County of SanDiego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, June 2nd, 2020
3:00pm to 5:00pm
Microsoft Teams

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1 - District 1	Parker, Richard	Seat 12 - Hospital Association of San Diego and Imperial Counties	Sumek, Caryn (Alternate)	*None*	Dr. Wilma Wooten, Public Health Officer/Director
Seat 6 - District 3	Cohen, Stuart	Seat 6 – District 3 (Alternate)	Xu, Frank		Dr. Elizabeth Hernandez, Assistant Director
Seat 8 – District 4	Arroyo, Geysil	Seat 14 - Consumer Center for Health Education & Advocacy	Dailey, Jack (Alternate)		Dr. Anuj Bhatia, Deputy Director
Seat 4 - District 2 – Business Owner	Connelly, LaVonna	Seat 15 – Behavioral Health Advisory Board	Matthews, Michael		Hirsch, Pedro Administrative Secretary II
Seat 5 – District 3 – Cardiologist	Effron, Harris Gregory	Seat 11 - San Diego County Medical Society	Ohmstede, Jennipher (Alternate)		**Additional HHSA Staff Present:**
Seat 13 – Health Center Partners of Southern California; for Henry Tuttle	Fraser, Tim (Alternate)	Seat 13 – Health Center Partners of Southern California	Tuttle, Henry		Santibanez, Margarita Assistant Medical Services Administrator
Seat 11 - San Diego County Medical Society	Hegyi, Paul	Seat 9 – District 5 For Dimitrios Alexiou	Remington-Cisneros, Therese		Werth, Jackie Performance Improvement Manager
Seat 7 - District 4 – James Lepanto Consulting	Lepanto, James		Wade, Lindsay		
Seat 16 - Healthy San Diego Professional Advisory Committee	Kornreich, Leonard				
Seat 16 - Healthy San Diego Professional Advisory Committee	Seldin, Harriet (Alternate)				
Seat 2 – District 1 – A Healthier Me	Afflalo, Suzanne				
Seat 12 - Hospital Association of San Diego and Imperial Counties	Alexiou, Dimitrios				
Seat 14 - Consumer Center for Health Education & Advocacy	Knoll, Gregory				
Seat 15 - Behavioral Health Advisory Board	Mendel, Jenifer (Alternate)				
Seat 19, District 3	Aguirre, Diana				
Seat 3 - District 2 – Mountain Health	Shaplin, Judith				

Acronyms:
HSDPA: Healthy San Diego Professional Advisory
SDCMS: San Diego County Medical Society
HCPSC: Health Center Partners of Southern California
HASDI: Hospital Association of San Diego and Imperial
CCHE: Consumer Center for Health Education
BHAB: Behavioral Health Advisory Board
HSDCA: Healthy San Diego Advisory

Minutes	Lead	Follow- up Actions	Due
6/2/2020	Everyone	Send suggestions for Goals to Jackie Werth.	N/A
6/2/2020	James Lepanto	HSAB Recognition Awards in November. Committee will be meeting.	2 weeks
6/2/2020	James Lepanto	Board Surveys in August.	August 2020
6/2/2020	James Lepanto	Discuss possible dates in October for the Advance.	October 2020
6/2/2020	Pedro Hirsch	Doodle poll will be sent out.	1 week
6/2/2020	Everyone	Subcommittees can reassume.	N/A
6/2/2020	James Lepanto	Reach out to HHSA Interim Finance Director.	N/A
6/2/2020	Leonard Kornreich	Will return in August to aid in proposing to the BOS.	August

Next Meeting: HSAB Meeting: Tuesday July 7, 2020, 3:00 – 5:00 pm – Microsoft Teams

Agenda Item	Discussion	
I. Welcome & Introductions	1. James Lepanto called the meeting to order at 3:05 PM. 2. Roll call was taken by James Lepanto. 3. James Lepanto stated that he wanted to compliment, as part of the welcome, Gary and Mary West, the dental organization that are doing a lot of different things, medicine, handling dental emergencies. Their senior dental center has been very creative, using kits and dental kits for folks and seniors, hoping to give 5000 people those. And it was in the Union, May 31st, a nice article about them reaching out to seniors during this kind of challenging time of COVID and making sure that seniors are taking care of their oral health and the supplies in order for them to do that. 4. Comment from Harriet Seldin: Wanted to say that that practices are starting to open up, but the Dental Society all along had information of which offices were seeing emergencies, so there where a lot pf calls that came in to them and then refer to different dental offices, so there was a mechanism, and people at the County knew and 211, people knew about that. The Senior Center, West Center, was great, but that wasn't the only way for people to get dental care.	
II. Public Comment	No public comment.	
III. Action Items	**A. Approval of June Agenda and May Meeting Minutes** 1. Moved by Tim Fraser and seconded by Geysil Arroyo. 2. Moved by Harris Effron and seconded by Leonard Kornreich. 3. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the documents were approved. 4. James Lepanto asked Dr. Wilma Wooten, Public Health Officer, if it would be helpful for her if she did her Public Health Officer's Report earlier. Dr. Wooten agreed. James Lepanto moved the Report up in the Agenda. **B. Public Comments (related to action items)** 1. No Public Comment	
IV. Public Health Officer's Report	**C. Public Health Officer's Report** 1. We have cases that are almost approaching 8,000 in total. The latest data as of May 31st. 2. The most important thing to note is that we are approaching 7,700 positive cases. We are not at 275 deaths, we had an additional 7 deaths today, bringing our total up to 276. 3. We have all our demographic information related to the cases and the deaths, on our website, broken down by race and ethnicity. 4. We presented to the Board of Supervisors (BOS) today and we presented our onset of illness Epi curb, and between April 20th and May8th, that appears to be the highest number of cases through that period,./ The last 14 days is the incubation period, so while it appears that the numbers are decreasing, we know that we can expect additional cases. Everyday that bar moves out. And it does look hopeful that we are on the decline. We are seeing the number of hospitalizations going from in the 20s to now, between 8 and 15, on a daily basis. 5. Today in a BOS meeting we submitted 13 triggers, across three categories: Epidemiology or Surveillance, Health Care or Hospital Capacity, and Public Health Response. And these 13 metrics or	

triggers is what we'll use as we open back up business in various sectors, we can use these triggers to help us sound the alarm so we can dial things back down.

6. However, I will, in all honesty, once we open up the Pandora's box, it's difficult to dial back down. That's why it's very imperative that we go slow and people follow those 4 strategic strategies, which is hygiene and sanitation, social distancing, face covering and screening.
7. Screening are very important, if done collectively, with temperatures and asking about symptoms and exposure to others. They also get a 3 questions survey: Have you had a temperature in the last 24 hours, have you been exposed to anyone in the last 14 days, and do you have symptoms.
8. Out in the community, restaurants, have really unique devices, its not cumbersome, it doesn't hold up the line. I think this could easily be done in the community, and all of our sectors are very innovative.
9. We do have a lot of board letters, but as you know the board meetings are been held virtually as well, but we are getting through them. The list is on page 6.

D. Questions for Dr. Wooten:

1. From Kornreich: It appears to me on the data, that the African American mortality rate was at 4 for the longest time, not its at 7, seems to be below the percentage in African Americans in our community, which is considerably different that what we hear on a national level, how do you explain that?
   Answer from Dr. Wooten: I think the citizens in the community are adherence to the recommendations. Early on we recommended taht6 individuals that are older and have underlying medical conditions stay at home and only go out for essential services. That's the way I read it, we have about 160, 000 African Americans in San Diego, but we also have a large Latino population, and really, whites and Latinos is where we are seeing the highest numbers. But in terms of the race and ethnic discussion, you are absolutely right, we are not seeing our numbers locally be disproportionality demonstrated as out other regions, like in the Southern part of the County. But the African American population is much higher there and many are frontline workers. Also, the churches, they were a lot of outbreaks in churches. I think is about behavior, those 4 strategies I talked about earlier, are only as good as people implement them. The culture and the behavior, that's the fifth component, you can say and spout those four strategies, but if we don't implement and adhere to them, they are no good to us. I think the public by enlarge has been very responsive.
2. From Parker: Can you describe the Tijuana effect on the South bay and on our County, how many people are coming across our borders in everyday and how is it affecting our numbers? The impact of increase of test been run on the number of positive tests? Of those deaths, how many are from nursing homes or other living arrangement?
   Answer from Dr. Wooten: The border in the east, we are getting a lot of patients that are coming from Imperial County, which is the result of people coming in to Imperial County from Mexicali. The cases in Tijuana are every similar to what that Epi curve looks like for San Diego. That they appear to have peaked, but Mexicali it appeared to be going through, they were in their peak phase, resulting in people coming across the border into Imperial County, and hence, Imperial County sending some of those patients our way. The numbers vary from day to day, and while they are periods, that are challenging, its impacted our system, but it has not stressed our system to the point what we have lost any surge capacity. And out metric resurge capacity is 35%. Imperial County has recently been provided with field medicine, mobile field medicine, a facility much like what we have here in San Diego, [with 92 beds]. That's is the current situation, I think in the last several days it's just been a couple of patients that have been transferred into our system, but our system does do what it's supposed to do when its stressed, and that a redistribution of patients within our system. Regarding test positivity, we are at about 2.9% total positives of new cases over all test performed. I believe we were at 3900 yesterday, tests performed, our goal is to get to 4950, which is 1.5 tests per 1000 population, a metric required by the State. As it related to deaths, if we go with yesterday's numbers, we had a total of 269 deaths yesterday. And we broke that information down by race and ethnicity: 45% White, 41% Latino/Hispanic, 9.4% Asian, 2.6% Black or African American, .8% Pacific Islander, and for American Indian and

Multiple Races is one case each, which is .4%. And their only three case for which we do not have race and ethnicity data. The average age is 44 for cases, but for deaths is much higher, in the 70s, the youngest is 25 and oldest is 101. 50% of deaths are associated with cognitive care facilities.

3. From Connelly: At the beginning when there wasn't seeming to be a lot of test, a lot of people wanting them, but right now, in my own community, nobody wants them. Are less people for some reason wanting to be tested?
   Answer form Dr. Wooten: I can only tell you our numbers daily, and we have been testing between 3000 and 4000 people on a daily basis, except on the weekends. We haven't seen a slowdown. There might be a lot of reasons why people might not want to be tested, particularly because people can be asymptomatic, it might impede their interactions if they are going to work. Our numbers indicate that people are willing and want to be tested. All of our slots are full or been schedule. Early on people would make appointments and not show up, so now what we have done, is overbooked a bit.
4. From Mendel: Is there a breakdown that's is determining those deaths to people that had underlying health issues prior the COVID and those that did not had any underlying issues?
   Answer from Dr. Wooten: Well, of yesterday, of 269 deaths, 258 had underlying medical conditions, and only 10 had no underlying medical conditions. And just because you are healthy doesn't mean that you can't contract COVID-19. 52% of all of our cases are between the ages of 20 and 49. And for deaths we've had some younger individuals, but most of the deaths are in the older population. Somewhere in the 70s is the average number. Underlying medical conditions: hypertension, diabetes, asthma; we actually look at the aggregate number and identify what are the leading causes of chronic diseases.
5. Comment from Dr. Wooten: I don't know if you have all heard that we have only had 6 or 10 deaths, and that is related to those deaths of people with no underlying medical conditions. What this virus does, is stresses your immune system. This is a novel virus, which means we have not been expose to before.
6. From Alexiou: Is the intent either or, like if you don't have thermometer, and are only doing symptoms, are we missing something?
   Answer form Dr. Wooten: The intent is number one to do the temperature, symptoms, and the as individuals if they have been expose to someone with COVID-19 in the past 14 days. Those three questions are part of the screening. And temperatures, from what I have seen, it can be a very simple process. If you go to the CAC, you walk through like a metal detector and put your wrist up and it checks your temperature. And you have to go through a line anyway at the CAC. Its not cumbersome or intrusive. The intentions is all three, symptoms, temperature and the questions.
   Follow up from Alexiou: How are we ensuring that we are following up with those individuals who are turn away from a business?
   Answer from Dr. Wooten: The employer or business would not let people in and the instructions for that individual would be to contact their health care provider.
7. From Effron: Does our community or any community has a strategy for finding out at this point in time whether social distancing is working as well as we though?
   Answer from Dr. Wooten: If they are outbreaks as a result of [the protests] we should see them in about 2 to 3 weeks, we should see an increase. With the opening of business, we have added additional questions to our case investigations to focus on churches and restaurants. So that information can help us identify if our opening or expand of business is associated with increase of outbreaks. In general with the civil unrest, it's just a matter of time, if we start to see an uptake, the questions that we ask during case investigations will help to identify is people are willing to admit if they participated in the riots—I call them riots, but in the protests. We have just have to wait and see what turns out. But we are monitoring and very vigilant about the case investigations.
   Comment from Effron: Unfortunately, the contact information will be virtually uninterpretable, I can imagine their would be any way to track that information down.
   Response from Dr. Wooten: Well, if you ask people. We know this is a very major event. Our case investigators are very astute—they know how to questions people. But you are right, I am sure it will be difficult.
8. From Arroyo: Is there a plan to reopen public schools in the fall? And is there a plan to conduct a survey to families, with the idea that some families may be more comfortable to continue with distance learning while others probably have students who will benefit more from been in school, in the building, so there is a more equitable way to educate students in San Diego?
   Answer from Dr. Wooten: That's a great question. I know that guidance will be coming from the State not this week but maybe this week on schools and youth programs. We have an embedded staff here at the COC form the San Diego Office of Education and I am in constant contact with Dr. Paul G., who is the Superintendent for the San Diego County Office of Education. But the bottom line is until the State

	guidance comes out, there is nothing we can do. The rationale now, in case you don't know, when the Governor added worship services and hair salons, those are from Stage 3, but they were brough into Stage 2. So technically now, they are saying we are in Stage 3. I really wish they had said that we were just accelerating Stage 2. But we are in Stage 3 according to the State. Their role now is to issue the guidance, the what and the how, and the local jurisdictions implement the when. 9. James Lepanto thanked Dr. Wooten for her leadership, the County, HHSA, Public Health, your staff, the hospitals, the physicians, the health care workers, and those essential workers. Dr. Wooten, to you and your team, there was a nice profile of you in the Union, well deserved, thank you so much, we can appreciate how hard you are all working. 10. <u>From Dr. Wooten:</u> Thank you so much, and it's a pleasure to meet with you guys and I am glad that we are meeting virtually to continue our work.	
V. Strategic Plan	**E. Strategic Plan** 1. Jackie Werth: We were close to finishing up this before the stay home order. James asked me to walk through where we were at that point in hopes of wrapping this up. 2. Goal 1: Enhance HSAB's Value to the County Board of Supervisors. Schedule BOS and Board Aides at least twice a year to ascertain priorities in areas of focus. It also includes the creation of HSAB subcommittees. 3. Goal 2: Advance Ways to Enhance Every Resident's Ability to Navigate the Health Care System, to Get the Care Needed. It includes things like addressing key factors and barriers, health equity, and potentially identifying ways in which providers can enhance patient navigation advising on systems and policies changes. 4. Goal 3: Solicit Community Input for the Design of Solutions to Improve the Health and Well-Being of Residents. Actions like attending or facilitating at least one district community outreach forum and reporting back and reach out to specific community organizations and stakeholders regarding meeting Agenda items. **F. Questions and Comments** 1. From Afflalo: In regard to enhancing how to have the residents get involved and have the ability to learn how to navigate the system, its important to include and identify some community health care workers to not only get educates but also to reach out to their own communities with the cultural sensitivity that is needed to make sure they can advocate and encourage the community to get involved. 2. Connelly: One of the things we could consider that we as a Board, review the Imperial-San Diego Hospital District Needs Assessment. In terms of the health equity part, we can make sure, make policy for our Board, that the presentations given to us include the health equity aspect. 3. From Cohen: In regard to the meeting periodically with the Supervisors and their Aids, to get realigned, I think that is important, but we should look at the big picture, we have a major health systems, UCSD Health System, and the Graduate School of Public Health at SDSU—I'm wondering how to get feedback from them to make sure the Department of Public Health and the County are align with what they are thinking. I think it's important to get feedback from the academic public health institutions. 4. From Lepanto: Under bullet point one, in Goal 2, I think one of the things we need to do is review data and information that we have; I think we need a report out from the County, regarding the things that they are monitoring as far as navigating and what exists already; solicit input in meetings by embedding presenters; and some mechanism on getting input on identifying what the barriers are; feedback from providers. 5. From Parker: If we have data on how many of our residents are receiving their healthcare in one of our main systems (UCSD, Kaiser, Scripps, Sharp) or some other systems, in trying to figure out our target audience, do 20% or 50% not have system and we are trying to help them figure out how to navigate without a system or are having difficult within their own system. 6. From Kornreich: Who does the HSAB Board represent and who are the people we are trying to assist? There're about 725 thousand individuals on medical at any one time. I always assumed those were the folks we were talking about, but that's only one issue, we can set aside, I always assume the focus was the 1.4 million who touch HHSA. My second point, I think we ought to obtain an inventory or oversee an inventory of those communication, media, print media that are available for distribution.	

		7. From Knoll: I wanted to stay with Dr. Parker in this discussion, the idea of navigating our health care system is a very complex animal and it comes in many forms. Our health care system is really set up so that you can't. I think presently we are seeing it playout. The navigation of the Medical system, is one thing, the navigation of the public health system and getting out of it what you should is another. Navigating, the integrated Sharp Health System is difficult. It is unthinkable that UCSD does little medical when they are subsidized. Sharp is the largest Medical provider, Scripps is second, I believe UCSD comes in at third. 8. From Bhatia: Regarding the navigation, is the issue of health literacy, numerical literacy, the way the statistics is presented, the language is presented, to patients navigating through the system, is that an issue that can be explored, can be look at more closely, to see if that does make things more accessible for the patient. I wanted to confirm, since I saw this as a common theme. 9. From Connelly: The changes that we talked about are in here already. 10. From Kornreich: The essence of the changes related to the fact that our initial assumption was that we could just go to a meeting and take over and involve ourselves in decision asking. But that was strongly advise against it by LaVonna and Dr. Afflalo. So, I think we have made the appropriate corrections. 11. From Connelly: One of the ways that we can make sure we are visiting health equity as it relates to the things, we are looking at is to put it in the agenda. 12. From Lepanto: Health equity in our presentations; getting health equity updates and reporting from the County, been able to track that; the issue about getting additional information, development of a comprehensive list of Counties association and organizational reports that we could have as a resource; and the possibility of conveying HSAB in regions. 13. James Lepanto thanked Jackie Werth for being available to the Board.	
VI.	**Update/Presentation/Discussion/ Follow-up Action items**	**G. Updates on Subcommittees** 1. From Kornreich: Subcommittee has not met for the last three months. Main discussion has been oral health on seniors. The main goal was to deliver a white paper, a discussion paper, that could be delivered to the BOS that said what the subcommittee wanted to advocate for. The paper when to Rhonda Freeman and Dr. Olinger, the contacts at MCFHS. The question posed to Rhonda Freeman and Dr. Olinger; can they produce a simple, short white paper om the overview of oral health in seniors. They were unable to do so since they were occupied. Therefore, no white paper will be forthcoming immediately. 2. From Hegyi: They have not been able to meet and the legislative deadlines are the next two weeks. They will meet and see what they want to work on. **H. Follow-up Actions Items** 1. Meeting will be conveying to get the HSAB Recognition Award going. 2. Board surveys will come out in August. 3. We will discuss possible dates for the Advance. 4. A Doodle survey will be sent out with possible dates for the Advance. 5. Subcommittees can meet now and sue any platform they want. Procedures have to be followed. Notices to be sent to Dr. Anuj Bhatia. 6. James Lepanto will be if County Counsel can loosen up the requirements to make it easier for subcommittees to meet.	
VII.	**Chair's Report**	**I. Budget** 1. The budget process has been extended. It will be made public on July 27th. We have until August to issue our recommendations. **2.** The Budget committee will be convened within the next two weeks. **3.** With the Governor's revise and the fluid situation of the budget, I went back and looked at public health funding. In 2016-2017 it went up 2.2%. In 2017-2018 it dropped 8.65%. In 2018-2019 it went up 8.9%. In 2019-2020 it went up 3.09%. So basically, over the last 5 years, the budget has gone up a little over 5%. **4.** I will reach out the Interim Finance Director for HHSA, I'd like to understand what the funding streams are for HHSA. **5.** I am not ready to issue a recommendation; I just want to gather more information.	
VIII.	**Round Table**	**J. Comments** 1. From Connelly: Just wanted to let you know that I ran a little Ramona resources Facebook page. I report all the information that I can about COVID, the County orders etc. I just wanted to say that.	

		2. From Mendel: Behavioral Health is struggling as you were. We have had one meeting virtually. There is not much that has happened. Last meeting went well. 3. From Afflalo: Just wanted to let the Board know that two weeks ago I updating on the fact that we have a permanent County site, drive up site, and a State run walk up site in Southeast San Diego to provide free testing to the communities of African American in that local area, and now I've been asked by the Public Health Department to be part of the Communities Fighting COVIDS Community Advisory Board, focusing on the Spanish speaking, Arabic speaking and African American populations.	
IX.	**Public Comment (Related to the Agenda Items)**	**K. No public comment.**	
X.	**Agenda Items – Suggested Future Meetings**	**L. None**	
XI.	**Adjournment**	Meeting adjourned at 5 pm.	
XII.	**Supplemental Information**	Next Meeting July 7th from 3 pm to 5 pm via Microsoft Teams.	