. So it wasn't really kind of on my radar. So I reached out to Anuj saying, you know, I just want to make sure we're doing what the bylaws say and so on and so forth. And he sent me the bylaws, which I had, but I could have looked at. I was just hoping you'd summarize them for me. But I was actually surprised to see that it says every two years, but it doesn't say when. Were you aware it didn't say when?

James Lepanto: You may have always assumed it was calendar year.

Barry Jantz: You may have done something in practice. Typically, I think you're going to agree with me, bylaws for organizations indicate an organizational meeting at some point during the year, like in December or January. This

	<p>doesn't say it. It just says every two years. So it's not tied to Board of Supervisors terms or anything, just every two years. So I kind of said, well, when was it supposed to happen? I would have thought it would have been December 2022 or January 2023. But then it didn't happen until you elected us in June. So anyway, I think for the next meeting, we'll just put something on the agenda, have a discussion about a nominating committee. I think before the nominating committee was Dr. Afflalo, it was Geysil, and probably Greg Knoll. I think he's on that. So we'll have to we'll have to discuss that. But we'll just get that on the agenda so we can figure out what we want to do going forward. Okay, because I know there's others of you just pining to be the chair, right?</p>
IX. ROUNDTABLE	None
X. PUBLIC COMMENT	None
XI. ADJOURN	Meeting adjourned at 4:57 PM.
Next Meetings	HSAB Monthly Meeting: Tuesday, January 7, 2025 CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 402A, from 3:00 pm to 5:00 pm