

Public Health Services Annual Report 2021-2022



LIVE WELL
SAN DIEGO





INQUIRIES

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This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego*, www.LiveWellSD.org. Major accomplishments were achieved from July 1, 2021 to June 30, 2022.

Thanks to Jonathen Vazquez Ramirez and Kelly Strona for their work in the development and graphic design of this report.



“Public Health promotes and protects
the health of all people and their
communities”

-American Public Health Association



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PREFACE

The Public Health Services *2021-2022 Annual Report of Major Accomplishments* document presents a summary of the major accomplishments that the County of San Diego Health and Human Services Agency Department of Public Health Services (PHS) has achieved during this fiscal year.

Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches, which includes Public Health Services Administration; California Children’s Services; Epidemiology and Immunization Services Branch; HIV, STD, and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Preparedness and Response; and Tuberculosis Control and Refugee Health. This document is divided into eight sections:

PUBLICATIONS AND PRESENTATIONS

Each branch was required to publish at least one publication or presentation, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other online communications.

BY THE NUMBERS

Public Health Services accomplishments, depicted numerically.

PUBLIC HEALTH SERVICES ORGANIZATION, FY 2021-2022

Public Health Services organizational information includes vision, mission, and values, organizational chart, total budget managed, number of employees, and number of contracts.

MAJOR ACCOMPLISHMENTS

Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria- specific, measurable, attainable, relevant, and time-bound.

QUALITY IMPROVEMENT PROJECTS

Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

RESEARCH

A brief description of branch research projects are listed.

STAFF AWARDS AND RECOGNITION

This section highlights Department of Public Health Services staff who received awards and/or recognitions for outstanding work.

STAFF DEVELOPMENT

This section lists staff who completed staff development trainings during this time period.

PUBLIC HEALTH OFFICER MESSAGE




I am pleased to present the Public Health Services 2021-2022 *Annual Report of Major Accomplishments* document. The Department of Public Health Services (PHS) is dedicated to community health, wellness, and protection of residents in San Diego County. As a public health department accredited by the Public Health

Accreditation Board, since May 2016, and while managing approximately 665 employees with a budget of \$348.04 million, and 134 contracts, significant achievements were accomplished during fiscal year 2021-2022. I want to give a sincere thanks to PHS staff members for all their hard work and for achieving these accomplishments on behalf of San Diego County residents.

These achievements reflect the ten essential public health services; echo federal and state priorities; align with the County's vision and mission; and embody *Live Well San Diego*, the regional plan to achieve the County's vision of healthy, safe and thriving communities. I invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

THE DEPARTMENT OF PUBLIC HEALTH SERVICES WORKS TO:

- Prevent epidemics and the spread of disease;
- Prevent injuries, promote, and encourage healthy behaviors;
- Protect against environmental hazards;
- Respond to disasters and assist communities in recovery; and
- Assure the quality and accessibility of health services throughout the county.



Public Health Services By the Numbers

FY 2021-2022

- PUBLIC HEALTH SERVICES ACCOMPLISHMENTS, DEPICTED NUMERICALLY



Public Health Services By the Numbers For 2021-2022

Administration Public Health Services

131

Contracts administered and 42 Purchase Orders across six programmatic branches and PHS Administration branch.

83

County News Center articles/videos posted for FY 21-22.

30

California Health Alert Network (CAHAN) San Diego Communications issues and posted.

5

Racial Equity Trainings rolled out during Q3-Q4 of FY 21-22.



Public Health Services By the Numbers For 2021-2022

California Children's Services

18,951

Chronically ill, physically disabled and severely ill infants, children and young adults were provided medical assistance, therapy services, and case management services through the California Children's Services program.

172

Virtual and phone comprehensive CCS Parent Orientations to CCS clients who have a high level of case complexity including notable health risk factors associated with economic and social conditions and require a greater level of case management support.

17,917

Hours provided of physical and occupational therapy evaluation, treatment, case conference, and consultation services for 1654 children at 6 Medical Therapy Units at local public schools through innovative therapeutic methods.

461

Employed Interpretive services, supporting both the Health Equity and Diversity and Inclusion initiatives by serving our diverse clients and by providing the families of our clients a variety of interpretive services to best communicate and understand their child's health care needs.



Public Health Services By the Numbers For 2021-2022

Epidemiology and Immunizations Services Branch

6,846,625

Vaccine administrations throughout the entire county were registered into the San Diego Immunization Registry. Of these, **2,658,840** were COVID-19 doses.

39,875

Birth certificates and **26,429** death certificates were processed and registered for calendar year 2021.

202,380

Specimens were tested to support public health services and community medical providers in the diagnosis and treatment of disease, including **193,219** human diagnostic specimens and **3,352** water samples tested to ensure beach water safety. Of the human diagnostic specimens, **171,965 (89%)** were COVID-19 tests (PCR).



Public Health Services By the Numbers For 2021-2022

COVID-19

698,744

COVID investigations conducted by the Epidemiology program. Additionally, **12,405** non-COVID investigations were conducted with a total number of **711,419** disease investigations.

69,959

Investigated or traced COVID-19 contacts prior to discontinuation of contact tracing in March 2022.

621,151

Registered and investigated COVID-19 Cases.

952,700

Doses managed of publicly provided COVID-19 vaccine distributed throughout San Diego County.



Public Health Services By the Numbers For 2021-2022

HIV, STD, and Hepatitis Branch

19,393

HIV tests were conducted, with **52** individuals being newly diagnosed with HIV.

(July 1, 2021 – May 30, 2022)

3,187

Persons living with HIV disease received HIV care and treatment services through the Ryan White program.

456

Persons were referred to a prescriber for obtaining HIV pre-exposure prophylaxis (PrEP) (July 2020 – May 2021)

3,739

Clients received **6,267** services from the STD clinics.

319

Persons living with HIV were served through the Intensive Case Management program.



Public Health Services **By the Numbers** For 2021-2022

Maternal, Child, and Family Health Services

311

Pregnant women referred to a County Family Resource center for Medi-Cal application assistance through the Perinatal Care Network.

67%

Of pregnant women assisted with prenatal care within 30 days of calling the Perinatal Care Network.

305

Children were screened, **293** children received fluoride varnish, and **150** children had sealants placed at the Give Kids a Smile event, for a total value of **\$55,580** in volunteer services.

238

Licenses issued to retailers who sell tobacco products to enforce requirements reducing their availability, particularly to minors.



Public Health Services By the Numbers For 2021-2022

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

880

Days of activation by the PHPR team during the FY 2021-2022.

251

County nurses that were fit tested by PHPR Nurses for N95s.

252

County nurses that were trained on their role at Mass Care Shelters.

111

Meetings facilitated by the San Diego Healthcare Disaster Council. (SDHDC)

12 monthly full Coalition Meetings.

(taken from total measure)

24 Advisory Committee Meetings.

(taken from total measure)

75 Work group meetings focused on coalition disaster preparedness and response, advisory and guidance from coalition members, behavioral health, regionalization, cyber security, decontamination, website, burn surge, pediatric surge, budget, and after action reports.



Public Health Services **By the Numbers** For 2021-2022

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

476

Individuals eligible for the Refugee Health Assessment Program, including refugees, those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking, received health assessments and referrals.

201

Cases were reported and investigated by the Tuberculosis Control Program.



Public Health Services **ORGANIZATION**

FY 2021-2022

- VISION, MISSION, AND VALUES
- ORGANIZATIONAL CHART
- PUBLIC HEALTH SERVICES ADMINISTRATION

PUBLIC HEALTH SERVICES VISION, MISSION, AND VALUES FY 2021-2022

COUNTY OF SAN DIEGO

VISION—A just, sustainable, and resilient future for all.

MISSION—Strengthen our communities with innovative, inclusive and data-driven services through a skilled and supported workforce.

VALUES—Integrity, Stewardship, and Commitment.

HEALTH AND HUMAN SERVICES AGENCY

VISION—A region that is Building Better Health, Living Safely, and Thriving to advance a just, sustainable, and resilient future for all.

MISSION—To make people’s lives healthier, safer and self-sufficient by delivering essential services in San Diego County.

VALUES—Integrity, Equity, Access, Belonging, Excellence, and Sustainability.

PUBLIC HEALTH SERVICES

VISION—Healthy People in Healthy and Equitable Communities.

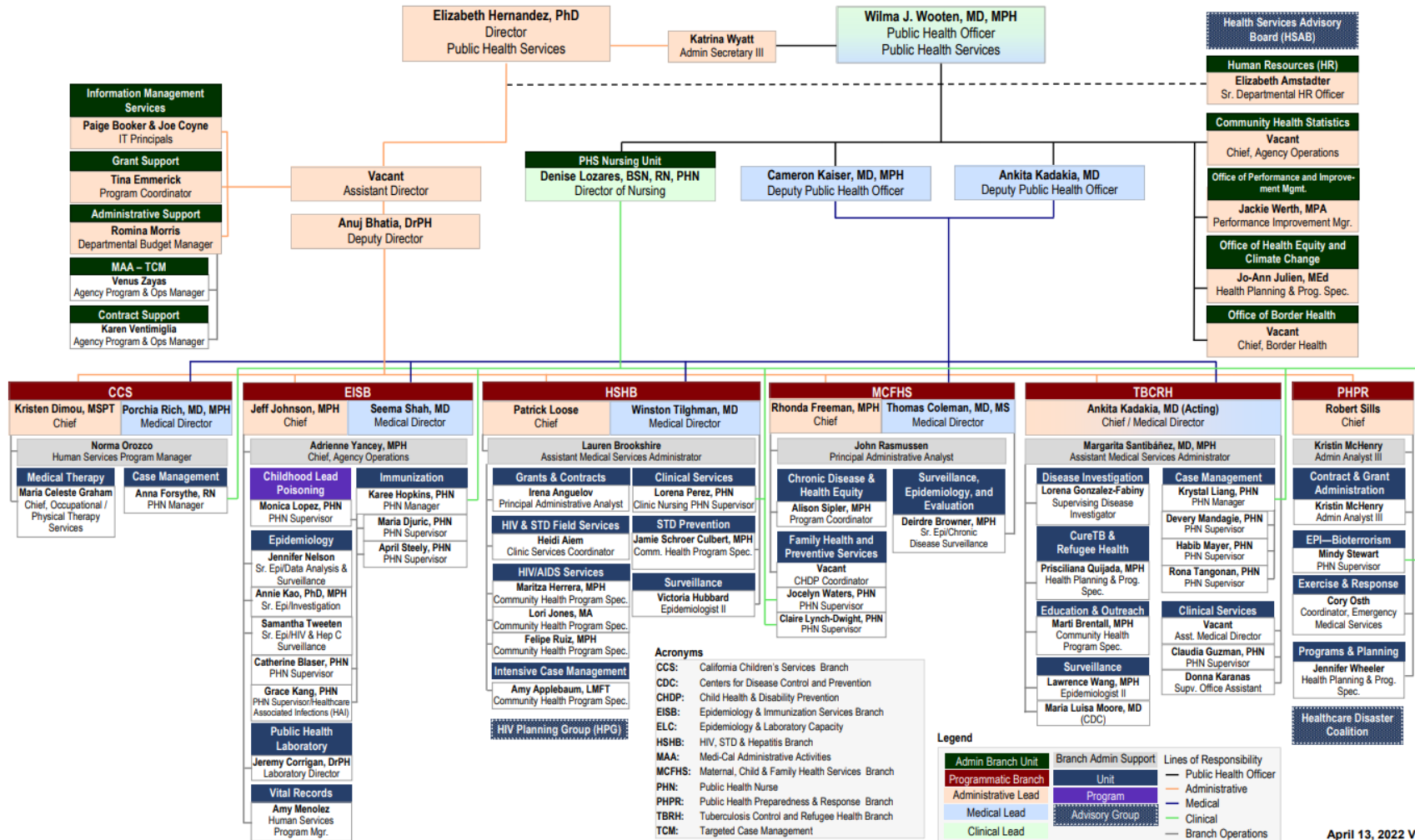
MISSION—To promote health and improve quality of life by preventing disease, injury and disability, and by protecting against, and responding to, health threats and disasters.

VALUES—Collaboration, Diversity, Respect, Responsiveness, and Transparency.

PHS ORGANIZATION, FY 2021-2022



COUNTY OF SAN DIEGO | HEALTH & HUMAN SERVICES AGENCY | PUBLIC HEALTH SERVICES
ORGANIZATIONAL CHART



April 13, 2022 V-23

This organizational chart reflects the FY of this report. For a copy of the [current FY organizational chart](#), please visit our [website](#).



PUBLIC HEALTH SERVICES ADMINISTRATION

TOTAL BUDGET MANAGED \$348.04 MILLION	NUMBER OF EMPLOYEES 665	NUMBER OF CONTRACTS 134	BOARD LETTERS SENT BY PHS 21
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Public Health Services Major Accomplishments

Public Health Services—Administration

- Issues Core Competencies for Public Health Professionals Survey during February 2022.
- Rolled out Racial Equity Trainings 1-5 during Q3-Q4 of FY 21-22.
- Issued Leadership Survey during March 2022.
- Completed three training sessions on Outbreak Management Training during Q4 of FY 21-22.
- Promoted and hosted 2 EAP Anthem Wellness Seminars during Q4 of FY 21-22.

Budget and Fiscal Services

- Coordinating the monitoring of 119 contracts and 42 Purchase Orders across six programmatic branches and PHS Administration branch FY 21/22.
- Completed 16 memoranda of agreement and understanding and data use agreements.
- Completed 1 contract audit.
- Coordinatized completion 40 procurements (CLMS) across six programmatic branches FY 21/22.
- Met all Budget Build and Fund Balance deadlines.
- Provided four financial literacy trainings at PHS Contract and Fiscal Group Meetings to increase fiscal knowledge for analysts.



Public Health Services Major Accomplishments

Office of Border Health (OBH)

- Conducted 14 Binational COVID-19 teleconference virtual meetings which included epidemiological updates from San Diego (Public Health Officer) and Tijuana, ISESALUD Tijuana Health Service Jurisdiction) with an average of 20-30 stakeholders participating in each of the meeting (July 2021– June 2022).
- Created and Disseminated 5 binational newsletters to 25-30 binational partners with information on the updated public health officer order, local, state, and federal COVID-19 updates in the border region of San Diego County and Tijuana Baja California, Imperial County COVID-19 updates and other relevant resources (July 2021 – June 2022).
- Participated in 10 Department of Homeland Security (DHS) Southwest Border (SWB) Health Coordination call, with various stakeholders to address and discuss COVID-19 data, member, and other updates (July 2021 – Feb 2022).
- Facilitated six (6) Border Health Consortium of the Californias Mental Health Work Group Symposium Planning Meeting which focused on the planning of the annual binational mental health symposium virtually addressed the mental health and COVID-19 in the border region.
- Partner Relay Emergency Communication Drill was held on Aug 11, 2021, with 14 participants to allow partners to practice using the Partner Relay Slack® communication platform to translate a series of messages based on steps that would occur in case of a real-life emergency.
- Conducted Partner Relay Emergency Preparedness & Public Health Training with individuals present from agencies serving homeless, immigrant, refugee, and newly arrived populations. The training topics included Shake Ready San Diego, Fire Prevention and Preparedness, and COVID-19 update (Sep 2021) and COVID-19, CERT, Earthquake Awareness Month, and a Partner Relay Overview (Feb 2022).



Public Health Services Major Accomplishments

Community Health Statistics Unit

- Developed 52 weekly small area COVID-19 Tableau dashboards by the lenses of Health Equity (age, gender, geography, race/ethnicity, and socioeconomic status) for the general public during FY 2021-2022.
- Produced cumulative allocated rates for COVID-19 efforts weekly for San Diego County geographies including HHS Regions, subregional areas, incorporated municipalities, unincorporated area, and Board of Supervisor Districts to support modeling and dashboard activities during FY 2021-2022.
- Produced weekly reports on COVID-19 data and activities in selected states and countries for Public Health Officer's situational awareness during FY 2021-2022. These reports provided context and current information for local response.
- Incorporated alternative data sources including mobility tracking and social media to determine local compliance with Public Health Orders during FY 2021-2022.
- Produced local modeling and projections in alignment with state modeling (CalCAT) of at risk populations including demographic, employment, and health conditions for T3 program to determine vaccine allocation and identify inequities in case and vaccination rates at the census tract level during FY 2021-2022.
- Developed health and well-being population data for the 18 incorporated cities and unincorporated area to facilitate communication and support Kresge Initiative activities during FY 2021-2022. As a result, the reporting of health and demographic data at these geographic levels was institutionalized throughout the data the unit produces wherever possible.
- Conducted a literature review of the measurable impacts of structural racism and developed indicators to identify health and well being impacts by the lenses of Health Equity using the Social Determinants of Health in alignment with Live Well San Diego's five areas of influence during FY 2021-2022.
- Developed extensive behavioral health data including substance use disorders and mental illness using social determinants of health, violence indicators, and trained BHS epidemiologists to use this data accurately during FY 2021-2022.
- Participated in the National Tribal Resilience Data Workgroup. Produced American Indian/Alaska Native (AIAN) health data including AIAN of Hispanic ethnicity to generate a more accurate estimate of population identifying as AIAN. Shared that data with the workgroup in June of 2021.
- Produced the series of Health Equity Reports by Age, Gender, Geography, Race/Ethnicity, and Socioeconomic Status covering chronic diseases, communicable diseases, maternal and child health outcomes, behavioral health outcomes, and injuries during the FY 2021-2022 which are to be published during the FY 2021-2022.
- Using the Healthy Brain Initiative Road map for state and local public health, developed and updated measures for Alzheimer's Disease and Related Dementias during FY 2021-2022.



Public Health Services Major Accomplishments

Office of Performance and Improvement Management

- Series of Quality Improvement Trainings (5 in total) offered by Continual Impact, an external trainer, to QI champions across PHS from November 18, 2021, to February 7, 2022. Positive survey results (over 4 out of 5)
- Coaching sessions provided to QI project teams through April 2022
- Series of “Speed Reviews” convened from February to May 2022, to obtain feedback on all performance measures, as part of the annual Strategic Review.
- Provided technical assistance to QI Champions and Project Teams over the course of the year to design strong projects (Charter) and produce results (Storyboards).
- Convened monthly Performance Improvement Management Committee meetings and quarterly Quality Improvement Champion meetings.
- Enhanced QI SharePoint was launched with information about methods, tools, and templates, as well as news and updates, and links to key external resources.
- Convene monthly Performance Improvement Management Committee meetings and quarterly Quality Improvement Champion meetings.
- Completed in May 2022 additional sections for the FY 2019-21 Community Health Assessment and Community Health Improvement Plan to extend these plans by one-year FY 2021-22) because of COVID-19.
- Conducted survey of Regional Community Leadership Teams as part of new community planning cycle (FY 2023-2025) to help identify priorities.
- Conducted 9 QI Projects in FY 2021-22, exceeding the Op Plan target of 8.



Public Health Services Major Accomplishments

Office of Health Equity and Climate Change

- Finalized Memorandum of Agreement (MOA) with San Diego State University on minority health related activities during the Q1 FY 21-22.
- Facilitated and coordinated 12 Health Equity Working Group Meetings FY 21-22.
- Participated in State's Health Equity Organizational Assessment during Q2 FY 21-22 and submitted survey; reviewed and shared results during Q4 FY 21-22.
- Finalized statement of work supported rollout of/tracking participation in Racial Equity training for PHS staff, tailored to various audiences within Public Health Services (PHS) in October 2021.
- Chaired for Sub-Committee planning for the State Advisory Committee at quarterly meetings during Q1-Q3 of FY 21-22.
- Collaborated on Regional Health Equity Working Group efforts through attending meetings, presenting, and reporting on PHS Health Equity efforts to other local health departments during FY 21-22.
- Developed 18 flyers and 22 virtual background that feature observances in the cultural and social observance day calendar during FY 21-22.
- Increased total number of customer survey responses to 601 and maintained average customer service survey score from FY 20-21.
- Hosted monthly climate and health meetings with regional stakeholders.

Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)

- Trained 400+ MAA and TCM County participants in State-mandated Annual Time Survey Training
- Submitted MAA claims to DHCS in the amount of \$3.3 million and MAA claiming plans to prevent possible lapse in claiming.
- Closed 4 out of 6 TCM Cost Report audits.
- Conducted quality assurance on approximately 1,000+ time survey participants to ensure staff is coding time properly.
- Created and implemented management tools to ensure all face-to-face encounters are reflected properly in KRONOS and will be claimable in FY 21/22 audit.
- Established and renewed several Memoranda of Agreements (MOAs).
- Adapted Invoice Log to reflect updated invoice amount after denied Unsatisfactory Immigration Status (UIS) encounters by DHCs, and total denied encounters.
- Created step by step instructions and/or recorded trainings for reference of future new employees.



Public Health Services Major Accomplishments

CCS Administration/Case Management Program

- Authorized medical evaluations, treatment, supplies, and equipment, and provided case management services for approximately 18,951 chronically ill, severely, and physically disabled children and youth.
- Provided outreach to important community partners and CCS client groups, training more than 320 individuals through 13 in-services throughout San Diego to educate about CCS services and improve care coordination. The community partners included County Child Welfare Services, In-Home Supportive Services Program, Rady Children's Hospital, Bernard Center, Maxim Healthcare, Deer Canyon Elementary School, San Diego Regional Center, Kearny High School, San Pasqual Academy, Blue Shield of CA.
- Demonstrated operational excellence by orienting and training 27 employees to new positions through comprehensive on-the-job training program focused on programmatic knowledge and skill-building.
- Provided a total of 75 FIT testing assessments for N95 masks (26 for nurses, 49 for physical and occupational therapists) as part of the branch's Respiratory Protection Plan so that CCS staff could complete their jobs safely with full PPE during the COVID-19 state of emergency. Some staff required multiple rounds of testing due changes in mask inventory.
- Provided 172 virtual and phone comprehensive CCS Parent Orientations to CCS clients who have a high level of case complexity including notable health risk factors associated with economic and social conditions and require a greater level of case management support.
- Employed Interpretive services 461 times (including written, telephone, video and in-person translations), supporting both the Health Equity and Diversity and Inclusion initiatives by assisting CCS staff to serve our diverse clients and by providing the families of our clients a variety of interpretive services to best communicate and understand their child's health care needs.

Medical Therapy Program

- Provided 17,917 hours of physical and occupational therapy evaluation, treatment, case conference, and consultation services for an average of 1654 children at 6 Medical Therapy Units and 1 satellite location at local public schools through innovative therapeutic methods and creatively integrating activities that embrace Live Well San Diego.
- CCS liaisons attended and/or provided remote collaboration for 354 Special Care Clinics (Rehabilitation, Muscle Disease, Spinal Differences, and Limb Differences) at Rady Children's Hospital (RCH) in San Diego, Escondido, and Oceanside. This continues the collaboration between the CCS-Medical Therapy Program and RCH for shared clients to ensure timely referrals for new clients and communication regarding recommended therapy services and medical equipment for existing clients.
- Recommended and procured 958 medically necessary pieces of specialized rehabilitation equipment for CCS clients.
- After a pause during 2020 due the COVID-19 Pandemic, once again promoted public health as a career choice by participating in the educational development of 2 occupational or physical therapy interns from 2 different educational institutes and continued the process of having 11 Memorandums of Agreements with colleges/universities to take future students.



Public Health Services Major Accomplishments

CHILDHOOD LEAD POISONING PREVENTION

- Advised 481 healthcare providers on lead poisoning updates and case management and care guidelines through the provision of grand rounds, provider in-services, presentations, and newsletters for the Childhood Lead Poisoning Prevention Program (CLPPP) (Epidemiology)
- Provided 308 children with public health nursing case management services through CLPPP (Epidemiology).

EPIDEMIOLOGY AND IMMUNIZATIONS

- Registered 20,103 communicable disease cases (Non-COVID-19) (Epidemiology and Immunizations).
- Conducted 112,154 communicable disease investigations (Non-COVID-19) (Epidemiology and Immunizations).
- Responded to nationwide Mpox outbreak, influenza outbreaks, and reports of acute diseases (Epidemiology).
- Processed 814 newly reported HIV cases, and 525 cases of new San Diego resident diagnosis (Epidemiology).
- Managed 67,080 doses of publicly provided influenza distributed throughout San Diego County (Immunizations).
- Assumed responsibility for Homebound Vaccine Program on 5/16/2022 which was previously stood up by Aging and Independence Services to coordinate administration of COVID vaccines to homebound individuals who cannot access traditional vaccination venues independently (Epidemiology).

- Delivered (via public health centers) all age-appropriate vaccines to 100% of children ages 0-18 at each visited who presented for immunizations (Immunizations).
- Onboarded six providers using electronic interfaces to the San Diego Immunization Registry (Immunizations).
- Conducted a virtual Kick the Flu Summit on September 15, 2021, bringing together medical providers, practitioners, and school team nurses to empower them for the flu and COVID season (Immunizations).
- Assumed responsibility for Homebound Vaccine Program on 5/16/2022 which was previously stood up by Aging and Independence Services to coordinate administration of COVID vaccines to homebound individuals who cannot access traditional vaccination venues independently (Epidemiology).
- Coordinated in-home COVID vaccinations for 146 homebound individuals from through the Homebound Vaccine Program from 5/16/2022 - 6/30/2022.
- Coordinated a rapid COVID-19 test kit distribution program established and funded by CDPH on 1/1/2022 to provide test kits to community-based organizations and venues to reach underserved communities in conjunction with PHPR.
- Processed orders for 72,029 test kits which were fulfilled by PHPR.
- Established a temporary lodging program to provide a safe place to shelter for cases requiring isolation due COVID-19 and other infectious diseases on 3/6/2022 to mitigate the spread of COVID-19.
- Placed 23 individuals in temporary lodging program.



Public Health Services Major Accomplishments

PUBLIC HEALTH LABORATORY

- Performed laboratory testing on 193,219 human specimens (Public Health Laboratory).
- Performed 3,352 water tests (Public Health Laboratory).
- Performed 466 rabies tests (Public Health Laboratory).

VITAL RECORDS

- Registered 39,255 birth certificates for all San Diego County births during calendar year 2021 (Vital Records).
- Registered 25,813 death certificates for San Diego County deaths during calendar year 2021 (Vital Records).
- Issued 415 State Medical Marijuana Identification Cards (261 new cards and 154 renewals) to qualified patients (Vital Records).

COVID-19

- Registered and investigated 621,151 COVID-19 cases.
- Investigated or traced 69,959 COVID-19 contacts prior to discontinuation of contact tracing in March 2022.
- Confirmed and investigated 2,406 COVID-19 outbreaks.
- Managed 952,700 doses of publicly provided COVID-19 vaccine distributed throughout San Diego County.



Public Health Services Major Accomplishments

HIV, STD, and Hepatitis Branch (HSHB)

- Conducted 19,353 HIV tests and newly identified 52 individuals with HIV in FY21/22
- Provided 6,267 STD services to 3,739 clients in the STD Clinics in FY21/22
- Provided 3,187 persons living with HIV with HIV care and treatment services through the Ryan White Program in FY21/22
- Conducted 3,490 syphilis investigations in FY21/22
- Provided 319 persons living with HIV services through the Intensive Case Management Program in FY21/22
- Referred 465 persons to HIV pre-exposure prophylaxis (PrEP) in FY21/22.
- Ensured continuity of operations and continued access to sexual health services during temporary and permanent closure of the County Health Services Complex during FY 21/22
- Provided 371 first Mpox vaccine doses to populations disproportionately affected by Mpox in FY 21/22
- Treated 15 clients with confirmed or suspected Mpox with tecovirimat (TPOXX) in FY21/22
- Initiated five procurements for CDC EHE Funding 20-2010 in FY 21/22
- Contracted with San Diego State University Research Foundation Institute for Public Health to conduct a Syringe Service Program Community Readiness Assessment in FY21/22
- Initiated five procurements for HRSA EHE Funding 20-078 in FY 21/22
- Achieved viral suppression rate of 92.7% among recipients of Ryan White Services in FY21/22



Public Health Services Major Accomplishments

Maternal, Child, and Adolescent Health (MCAH)

- Provided the presentation: Human Milk Feeding to Reduce the Incidence of Sudden Infant Death Syndrome to 167 health professionals at CDPH FY 2021-22 Online SIDS Spring Training.
- Safe Sleep education presentations provided online to 112 participants including public health nurses, social workers, and student nurses and foster parents during FY 2021-22.
- Of the 13 SIDS notifications sent by the Medical Examiner's Office in FY 2021-22, over 81% of families were contacted by a Public Health Nurse within 3 business days.
- Expanded evidence-based home visiting in the South region through a partnership with First 5 San Diego.
- Completed Community Health Worker (CHW) pilot project with Neighborhood Networks that trained CHW Navigators on high blood pressure and high cholesterol to educate patients and provided appropriate program and resource referrals; 60 clients served during project period.
- Established a year-long lifestyle change program training academy and community of practice with five (5) CBOs to build capacity for delivery of Diabetes Prevention Programs and Blood Pressure Self-Management Programs.
- Trained and educated 7 community spokespersons to help promote COVID-19 and Flu vaccinations among vulnerable populations in Southeast and Mid-City San Diego.

Chronic Disease and Health Equity (CDHE)

- Completed undiagnosed hypertension pilot with Village Health Center at Father Joe's Village (VHC); of the 35 patients initially identified with an elevated blood pressure reading and seen in the clinic for a follow-up blood pressure visit, 11% were ultimately diagnosed with high blood pressure.
- Completed team-based care pilot with UCSD's Population Health Services Organization supporting 25 patients with hypertension with medically tailored meals and nutrition education. For the 18 patients with complete data, all experienced improvements in blood pressure.
- Rolled out COVID-19 vaccine media campaigns that resulted in 3,050,323 impressions from the priority population (African American, Latino, and Native Hawaiian/Pacific Islander) increasing awareness of COVID-19 and Flu vaccinations.
- Hosted 14 community events to promote vaccinations reaching 1,665 individuals from racial and ethnic communities.
- Received approval from the County Board of Supervisors to implement values-based food procurement strategies at all County food service operators.



Public Health Services Major Accomplishments

Chronic Disease and Health Equity (CDHE)

- Trained 11 new Certified Lactation Educators to improve access to breastfeeding support services in Southeast San Diego.
- Recruited 5 new community markets into the Brightside Produce program to increase access to fresh produce in Southeast San Diego.
- Enrolled 16 new worksites in the Live Well @ Work | Healthy Workplace Accelerator Program between 1/01/21 and 6/31/22.
- Conducted "Business Roundtable Series Pandemic to Endemic: What Businesses Need to Know" to 120 business participants to support compliance with State COVID-19 rules and County guidance for prevent COVID-19 transmission to protect employees and customers in April 2022.
- Mobilized 6 ethnic business chambers and business associations (e.g., Little Saigon Foundation, Black Chamber of Commerce, Otay Mesa Chamber of Commerce, San Diego/Imperial Valley Hispanic Chamber of Commerce, National Latina Women's Business Association, and America's Thai Chamber of Commerce) to distribute Personal Protective Equipment (PPE) resulting in 12,400 N95 masks, 1,200 face shields, and 640 bottles of hand sanitizer provided to small and medium-sized businesses Countywide in June 2022.
- Contracted with San Diego Unified School District to increase physical activity and improve physical education for more than 20,000 students in 60 schools (2018 – present).
- Provided technical assistance to further San Diego County school districts' wellness efforts, including assisting two school districts to update and significantly strengthen their school-board approved wellness policies (San Diego Unified 2022 and Oceanside Unified 2021).
- Collaborated with the San Diego County Office of Education to join the Annual Summit on Student Engagement and Attendance with the 2022 Live Well Advance. This year's event features 10 School Summit breakout sessions with more than 300 people registered.
- Generated a community needs assessment map for the County of San Diego spotlighting high-risk CalFresh eligible census tracts in August - September 2022.
- Recruited 13 retailers to increase access to healthy foods and beverages in the Live Well Community Market Program, exceeding the PHS Operation Plan by 8 retailers, during FY 2021-22.
- Enrolled 12 health and wellness champion childcare providers with TA assistance from the CalFresh Healthy Living Program during FY 2021-22.
- Enrolled 10 pantries into the Nutrition Pantry Program during FY 2021-22.



Public Health Services Major Accomplishments

Chronic Disease and Health Equity (CDHE)

- Engaged a total of 2,178 direct education participants during FY 2021-22.
- Recruited a total of 2,968 San Diego Unified School District K-12 students with access to improve to physical education across three schools during FY 2021-22.
- Completed 81 indirect education activities with an estimated reach of 39,615 participants during FY 2021-22.
- Implemented 520 policy, systems, and environmental (PSE) changes across 119 (PSE) sites focusing on nutrition and physical activity with an estimated reach of 85,265 people during FFY2021-22.
- 260 tobacco retail licenses issued to retail outlets in the unincorporated area of San Diego County.
- 280 retailers received education on the new County Tobacco Retail Licensing Ordinance from Tobacco Retail Licensing Program staff.
- Conducted five (5) Health CARES webinars for 261 (unduplicated) health care and community health providers to provide methods on how to support victims and survivors of domestic/intimate partner violence in a health care setting.
- Provided technical assistance to nine (9) health care organization to improve their organization's domestic/intimate partner violence screening practices.

Office of Violence Prevention (OVP)

- Trained 803 (unduplicated) community partners and County staff on various forms of violence (e.g., domestic violence, elder abuse, child abuse, and animal abuse), referrals to victim's services, and how evidence is gathered, and how prosecution handles DV cases to train community service providers in supporting clients who may be experiencing domestic violence, during FY 2021-2022.
- Provided monthly training to 330 (unduplicated) individuals representing law enforcement, health care, behavioral health, educators, students, faith-based, and community organizations to improve services and practices for addressing and preventing domestic violence, and family violence, and other forms of abuse.
- Coordinated and integrated medical/dental continuing education course focused on nutrition and sugar sweetened beverage that included 40 dentists and pediatricians on April 27, 2022.
- Provided 305 children ages 1-18 years of age with preventive dental services at the annual Give Kids A Smile Event: 48 dental offices and community dental clinics participated from February 14-March 7, 2022. 293 children received fluoride varnish applications, 150 children received dental sealants, valuing \$55,580.

Local Oral Health Program (LOHP)



Public Health Services Major Accomplishments

Public Health Preparedness and Response

- Secured grants/funding including a California Department of Public Health grant for Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), Cities Readiness Initiative (CRI) Program, and State General Fund for Pandemic influenza for approximately **\$3,469,155**.
- Secured funding from State Homeland Security Grant Program in the total amount of approximately **\$80,000**.
- Secured grants/funding for Epidemiology Laboratory Capacity (ELC) expansion in the total amount of approximately **\$981,158** this funding will be available until June 30th, 2026.
- Secured funding from the NACCHO Medical Response Corps (MRC) in the total amount of approximately **\$10,000**.
- Provided **4** tabletops/exercises for public health emergency preparedness and response which includes training sessions conducted on key emergency response functions to ensure staff are prepared to respond to emergencies which is also a federal and state priority due to the pandemic.
- **880** days of activation by the PHPR team during the FY 2021-2022.
- **251** County nurses that were fit tested by PHPR Nurses for N95s.
- **252** County nurses that were trained on their role at Mass Care Shelters.
- **111** meetings facilitated by the San Diego Healthcare Disaster Council (SDHDC).
- **12** monthly full Coalition Meetings (taken from total measure).
- **24** Advisory Committee Meetings (taken from total measure).
- **75** Work group meetings focused on coalition disaster preparedness and response, advisory and guidance from coalition members, behavioral health, regionalization, cyber security, decontamination, website, burn surge, pediatric surge, budget, and after-action reports (taken from total measure).



Public Health Services Major Accomplishments

Tuberculosis (TB) Case Management

- Ensured that 96% (210 of 218) of tuberculosis (TB) cases completed the recommended treatment course for the January to December 2019 case-cohort.
- Ensured 75% (272 of 365) of contacts were evaluated, as per Centers for Disease Control and Prevention recommendations, for the January to December 2020 sputum smear-positive case-cohort.
- Ensured 75% (60 of 80) of contacts identified with new latent TB infection started treatment for the January to December 2020 sputum smear-positive case-cohort.
- Ensured 73% (44 of 60) of contacts starting treatment for new latent TB infection, completed treatment, for the January to December 2020 sputum smear-positive case-cohort.
- Investigated TB exposures at 46 group sites, such as workplaces and schools, and identified 1,035 contacts for evaluation, during 2021.

TB Clinical Services

- Provided expert clinical services and consultation for adults and children, regardless of geographic area, to ensure best practices and safety net TB care, for FY 21-22:
- Performed 1,492 chest x-ray procedures at the Health Services Complex (HSC) TB Clinic and regional public health centers (HSC TB Clinic: 1,317; regional public health centers: 175).
- Performed the following number of induced sputum tests: HSC TB Clinic: 218, North Inland: 8.
- Performed 749 TB skin tests at the HSC TB Clinic.
- Completed 235 QuantiFERON tests at HSC TB Clinic.
- Conducted 546 nurse visits at HSC TB Clinic.
- Conducted 699 provider visits at HSC TB Clinic (new patients: 302; return patients: 397).
- Provided or ensured interferon gamma release assay testing conducted for 95% (207 of 219) of contacts to active cases in the January to December 2021 case-cohort.



Public Health Services Major Accomplishments

TB Surveillance

- Ensured 97% (191 of 197) of TB patients were tested for HIV infection for the January to December 2021 case-cohort, exceeding the California and national averages of approximately 90%.
- Ensured 93% (181 of 194) of TB cases were reported to PHS within one working day from the start of treatment for the January to December 2021 case-cohort.
- Processed 265 reports in of latent TB infection in 2021, reported by civil surgeons conducting status adjustment examinations.

Refugee Health Program

- Ensured 39% (111 of 285) of refugees started the health assessment process within 30 days of arrival, for the October 1, 2020 to September 30, 2021 cohort. Performance fell below the goal of 90%, reflecting various impacts of the pandemic.
- Ensured 70% (333 of 476) of individuals who started the health assessment process completed the health assessment process within 90 days, for the October 1, 2020 to September 30, 2021 cohort. Performance decreased below the 90% goal due to various impacts of the pandemic, and the federal government waived the timeliness requirement through the end of the fiscal year. The Refugee Health Assessment Program conducts health assessments for eligible refugees and those granted asylum, Cuban and Haitian entrants (parolees), those with Special Immigrant Visas, and victims of trafficking.

TB Education and Outreach

- Conducted twenty-seven (27) TB presentations to community groups in San Diego County, reaching 1006 individuals.
- During February through April 2022, the TBCRHB Outreach and Education Team implemented the very first TB Peer Educator Project at San Diego High School, an eight-week project-based curriculum focusing on public health and tuberculosis prevention awareness among 15 – 24-year-olds.
- The Tuberculosis Elimination Initiative (TBEI) Community of Practice was launched in October 2021 with key provider stakeholders engaged from federally qualified health centers, health systems and health plan organizations that serve communities at risk for TB.



PUBLIC HEALTH SERVICES COMMUNICATIONS

FY 2021-2022

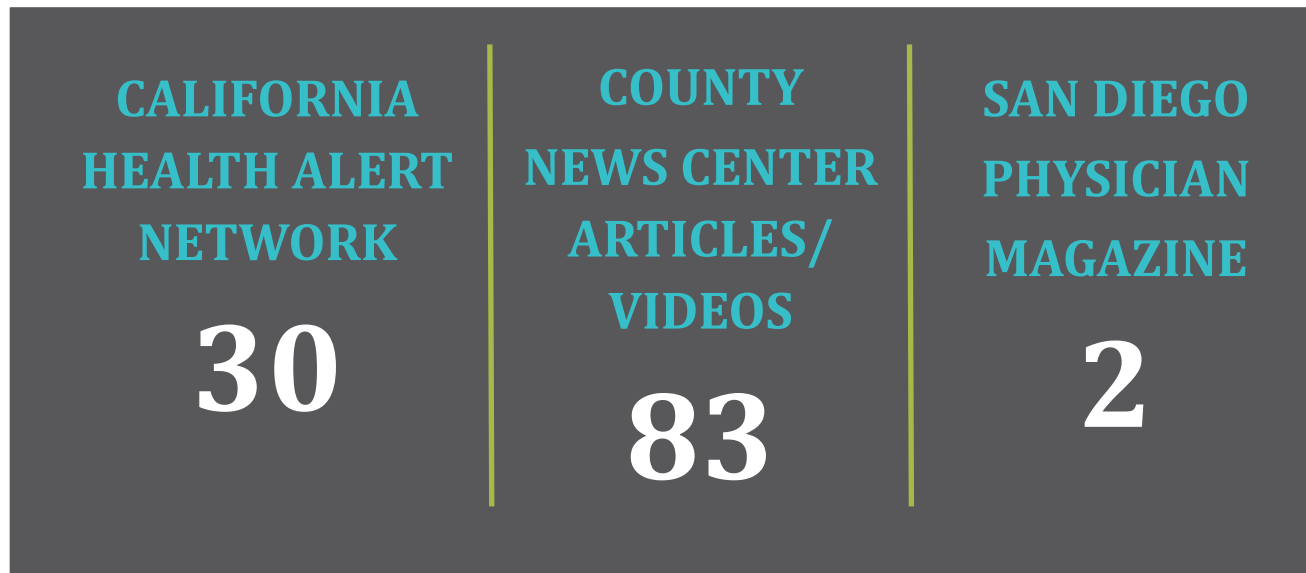
PUBLIC HEALTH SERVICES
COMMUNICATIONS: EXTERNAL
COMMUNICATIONS PHS HAS
DEVELOPED, INCLUDING
CALIFORNIA HEALTH ALERT
NETWORK (CAHAN) ALERTS,
COUNTY NEWS CENTER ARTICLES,
SAN DIEGO PHYSICIAN MAGAZINE
ARTICLES, AND MORE.

**External Communications PHS has
developed includes:**

- CALIFORNIA HEALTH ALERT NETWORK (CAHAN) ALERTS
- COUNTY NEWS CENTER ARTICLES
- SAN DIEGO PHYSICIAN MAGAZINE ARTICLES & MORE



PUBLIC HEALTH SERVICES COMMUNICATIONS



San Diego Physician Magazine Articles:

- [COVID-19 Impact on Sexually Transmitted Infections](#)
Winston Tilghman, MD
- [Candida auris, an Emerging Pathogen of Concern: Epidemiology, Clinical Spectrum, Diagnosis, Treatment, and Mitigation Strategies](#)
Grace Kang, RN, PHN, and Raymond Chinn, MD

PUBLIC HEALTH SERVICES BRANCHES ARE WORKING TO IMPROVE THE QUALITY IMPROVEMENT CULTURE. EACH BRANCH HAS SEVERAL QI CHAMPIONS TO SOLICIT PROJECT IDEAS AND LEAD OR ASSIST PROJECTS. THE CHAMPIONS ARE THE LATEST STEP IN EXPANDING QI CAPACITY SO THAT EACH BRANCH CAN BE SUCCESSFUL IN COMPLETING THEIR PROJECT(S).

Public Health Services

QUALITY IMPROVEMENT PROJECTS

FY 2021-2022

PUBLIC HEALTH SERVICES BRANCHES ARE REQUIRED TO WORK ON AT LEAST ONE QUALITY IMPROVEMENT (QI) PROJECT. STEPS FOR EACH OF THE FIVE PROJECTS LISTED ON THE FOLLOWING PAGES INCLUDE IDENTIFYING AN OPPORTUNITY AND PLAN FOR IMPROVEMENT, USING DATA TO STUDY TEST RESULTS, STANDARDIZING THE IMPROVEMENT, AND ESTABLISHING


FUTURE PLANS.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATRION, PUBLIC HEALTH SERVICES
- CALIFORNIA CHILDREN'S SERVICES
- EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH
- HIV, STD, AND HEPATITIS BRANCH
- MATERNAL, CHILD AND FAMILY HEALTH SERVICES
- PUBLIC HEALTH PREPAREDNESS AND RESPONSE
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH



PUBLIC HEALTH SERVICES ADMINISTRATION


— Community Health Statistics Unit



Standardize Implementation of Small Area Data De-Identification Guidelines

Christopher O'Malley, Maria Peña, Isabel Corcos, & Darian Grisso



PROBLEM

Health data are not typically publicly released by zip code and census tract level in San Diego County. However, data granularity can inform local neighborhood policy and program planning and reveal local health disparities.

However, when aggregating small area health data, the risk of identification of individuals must be protected. Publication of emergency department (ED) discharge, hospital discharge, and death data for include small numbers of cases, a small population size, and/or key demographic indicators (race/ethnicity, sex, or age) increase the possibility of identification.

In addition, the availability of personal information easily accessible from public sources increase opportunities to link individuals with protected health information (e.g. name, social security number, address, email, employment history, financial data, phone number, education, other identifying numbers, characteristics, or codes).

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: Standardize DDI processes to release data at a more granular level (i.e. zip code or census tract) to inform local level programs/policies, while protecting the privacy of individuals.

Theory: The DDI process will reduce risk of identification, enabling CHSU to publicly release health data at small geographies such as census tracts and zip codes.

TEST THE THEORY

CHSU tested the efficient implementation of DDI using CHHS scoring criteria (Fig. A) to by producing case number and rates for small geographic levels (i.e. zip code or census tract). **DDI Action Plan:**

- Drafted and verified coding syntax to automate processing of 63 health indicators (similar to current production of publicly released CHSU Community Profiles).
- Produced 1 year total rates of death, ED discharge, hospitalization, and in-patient treatment outcomes, for total case counts were 11 or greater, and total population size was greater than 2,500 (Figures B and C).
- Verified DDI of indicators for all small areas.

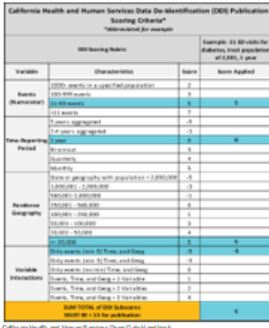
CURRENT APPROACH

Presently, health data are publicly released for the following geographies: San Diego County, regions, subregional areas, municipalities and unincorporated areas. To protect patient data, the Community Health Statistics Unit (CHSU) currently de-identifies data for health indicators when there are fewer than 5 cases.

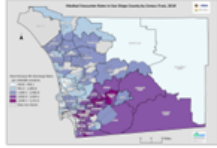
At this time, CHSU does not release census tract or zip code-level data publicly due to privacy and personal identification concerns.

RESULTS


Figure A




Map 1



Map 2



Map 3



Maps 1-3: Total rates per 100,000 residents by census tract, 2019.

- Map 1: ED discharge for heart disease: 595 tracts.
- Map 2: Hospital visits for diabetes: 135 tracts.
- Map 3: ED discharge for COPD/chronic lower respiratory diseases: 54 tracts.

POTENTIAL SOLUTIONS

Align data de-identification (DDI) with the California Health and Human Services (CHHS) Data De-Identification guidelines using their DDI scoring rubric (Figure A). This rubric scores data based on number of events (case counts), time-reporting period, population size, demographics (if any), variable interactions (if any).

Design and draft a DDI syntax that scores each health indicator for each medical outcome (e.g. death, ED discharge, hospitalization, in-patient treatment) for all census tracts and zip codes, and automatically de-identifies the data in process.

Produce annual 1 year health indicator datasets containing only those data meeting the acceptable scores for release.

STANDARDIZE & PLAN

CHSU staff will use the tested process to ensure DDI after review with the subject matter experts and the County of San Diego's Compliance Office.

CHSU will evaluate the potential of data de-identification to produce rates by race/ethnicity, age groups, and sex for small areas such as census tracts and zip codes using multiple year reporting periods (3yr, 5yr).

Figure B

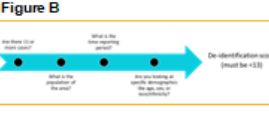


Figure C

Census Tract and Zipcode Population Details (2019)			
Area	Average Population	Range	Population >2,500
Tract	5,354	68 - 43,282	599
Zip	35,196	159 - 88,819	90

Total number of tracts with population >= 2,500: 599. Total zip codes with population >= 2,500: 90.

Figure D

Indicator/Outcomes with Publishable Tract Level Total Rates*			
Outcome	Indicators w/ Rates	Tracts w/ Data	Zip Codes w/ Data
Death	7	110/130	11/16
ED Discharge	27	110/597	11/16
Hospitalization	21	110/594	11/16
In-Patient Treatment	8	310/308	11/16

*Indicators with 11 or more tracts with publishable rates.

PUBLIC HEALTH SERVICES ADMINISTRATION

— Office of Performance and Improvement Management



ACCELERATING REACCREDITATION PREPARATIONS

Jackie Werth, Martha Guzman, Bardia Moojedi, Amber Hilliker, Deanna Huynh, Alexis Abundis, et al.



PROBLEM

The County of San Diego's Public Health Services Department is seeking reaccreditation after initially achieving accreditation status in 2016. The benefits of accreditation include helping ensure health departments strengthen their infrastructure, follow evidence-based approaches, and advance equity.

- A few key problems emerged in the process of preparing required narratives and documents for reaccreditation submission:
- Draft narratives and documents were difficult for an external consultant to assess due to incomplete or inaccurate preparation.
 - Domain leads and teams were struggling to understand the requirements, writing narratives, and producing documents.
 - The PHS Admin office supporting the Domain teams (Office of Performance and Improvement Management or OPIM) faced challenges keeping the teams on-task and on-time.

CURRENT APPROACH

- At outset of effort, a consultant was hired to review and determine whether documents "Met" requirements.
- OPIM team provides the Reaccreditation Standards and Reaccreditation Documentation Forms to each Domain Team, and helps the Domain Lead distribute the work, either writing narratives or locating documents, and track progress.
- OPIM team prepares and submits narratives and documents for consultant review.
- Draft documents that were submitted for first review contained errors or were incomplete. Also the consultant rejected documents simply because they could not determine whether requirements were met or not. There was also confusion as to status of the review and the problems that needed to be addressed.

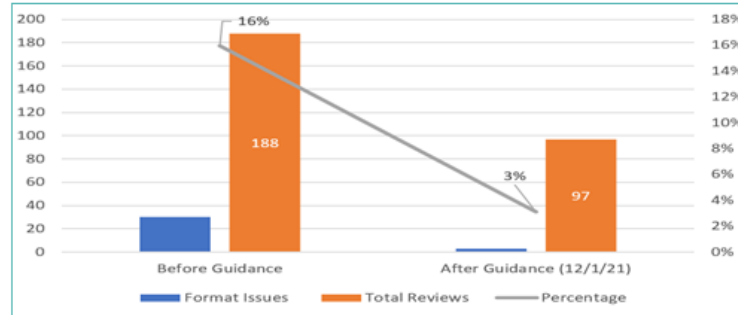
POTENTIAL SOLUTIONS

- Several interventions were designed to improve communication, process flow, and reduce document errors and review time.
1. A **Guidance** (13-pages) was written that explained exactly how to format Narratives, prepare Cover sheets, and mark up Documents. A checklist was added to the front to help the preparer ensure all steps were completed.
 2. An **Issue Tracker** was created that incorporated the consultant's tracker but included more details as to what needed to be fixed and where the Narrative or Document was in the overall PHS review process.
 3. A **Virtual Review Tracker** was created to show status of meetings with the Public Health Officer (PHO). As a Power Point, the tracker was easy to follow, included status information in color, and identified issues that needed addressing with PHO input.
 4. A **Map of Content** gave a high level overview of PHS programs and initiatives featured in the Narratives and Documents to help ensure the best of what PHS had to offer was represented in Reaccreditation documents.
 5. A **"Cold Review"** was conducted in which specially selected staff (with expertise and writing skills) reviewed the Narratives for clarity in the writing in general as well as in how it demonstrated that requirements have been met.

Figure 1: Revised Reaccreditation Process Map



Figure 2: Formatting Issues Found by Number of Requirements Reviewed Before and After Guidance in Place



AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: Reduce formatting errors by individual requirement by 10%; Reduce the time elapsed between reviews to 100 days and no more than 3 reviews by individual requirement; Submit a high-quality package which is approved.

THEORY OF IMPROVEMENT: If we introduce additional guidance, visual aids, and other controls, then Narratives and Documents will be properly prepared, facilitating consultant review and approval, and the overall quality of the reaccreditation submission package will be high so that PHS will be successful in maintaining its accreditation status.

TEST THE THEORY

All of these new quality control tools were introduced and integrated into the review process, starting with the Check List and Guidance. This tool was rolled out on December 8, 2021, with a training of all members of the OPIM team, and also shared with Domain leads. As new OPIM staff (interns, temp staff) were onboarded, they were trained in the use of the Check List and Guidance before being assigned to a Domain team.

See Figure 1 which captures each tool and where in the process the tool is used.

RESULTS

Reduce formatting errors from 15% to 5% (by individual requirement): **Achieved** (Figure 2). After December 8, 2021, when detailed guidance introduced, very few formatting issues were identified by the consultant (only 3% of 97 requirements reviewed)

Reduce elapsed time between consultant reviews to 100 days and no more than 3 reviews (by requirement): **Achieved** (this target with caveat). Average days elapsed between each review cycle was 80 days and average total review time was 237. However, lots of work was done prior to Jan 1, 2021, and these days are not captured in this analysis.

Make it easier for the entire team to navigate the process: Qualitative feedback revealed entire team **helped** by tools to stay on track, prepare and finalize.

STANDARDIZE & PLAN


The Checklist and Guidance, Map of Content, Status Tracker, and Cold Review materials were all standardized and offered as support tools to Domain Teams, the OPIM Team, and Cold Reviewers in the preparation of requirements as reaccreditation efforts continued.

Consultant approved all narratives and documents as meeting requirements on August 2, 2022. Public Health Officer then reviewed and approved narrative and documents by mid-October. Reaccreditation package was submitted on October 26, 2022, by the deadline.

Data analysis revealed those Requirements that had to be reviewed four or more times, suggesting areas to strengthen policy and practice going forward to ensure performance.



CALIFORNIA CHILDREN'S SERVICES

— Medical Therapy Program



REDUCING NON-COMPLIANCE CASES IN THE CCS MEDICAL THERAPY PROGRAM

Judith P. Garces, PT; Jamie McCarthy, PT; Megan Lytle, DPT; Myra Desquitado-Prado, OTR/L

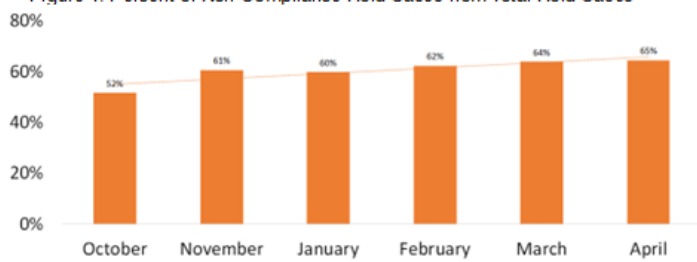



PROBLEM

California Children's Services (CCS) Medical Therapy Program (MTP) provides occupational and physical therapy services to children 0-21 years of age. Attendance to therapy is a critical factor for client progress. Non-compliance to agreed-upon occupational therapy (OT) and physical therapy (PT) appointments creates gaps in service and decreases billable productivity.

On average, 22% of the total number of CCS MTP cases were on Hold as of April 2022. On average, 61% of the cases on Hold were on Non-Compliance Hold as of April 2022 (Figure 1).

Figure 1: Percent of Non-Compliance Hold Cases from Total Hold Cases



Month	Percent of Non-Compliance Hold Cases
October	52%
November	61%
January	60%
February	62%
March	64%
April	65%

TEST THE THEORY

January 2022: Microsoft Bookings was implemented to send families appointment reminders for non-recurring PT and/or OT appointments.

June 2022: A revised monitor letter was drafted to replace the previous monitor letter. Additionally, a "response required" stamp was procured for each MTU location and monitor letter envelopes were stamped. The revised and stamped monitor letter was then mailed to families due for monitor appointments.

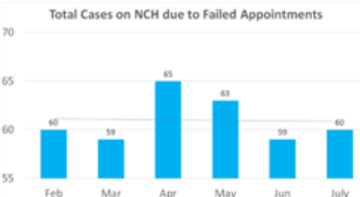
CURRENT APPROACH

Each of the six Medical Therapy Units (MTUs) in the County manages a list of client cases that are non-compliant for therapy in an online database. Cases are placed on Non-Compliance Hold status (documented as "P4") if the following occur: no show/no call two appointments within their prescribed treatment plan, and/or failure to contact the MTU to schedule their therapy appointment within a specified timeframe.

Data was gathered from all 6 MTUs to determine the number of cases on "Hold" status over a period from October 2021-April 2022. It was determined that an average of 61% of cases were on "Non-Compliance Hold."

Figure 2: Total Cases on Non-Compliance Hold After Intervention

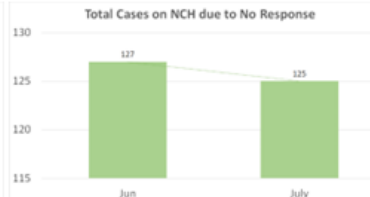
Total Cases on NCH due to Failed Appointments



Month	Total Cases on NCH due to Failed Appointments
Feb	60
Mar	59
Apr	65
May	63
Jun	59
July	60

Figure 2a

Total Cases on NCH due to No Response



Month	Total Cases on NCH due to No Response
Jun	132
July	125

Figure 2b

RESULTS

Following the implementation of Microsoft Bookings System, between February 2022 and July 2022, the average total number of cases on non-compliance hold due to no call/no show was 61 clients, up from the baseline data of 53 clients on average (Figure 2a).

Data collection is ongoing after revising the monitor letters and adding "response" required stamp. Preliminary results suggest a minor decrease in Non-compliance Hold due to no response, dropping from an average of 132 clients to 126 clients per month (June-July) as shown in Figure 2b.

POTENTIAL SOLUTIONS

To reduce the amount of cases on Non-Compliance hold, several solutions were proposed:

1. Implement the use of Microsoft Bookings to automate appointment reminders sent via email.
2. Revise the monitor letter to improve clarity and encourage higher rate of response.
3. Stamp the monitor letter envelope to increase urgency, elicit responses, and make it easier to differentiate the importance of this letter from other mailings.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: Reduce the percentage of CCS MTP cases that are "non-compliant" to therapy sessions due to missed appointments and failure to respond to schedule appointments by 10%, from a baseline average of 61% to 51%.

Theory of Improvement: By implementing the described processes (Microsoft Bookings, revising monitor letters, and stamping envelopes of monitor letters), the expectation would be a reduction in number of cases on non-compliance status.

STANDARDIZE & PLAN

During this period, we discussed this data and discovered non-response is a larger majority of non-compliance than "P4" no show appointments, therefore we added on monitor letter intervention and would like to continue the project. Additionally we hope to address accuracy of data and client contact information in a future quality improvement cycle.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

— COVID- 19



TIMELY ANALYSIS AND REPORTING OF COVID-19 CASE DATA

Project Lead: Whitney Webber; Team Members: Kim Foster, Jacquelyn Ho, Clarissa Keisling, Nathaly Moran, Jennifer Nelson, Jacob Ritz, Fatema Sakha



PROBLEM

Throughout the COVID-19 pandemic, a small team of epidemiologists averaging five staff analyzed and reported on COVID-19 case data daily, including weekends. The team risked not meeting their daily reporting deadlines amidst many challenges, and worked to continuously improve their data processing to accomplish timely reporting.

Challenges included:

- Statistical programs not equipped to manage big data
- An external vendor manages/maintains the disease registry; delays in exports needed to be resolved with the vendor
- Staff in the early stages of data processing lacked access to SAS so all coding had to be done in SPSS
- Intensive training and coaching/mentoring requirements for statistical software programs and disease registry
- A remote work environment with lapses in internet connectivity and interruptions due to Microsoft updates
- Ever-changing data needs to reflect the evolving COVID-19 situation

CURRENT APPROACH

The team conducted a waste walk to identify the areas of waste. During their daily case data processing, the team used Post-It notes through a virtual Jamboard to indicate items of waste. The waste items were later categorized according to the 8 Wastes of Lean. The predominant areas of waste were waiting, followed by transportation, over-processing, and defects (Figures 1 and 2).

On average, the team took five hours daily to process the COVID-19 data with the following times for each process step: exports and reading in tables (1.5 hours), data transformations (1 hour), quality assurance (1 hour), and analysis (1.5 hours).

POTENTIAL SOLUTIONS

The team brainstormed and prioritized solutions to the areas of waste using an impact-effort grid (Figure 3). Because none of the brainstormed ideas fell into the category of high effort-low impact, the team moved forward with testing all improvement ideas.

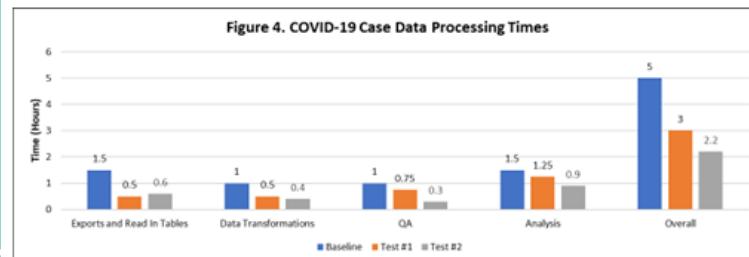


Figure 2: Waste Items.

Waste Category	Waste Item
Waiting	Waiting on exports
Waiting	CDP contract on hold; sign over
Waiting	Tables slow to read in
Waiting	Export program down in Microsoft Word
Waiting	Case file export code on all exports takes a long time
Waiting	Business code while exports to save case files takes longer
Waiting	Subsequent files for analysis takes a long time
Transportation	Exports first downloaded to a drive then a drive
Transportation	Case files saved to a drive then copied over to a drive
Transportation	Staff are multi-tasking
Over-processing	Reading in all exports (daily and refresh) each day
Over-processing	Verification manual to account for not processing of file
Defects	Case not automated for files to read in correctly
Defects	Misnamed file
Resource	Only one person to help troubleshoot complex coding issues
Inventory	Two people run code in parallel to verify counts and produce workbooks

Figure 3: Impact and Effort of Proposed Solutions and Tests of Improvement Ideas.

Improvement Idea	Impact	Effort	Test #1	Test #2
1. Stop some exports export	High	Low	X	X
2. Update case files being read in as part of daily exports	High	Low	X	X
3. Update case files being read in as part of daily exports	High	Low	X	X
4. Use remote desktop with case files and daily exports of daily run	High	Low	X	X
5. Change file reader source hard codes	High	Low	X	X
6. Update file while reading and save reading file	High	Low	X	X
7. Use remote desktop with case files and daily exports of daily run	High	Low	X	X
8. Manually create a run file for the CDP file	High	Low	X	X
9. Increase case file size to match case file	High	Low	X	X
10. Increase number of daily exports, once a part of subset	High	Low	X	X
11. Update case file to match case file	High	Low	X	X
12. Update case file to match case file	High	Low	X	X
13. Update case file to match case file	High	Low	X	X
14. Use SAS instead of SPSS to process data	High	Low	X	X



AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM: Decrease the processing time for COVID-19 case data by 50% from 5 hours to 2.5 hours.

THEORY: If the process for analyzing COVID-19 case data is streamlined, then the COVID-19 case data team can provide more timely reports to leadership, the EOC, and CDPH for making operational decisions tied to the COVID-19 response.

TEST THE THEORY

The team was able to test two cycles of improvement.

Figure 3 indicates the improvement ideas tested in each cycle.

RESULTS

The first test of improvement reduced processing time by 40%. The team exceeded their aim with the second test of improvement, reducing processing time by 56% (Figure 4). Processing time went from five hours to a little over two hours. A slight increase for the process step of reading in the tables and merge was observed in test #2 because SAS takes longer to process a sort and merge of the refresh file with the daily cases, hospitalizations, and deaths.

STANDARDIZE & PLAN

The COVID-19 case data team now has a streamlined process for analyzing and reporting on COVID-19 case data that has enabled the team to meet demands for COVID-19 case information. Additionally, the team now has a process and program that can be adapted for future communicable disease outbreak situations.


The team works to continuously improve COVID-19 data processing. Additional process improvements are planned, and the team will monitor the impact of implementing these changes to their process.

The team has taken its lessons learned and identified possible solutions for improved overall data management:

- Snowflake Data Use Agreement (DUA) with CDPH which may allow for some efficiencies
- Exploration of R software for data visualization
- Prioritizing the use of SAS over SPSS
- Research GitHub for version control
- Project underway with vendor to set up data warehouse that will allow for more efficient exports
- Utilization of staff from other county departments to assist in data processing in emergency situations
- More responsive IT infrastructure that is familiar with the team's software and time-sensitive requests


EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

— Telephone Invoicing



STREAMLINE TELEPHONE INVOICE PROCESSING FOR CASE INVESTIGATIONS AND CONTRACT TRACING

Nick Beatman, Lourdes Garber, Sayra Godinez, Steven Kozar, Jennifer Velasco, and Julie Huffman



PROBLEM

There is often a long gap in between the invoice date and the date that invoices are sent to Health and Human Services Agency Fiscal Department for payment. As a result, these invoices are often not paid in a timely manner. The County's contract with Verizon requires that payment be made within 30 days of invoice receipt and after 45 days, the County is subject to overdue account charges. Paying late fees is a waste of County resources. Although a 1% late fee is normally not significant, the Epidemiology unit's Verizon invoices were consistently over \$50,000 during FY 21-22, and incurred late fees made the County liable for thousands of dollars per year.

TEST THE THEORY

A new process was created (Figure 1b) that is much shorter than the original process. First, an automated verification process was created that will cross check invoiced phone lines with the Epidemiology and Immunization Services Branch roster. In addition, the overall process was streamlined to reduce process steps and delay points. Finally, a second process improvement cycle was introduced to reduce the time it takes to approve invoices.

CURRENT APPROACH

Figure 1a demonstrates the payment process prior to intervention. First, the process owner needs to contact Public Health Services Administration to access the invoice and then send to an invoice verifier. The verifier then manually cross-checks every phone line in 40-page invoice against the phone roster. Once verified, the process owner then sends the verified invoice to an analyst who then indicates which lines should be paid from various funding sources. Finally the invoice is submitted to the Fiscal Department for payment.

RESULTS

As shown in Figure 2, the invoice-to-payment time was reduced by 22%, from 55 days to an average of 43 days, after January 2022. Automating phone line verification led to an 87.5% reduction in this task, taking it from 1 to 2 days down to 2 hours. From July 2022, improvements in the approval process further streamlined the total processing time to an average of 31 days, representing a 44% decrease compared to the original duration.

POTENTIAL SOLUTIONS

After process review a couple of potential solutions were presented for testing:

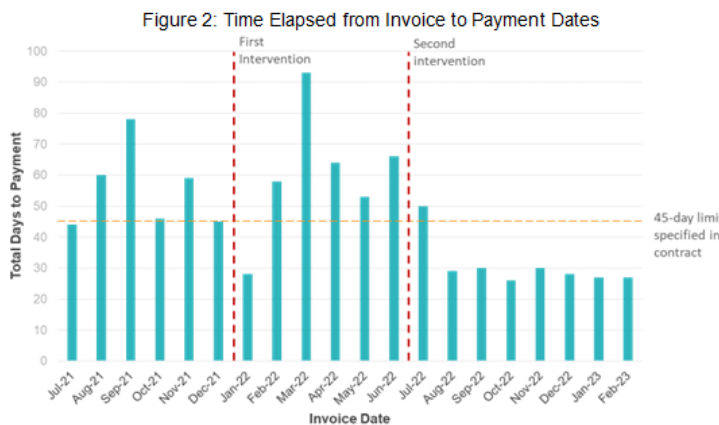
- If process owner obtains access to Verizon account, it will reduce the time from when the bill is available to when the invoice verification process can begin.
- If the Quality Improvement team automates the invoice verification process, it will reduce the time taken to verify invoices.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement: Reduce time from invoice date to payment date by 50% by February 1, 2022.

Theory of Improvement: To reduce payment time, the Quality Improvement team will streamline the payment process and automate phone line verification.

Figure 2: Time Elapsed from Invoice to Payment Dates



Invoice Date	Total Days to Payment
Jul-21	45
Aug-21	60
Sep-21	78
Oct-21	48
Nov-21	60
Dec-21	45
Jan-22	28
Feb-22	58
Mar-22	92
Apr-22	65
May-22	55
Jun-22	68
Jul-22	50
Aug-22	30
Sep-22	30
Oct-22	28
Nov-22	30
Dec-22	28
Jan-23	28
Feb-23	28


STANDARDIZE & PLAN

To maintain improved process performance, we are implementing the following strategies:

- Standardize success from the second intervention period
- Implement controls on sources of variance in later invoices
- Continue to collect data and test effectiveness of future interventions


HIV, STD, AND HEPATITIS BRANCH

— ARIES



IMPROVING LIVING SITUATION DATA IN ARIES

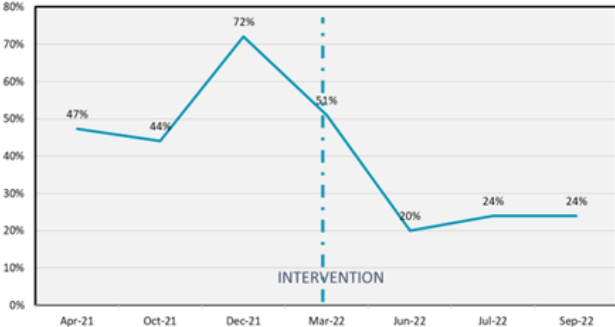
Dustin Walker, PhD and Maritza Herrera, MPH



PROBLEM

Per Health Resources and Service Administration (HRSA) and County of San Diego requirements, Ryan White providers are expected to enter a living situation for each client served into the AIDS Regional Information and Evaluation System (ARIES) on an annual basis. The current monitoring mechanism, the Ryan White Service Report (RSR) does not activate an error when the most recent living situation on file is more than twelve months old. This oversight created a situation where roughly 50 percent of current Ryan White clients did not have a "current" (less than 12 months old) living situation on file in ARIES.

Figure 1: Percent of ARIES Clients with Missing Living Situation



Month	Percent of Clients with Missing Living Situation
Apr-21	47%
Oct-21	44%
Dec-21	72%
Mar-22	51%
Jun-22	20%
Jul-22	24%
Sep-22	24%

TEST THE THEORY

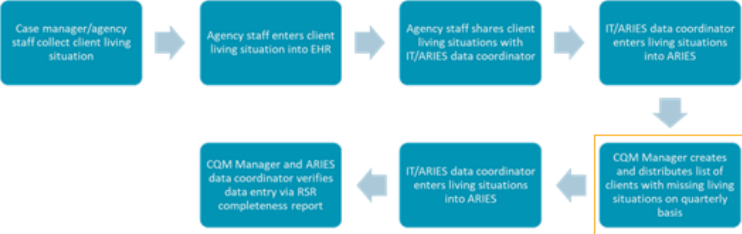
A Cause-and-Effect Analysis and Flowchart revealed Ryan White providers possessed the "missing" living situation data and that it just needed to be entered into ARIES. To achieve this, providers received a list of Ryan White clients who were currently missing up to date living situation data, on a quarterly basis starting in March 2022. The following process was developed to facilitate communication with providers:

1. Review RSR data and identify those Ryan White clients without a "current" living situation on file.
2. Identify and notify agencies associated with those Ryan White clients.
3. Send agencies a list of their Ryan White Clients with missing living situation data.

CURRENT APPROACH

Per Health Resources and Service Administration (HRSA) and County of San Diego requirements, Ryan White providers are expected to enter at least one living situation per client served into ARIES on an annual basis. The RSR then tracks if a living situation has been entered for each Ryan White client seen during the measurement period. Ryan White providers acknowledged they possessed the requisite living situation data but just hadn't entered it into ARIES for a variety of reasons.

Figure 2: ARIES Data-Entry Process Map after Intervention



RESULTS

The percentage of Ryan White clients with a missing living situation dropped from an average of 54 percent to an average of 23 percent (Figure 1) after the intervention strategy was introduced in March 2022.

POTENTIAL SOLUTIONS

A Cause-and-Effect Analysis and Flowchart revealed Ryan White providers possessed the "missing" living situation data and that it just needed to be entered into ARIES. With RSR not notifying providers of the required data component, an external (CQ Manager) reminder could be set into place. Providers can then use this information to update internal policies and procedures for collecting and entering living situation data into ARIES.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim Statement: After receiving a list of Ryan White clients with missing living situations, Ryan White providers will enter living situations and/or perform a housing screening for 95% of clients who received a Ryan White-funded service during a three-month time span.


Theory of Improvement: If we provide all Ryan White service providing agencies with a list of clients missing a current living situations on a quarterly basis, then the last known Ryan White provider can update the necessary living situation data in ARIES.

STANDARDIZE & PLAN

As shown in Figure 2, a revised process map was created to standardize changes to maintain the ARIES data. The CQ Manager, on a quarterly basis, will begin distributing a list of clients who do not have a current living situation on file in ARIES to Ryan White providers. Agency staff will then enter the living situations for those Ryan White clients into ARIES.


MATERNAL CHILD AND FAMILY HEALTH SERVICES

— KOHA



IMPROVING REPORTING OF KINDERGARTEN ORAL HEALTH ASSESSMENT

Team Members:
 Rhonda Freeman, Branch Chief, Assistant Medical Services Administrator, Jocelyn Waters, Public Health Nurse Supervisor, Nancy Starr, Health Planning and Program Specialist
 Miraya Bañuelos, Community Health Program Specialist, Christiane-Rayra (Christy) Lopez, Epidemiologist



PROBLEM

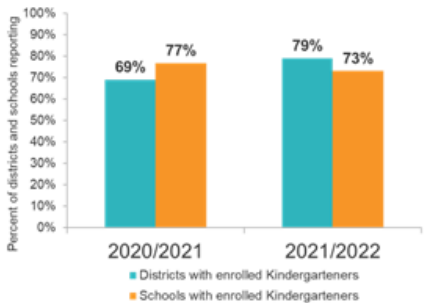
Tooth decay is the most common, chronic childhood disease. Dental problems cause of 874,000 school days missed each year, this costs schools over \$29 million annually in attendance funding.

The Kindergarten Oral Health Assessment (KOHA) requirement was passed into law under the Education Code Section 49452.8 in 2005 by Assembly Bill 1433 (AB 1433). The requirement is one-way schools can support children's school readiness and success by identifying children suffering from untreated dental disease and helping parents establish a dental home.

All children entering school are required to have an assessment by May 31. Schools and districts are required to collect the KOHA forms and report aggregate data. For school year (SY) 2021 only:

- 69% (2942) districts submitted KOHA data.
- 77% (379494 schools submitted KOHA data.

Figure 1. Percent of districts and schools reporting KOHA data for 2020-2022, by school year



School Year	Districts with enrolled Kindergarteners	Schools with enrolled Kindergarteners
2020/2021	69%	77%
2021/2022	79%	73%

TEST THE THEORY

November 2021: KOHA District Liaisons were identified in 19 of 42 districts.

November 4, 2021: Team met with the KOHA District Liaisons and shared updates, oral health information, and resources for dental referrals.

March 21, 2022: Email communication provided information on due dates for submitting KOHA data, reporting tools, list of community clinics for referrals, dates for future technical assistance sessions, and resources.

May 10, 2022: Team met with the KOHA district liaisons and provided updates, resources, and a training on the reporting tool.

June 3 and 10, 2022: Technical assistance sessions took place and allowed school and district staff to ask questions specific to their data prior to data submission.


CURRENT APPROACH

During SY 2019-2020, 26% of reporting districts used a different reporting template than provided by the County, with 72% of submitted data meeting criteria for state reporting. In SY 2020-2021, 31% of school districts and 23% of schools with kindergarten students did not submit KOHA data. In 2020, 7 key informant interviews were conducted with school nurses. From the attendees, 0 were aware of the 2020 KOHA resource guide, 4 used the KOHA School Summary Tool, and 3 wanted technical assistance or training in KOHA data recording.

This data revealed several significant improvement opportunities including: **standardizing reporting, providing trainings, and improving communication with schools and district nurses.** It was also found that the timeline to submit data was unrealistic.


Figure 2. Percent of schools reporting 21-22 KOHA data in districts with and without a designated KOHA District Liaison

Schools in districts with a KOHA District Liaison (n=189)



89%
11%

Schools in districts without a KOHA District Liaison (n=307)



64%
36%

• Schools that reported 21-22 KOHA data
 • Schools that did not report 21-22 KOHA data

RESULTS

2021-2022 KOHA Data Reporting

- In SY 21-22, 79% of districts reported data for 73% of schools, compared to 69% of districts and 77% of schools in 2021 (Figure 1).
- 89% of schools with a KOHA District Liaison reported data compared to 64% of schools without a KOHA District Liaison (Figure 2).
- Of schools that reported KOHA data, 96% of those in districts with a KOHA District Liaison met data quality criteria compared to 73% of those in districts without a KOHA District Liaison.

2022 Survey with KOHA District Liaisons

- 41% (13 out of 32) of district staff submitted responses
- Almost all felt responsibilities were clear.
- Most respondents reported using the district and school reporting tools, resource guide, and attended at least one technical assistance session.
- 1/3 reported challenges with the forms and tools.

POTENTIAL SOLUTIONS

Solutions to address key barriers:

- Designate a KOHA Liaison for each district. The liaison will communicate and educate school health staff at each school in their district.
- Throughout the school year, improve communication through informative emails with resources to share with schools and district staff.
- Promote opportunities for children to receive the oral health assessment.
- Offer two technical assistance sessions and one training on the reporting tool for school and district nurses.

AIM STATEMENT AND THEORY OF IMPROVEMENT

AIM STATEMENT: Increase district reporting by 20%, increase school reporting by 10% by the end of the 21-22 school year.

THEORY OF IMPROVEMENT: Improving communication mechanisms, training, and providing technical assistance will increase school and district reporting and improve the quality of the data.

STANDARDIZE & PLAN


This approach created the infrastructure for schools to report data in a consistent way. To standardize the process, the program will continue to:

- Identify KOHA District Liaisons for the 42 districts.
- Continue regular communications to provide updates and resources.
- Provide regularly scheduled trainings to support data collection, reporting tools, and offer technical assistance sessions specific to districts.

With this infrastructure in place, the Oral Health team can focus efforts to increase eligible student reporting, access to screenings, education, and referrals to dental care.



PUBLIC HEALTH PREPAREDNESS AND RESPONSE


— MRC Volunteer Engagement



INCREASE MEDICAL RESERVE CORPS ENGAGEMENT AND SUSTAINMENT

Melissa Dredge, Trish Muth-Masayon, Mindy Stewart, Nick Williams, and Tony Wu

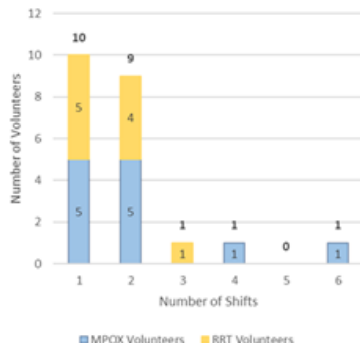





PROBLEM

The Medical Reserve Corps (MRC) is a community-based group of local medical and health workers who can serve as volunteers during a local health emergency to enhance San Diego County's ability to respond to public health emergencies or disasters with a team of trained health professionals. Currently, there is no pool of readily available and deployable volunteers which creates challenges when responding to public health emergencies. This Quality Improvement project seeks to improve volunteer management and engagement to better handle emergency response.

Figure 1: Number of Volunteer Shifts Filled by Volunteers



Number of Shifts	MPOX Volunteers	RRT Volunteers
1	5	5
2	5	4
3	1	0
4	1	0
5	0	0
6	1	0

TEST THE THEORY

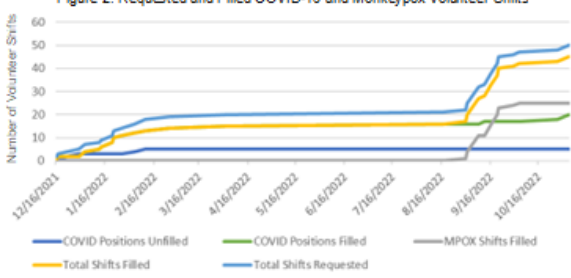
- Ongoing improvement of processes for recruiting for MRC Specialty Team and engaging volunteers
 - Monthly Communication Drills
 - Monthly unit meetings for MRC Specialty Teams
- Ongoing work to have the MRC MCM Specialty team members incorporated into this year's flu PODs with the PHCs.
- Ongoing work of onboarding volunteers as County of San Diego volunteers

CURRENT APPROACH

There are several factors that contribute to this issue:

- Infrastructure and staffing for volunteer management is inconsistent.
- MRC volunteers cannot be easily and readily deployed without an emergency proclamation.
- Spontaneous clinical volunteers are sent to the MRC and divert ability to deploy existing volunteers.
- Inconsistent emergency and non-emergency deployment opportunities.

Figure 2: Requested and Filled COVID-19 and Monkeypox Volunteer Shifts



RESULTS

Since the interventions have been implemented, there has been an increase in the number of available shifts for volunteers to accept. Figure 1 shows the relationship between volunteers and the shifts they filled, with a majority of volunteers filling 1 or 2 shifts (45% and 40% respectively).

Figure 2 details the number of volunteer shifts requested and filled between December 2021 and October 2022. Early in the intervention, there was low availability of deployment opportunities, so some volunteers disengaged, however after August, more shifts became available.

POTENTIAL SOLUTIONS

After analyzing the current approach, the Quality Improvement Project team came up with the following improvements:

- Develop the MRC MCM Specialty Teams and promote membership to the San Diego Health Care Disaster Coalition (SDHDC).
- Onboard MRC Specialty team volunteers as County of San Diego (CoSD) Volunteers to assist with public health initiatives that aren't proclaimed disasters.
- Establish an onboarding and management process for spontaneous medical volunteers.
- Encourage HHSA wide expectations and guidance for integrating MRC volunteers into County Operational Responses and Public Health Initiatives.

AIM STATEMENT AND THEORY OF IMPROVEMENT

Aim: Increase volunteer opportunities for Medical Reserve Corps (MRC) by developing the Medical Countermeasure (MCM) Specialty Team to strengthen medical surge management and enhance Live Well Initiatives.

Theory of Improvement: To achieve this we have identified a 4 step process (1) develop and promote active membership in the MRC, (2) onboard and process volunteers as CoSD volunteers to increase participation; (3) increase capacity to decrease need for spontaneous volunteers; and (4) encourage and support HHSA-wide integration of volunteers into County operations and Live Well San Diego Initiatives.

STANDARDIZE & PLAN

Using lessons learned and the implemented processes we will continue accepting mission requests, emergency & non-emergency, and onboarding MRC Specialty Team Volunteers through County HR. Next steps include:

- Increase volunteer engagement.
- Define & operationalize measures and targets, track performance.
- Coach performance to volunteers, mission requestors, and team members.



Public Health Services

PUBLICATIONS AND PRESENTATIONS

FY 2021-2022

**PUBLIC HEALTH SERVICES BRANCHES
SUBMIT ABSTRACTS, PRESENTATIONS,
AND PUBLICATIONS AT NATIONAL
MEETINGS AND SUBMIT ARTICLES FOR
PEERREVIEWED JOURNALS, OTHER
PUBLICATIONS, OR ONLINE
COMMUNICATIONS. LISTED ARE SUCH
PRESENTATIONS AND PUBLICATIONS.**

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATRION, PUBLIC HEALTH SERVICES
- CALIFORNIA CHILDREN'S SERVICES
- EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH
- HIV, STD, AND HEPATITIS BRANCH
- MATERNAL, CHILD AND FAMILY HEALTH SERVICES
- PUBLIC HEALTH PREPAREDNESS AND RESPONSE
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH



Public Health Services

PUBLICATIONS AND PRESENTATIONS

ADMINISTRATION –Public Health Services

Castellanos M. County of San Diego Border Health and Partner Relay. Muraoka Elementary School. April 23, 2022. PRESENTATION

Rodriguez, I.

- County of San Diego Border Health and Partner Relay. Virtual Emergency Preparedness & Public Health Training. February 15, 2022. PRESENTATION
- County of San Diego Office of Border Health. UCSD Residency Orientation to Public Health - Overview of the County Border Health Program. July, 20 2021. PRESENTATION

Ruiz V., Castellanos M.

- (Office of Emergency Services). County of San Diego Border Health and Partner Relay and Emergency Planning. Catholic Charities of San Diego. April 24, 2022. PRESENTATION
- (Office of Emergency Services). County of San Diego Border Health and Partner Relay and Emergency Planning. Catholic Charities of San Diego. April 26, 2022. PRESENTATION

Ruiz, V.

- County of San Diego Border Health and Partner Relay. El Cajon Collaborative. March 24, 2022. PRESENTATION
- County of San Diego Border Health and Partner Relay. Intersection between Global Communities and Partner Relay. March 3, 2022. PRESENTATION

- County of San Diego Border Health and Partner Relay. Office of Strategy and Innovation, the Office of Equitable Communities, and PHS Grant Administration on COVID-19 grants. March 17, 2022. PRESENTATION
- County of San Diego Border Health and Partner Relay. Virtual Emergency Preparedness & Public Health Training. March 23, 2022. PRESENTATION

CALIFORNIA CHILDREN'S SERVICES

Barlow, A., Bailey B. Introduction to Physical and Occupational Therapy. San Pasqual Academy Virtual Career Fair. June 3, 2022. PRESENTATION

Bolos, C., Dahms M. Disability Awareness. Deer Canyon Elementary School – Preschool class. PRESENTATION

Desquitado-Prado, M. “CCS MTP Collaboration with Kearny High School Engineering Class.” PRESENTATION

Erfe-Beltran, D.

- CCS 101. Blue Shield CA – Virtual via Zoom. June 27, 2022. PRESENTATION
- CCS 101. Maxim Health Care Virtual via Zoom. May 17, 2022. PRESENTATION
- CCS 101. SD County Child Welfare Services. August 19, 2021. PRESENTATION



Public Health Services

PUBLICATIONS AND PRESENTATIONS

CALIFORNIA CHILDREN'S SERVICES

Erfe-Beltran, D., Uribe Segrero C. CCS 101. San Diego Regional Center. February 15, 2022. PRESENTATION

Fernandez, R., Garcia V. CCS 101. In-Home Support Services. September 28, 2021. PRESENTATION

Garcia, V. CCS 101. IHSS Training Academy. June 7, 2022. PRESENTATION

Garcia, V., Matheson K. CCS 101. Bernardy Center. February 11, 2022. PRESENTATION

Graham, C., Forythe A., Weir J. Transition Planning Workshop. June 2, 2022. PRESENTATION

Turner S. Parent Education Event. SDN Clients Virtual via Zoom. June 28, 2022. PRESENTATION

HIV, STD, and Hepatitis Branch

Beeston, T. STI 101. Jewish Family Services Teen Parenting Program Staff. July 27, 2021. PRESENTATION

Ruiz, F.

- Ending the HIV Epidemic. Faith Based Action Coalition. February 23, 2022. PRESENTATION
- Ending the HIV Epidemic. HIV Planning Group. April 27, 2022. PRESENTATION
- Ending the HIV Epidemic. National Alliance of State and Territorial AIDS Directors. April 2, 2022. PRESENTATION

- Ending the HIV Epidemic. Faith Based Action Coalition. February 23, 2022. PRESENTATION
- Ending the HIV Epidemic. HIV Planning Group. April 27, 2022. PRESENTATION
- Ending the HIV Epidemic. National Alliance of State and Territorial AIDS Directors. April 2, 2022. PRESENTATION
- Ending the HIV Epidemic. UCLA EHE Regional Meeting. July 20, 2021. PRESENTATION
- Harm Reduction Services. HIV Planning Group. March 23, 2022. PRESENTATION
- Harm Reduction Services. Prescription Drug Abuse Task Force Meeting. June 10, 2022. PRESENTATION
- HIV Transgender Services. National Alliance of State and Territorial AIDS Directors. April 20, 2022. PRESENTATION
- San Diego Social Networking Strategies. Social Networking Strategy Learning Collaborative. December 2, 2021. PRESENTATION



Public Health Services

PUBLICATIONS AND PRESENTATIONS

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Schroer Culbert, J.

- Sexual Health Education (SHE): Minor Consent, Contraceptive Methods, Facilitating Difficult Discussions. San Diego County Office of Education. March 24, 2022. PRESENTATION
- Sexual Health Education (SHE): STD/HIV Review. San Diego County Office of Education. February 23, 2022. PRESENTATION
- STI 101. San Ysidro Health Shababy. January 31, 2022. PRESENTATION
- STI 101. Turning Point Home Residents. May 18, 2022. PRESENTATION
- STI 101. Turning Point Home Staff. June 6, 2022. PRESENTATION

Tilghman, W.

- STD Update for Adolescent Medical Specialist. Rady Children's Hospital Adolescent and Youth Adults Medicine. April 12, 2022. PRESENTATION
- STI Guidelines Update. Scripps Family Medicine Residency. April 27, 2022. PRESENTATION
- STI Update. Infectious Disease Association of California (IDAC) Spring Association. May 22, 2022. PRESENTATION

- STI Update. San Diego Academy of Family Physicians 65th Annual Postgraduate Symposium. June 25, 2022. PRESENTATION
- STI Update. UCSD Owen Clinic Rounds and Case Conference. April 14, 2022. PRESENTATION
- STI's - What's New in 2021?. UCSD HIV and Global Health Rounds. November 25, 2022. PRESENTATION

Maternal, Child, and Family Health Services

Black Breastfeeding Week article. Voice & Viewpoint. PUBLICATION.

Alcantar M., Grant Lankford M. Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Service Specialists Trainees. April 8, 2022. PRESENTATION

Alcantar M., Lewis T.

- Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Service Specialists Trainees. December 27, 2021. PRESENTATION
- Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Service Specialists Trainees. March 10, 2022. PRESENTATION
- Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Services Specialists Trainees. May 20, 2022. PRESENTATION



Public Health Services

PUBLICATIONS AND PRESENTATIONS

Maternal, Child, and Family Health Services

Ayala, K. Health Care Needs for Children in Foster Care. Options for Recovery Foster Parent Group. September 27, 2021. PRESENTATION

Felice J.

- SIDS Safe Sleep Presentation. Options Foster Care Parents. November 23, 2021. PRESENTATION
- SIDS Safe Sleep Presentation. Options Foster Care Parents. September 15, 2021. PRESENTATION

Grant Lankford, M. Black Joy and Breastfeeding: How Black Joy Can Help Overcome Barriers to Breastfeeding among African Americans. San Diego County Breastfeeding Coalition. August 28, 2021. PRESENTATION

Johnson, K. SIDS Safe Sleep Presentation. California State University, San Marcos Nursing Students. September 23, 2021. PRESENTATION

Lynch-Dwight, C.

- Health Care Needs for Children in Foster Care – Program Overview. San Diego County CWS Social Worker Initial Training (SWIT). March 18, 2022. PRESENTATION.
- Health Care Needs for Children in Foster Care – Program Overview. San Diego County CWS Social Worker Initial Training (SWIT). June 14, 2022. PRESENTATION
- Health Care Needs for Children in Foster Care – Program Overview. San Diego County CWS Social Worker Initial Training (SWIT). June 21, 2022. PRESENTATION

- Health Care Needs for Children in Foster Care- Program Overview. San Diego County Nurse Resident Program. May 12, 2022. PRESENTATION
- Health Care Needs for Children in Foster Care. Options for Recovery Foster Parent Group. March 9, 2022. PRESENTATION
- Health Care Needs for Children in Foster Care. Options for Recovery Foster Parent Group. May 11, 2022. PRESENTATION

Smedley, J., Duncan, D. San Diego Perinatal Equity Initiative - Using Data to Reduce Birth Disparities. Clear Impact Measurable Equity 2021 Virtual Conference, November 10, 2021. PRESENTATION

Tangirala K., Lewis T. Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Service Specialists Trainees. November 11, 2022. PRESENTATION

Tangirala, K., Grant Lankford, M. Perinatal Care Network and Black Infant Health Presentation. Universal Training for Human Services Specialist Trainees. July 6, 2021. PRESENTATION

Waters J., Starr N., Olinger T., Graff N. Oral Health, and Fluoride Varnish Application Virtual Training. CHDP Provider Inservice. December 10, 2021.



Public Health Services

PUBLICATIONS AND PRESENTATIONS

Public Health Preparedness & Response

Knutson, C., Justyn, Abrajano, Tiffanie. *Beyond Foot Teams*

Enhanced Deployment of Medical Countermeasures for COVID-19 in Congregate Care. Preparedness Summit: Reimagining Preparedness in the Era of Covid-19 Conference, Atlanta GA. April 4-7, 2022.

PRESENTATION

Stewart M.

- Antigen Testing Training. New Alternatives. November 5, 2021. PRESENTATION
- School Antigen Testing Training. San Diego Cooperative Charter School. August 31, 2021. PRESENTATION

Stewart M., Shannahan E.

- Cue NAAT COVID-19 Testing Training. Chula Vista Elementary School District. July 8, 2021. PRESENTATION
- School Antigen Testing Training. Bella Mente Montessori Academy. August 16, 2021. PRESENTATION
- School Antigen Testing Training. Del Mar Union School District. August 25, 2021. PRESENTATION
- School Antigen Testing Training. Fallbrook Union Elementary School District. August 10, 2021. PRESENTATION
- School Antigen Testing Training. Gompers Preparatory Academy August 23, 2021. PRESENTATION

- School Antigen Testing Training. Leonardo Da Vinci Health Sciences Charter School. August 17, 2021. PRESENTATION
- School Antigen Testing Training. San Diego Global Vision Academy. August 9, 2021. PRESENTATION
- School Antigen Testing Training. School for Entrepreneurship & Technology. August 5, 2021. PRESENTATION
- School Antigen Testing Training. Solana Beach School District. August 9, 2021. PRESENTATION
- School Antigen Testing Training. South Bay Union School District. July 22, 2021. PRESENTATION

Tuberculosis Control and Refugee Health

Brentnall M.

- TB 101 x 2 classes. Valhalla High School. January 13, 2022. PRESENTATION
- TB 101 x 5 classes. Santana High School. March 21, 2022. PRESENTATION
- TB 101. House of Metamorphosis DTC staff. January 13, 2022. PRESENTATION
- TB 101. North Central PHC. May 5, 2022. PRESENTATION



Public Health Services

PUBLICATIONS AND PRESENTATIONS

Tuberculosis Control and Refugee Health

Brentnall M.

- TB 101. Staff, House of Metamorphosis Drug Treatment Center. January 13, 2022. PRESENTATION
- TB 101. Valhalla High School. February 3, 2022. PRESENTATION
- TB 101. Valhalla High School/Honors Physiology-11th/12th grade (2 classes) Morning periods. January 13, 2022. PRESENTATION
- TB 101. Valhalla High School/Honors Physiology-11th/12th grade (2 classes) Afternoon periods. February 3, 2022. PRESENTATION
- TB Peer Educator Pilot Project - 7-week course, 1 class per week. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. February 1, 2022. PRESENTATION
- TB Peer Educator Project - Brainstorming Session. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. February 23, 2022. PRESENTATION
- TB Peer Educator Project - Community Needs Assessment. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. March 15, 2022. PRESENTATION
- TB Peer Educator Project - Live Well Branding. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. March 1, 2022. PRESENTATION
- TB Peer Educator Project – Statistics. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. February 7, 2022. PRESENTATION

- TB Peer Educator Project – Statistics. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. March 7, 2022. PRESENTATION
- TB Peer Educator Project - TB Prevention Pitch Presentations. San Diego High School/Science High Academy 12th grade PH/Advanced English Class. April 5, 2022. PRESENTATION

Garfein G, Kadakia A, San Miguel S, Liu L, Antonio A, et al. Video Directly Observed Therapy for Monitoring Adherence to LTBI Treatment (VMALT), International Union Against Tuberculosis and Lung Disease North America Region Meeting, February 25, 2021. PRESENTATION.

Garfein R, Graves S, San Miguel S, Antonio A, Cuevas Mota J, Mercer V, Catanzaro D, Liu L, Smith M, Benson C. Acceptance of Isoniazid and Rifapentine (3HP) Regimen for Latent Tuberculosis Infection (LTBI) Treatment in San Diego County: Observations from a Video Directly Observed Therapy (VDOT) Comparative Efficacy Trial. National TB Controllers Association 2020 Annual Conference. October 1, 2020. POSTER.

Mandagie D. PHN Nurse Residency Program. North Central PHC. April 20, 2022. PRESENTATION



Public Health Services **RESEARCH PROJECTS**

FY 2021-2022

PUBLIC HEALTH SERVICES BRANCHES ARE INVOLVED IN RESEARCH PROJECTS IN COLLABORATION WITH COMMUNITY PARTNERS. A BRIEF DESCRIPTION OF EACH OF THE PROJECTS IS LISTED ON THE FOLLOWING PAGES.

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

- ADMINISTRATRION, PUBLIC HEALTH SERVICES
- CALIFORNIA CHILDREN'S SERVICES
- EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH
- HIV, STD, AND HEPATITIS BRANCH
- MATERNAL, CHILD AND FAMILY HEALTH SERVICES
- PUBLIC HEALTH PREPAREDNESS AND RESPONSE
- TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Public Health Services

RESEARCH PROJECTS

TUBERCULOSIS CONTROL AND REFUGEE HEALTH (TBC-RH)

Title and Purpose of Study	Sponsor/Principal Investigator/County Staff	Study Period
VDOT to Monitor Short-Course Latent TB Infection Treatment UCSD	Dr. Richard Garfein, UCSD/Toni Antonio, TBC-RH.	March 2015- March 2021
TB Epidemiologic Studies Consortium	Dr. Tracy Ayers, CDC/Dr. Jenny Flood, CDPH/Dr. Margarita Santibanez TBC-RH/Dr. Marisa Moore CDC and TBC-RH.	November 2012-September 2021.

Public Health Services

RESEARCH PROJECTS

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

Title and Purpose of Study	Sponsor/Principal Investigator/County Staff	Study Period
Household transmission of SARS-CoV-2 Alpha variant - United States, 2021.	Donnelly MAP, Chuey MR , Soto R, Schwartz NG, Chu VT, Konkle SL, Sleweon S, Ruffin J, Haberling DL, Guagliardo SAJ, Stoddard RA, Anderson RD, Morgan CN, Rossetti R, McCormick DW, Magleby R, Sheldon SW, Dietrich EA, Uehara A, Retchless AC, Tong S, Folster JM, Drobeniuc J, Petway ME, Austin B, Stous S, McDonald E , Jain S, Hudziec MM, Stringer G, Albanese BA, Totten SE, Staples JE, Killerby ME, Hughes L, Matanock A, Beatty M , Tate JE, Kirking HL, Hsu CH; COVID-19 Household Transmission Team. Clin Infect Dis. 2022 Feb 11 :ciac125. doi: 10.1093/cid/ciac125.	Clin Infect Dis. February 2022.
Comparison of Home Antigen Testing With RT-PCR and Viral Culture During the Course of SARS-CoV-2 Infection.	Chu VT, Schwartz NG, Donnelly MAP, Chuey MR , Soto R, Yousaf AR, Schmitt-Matzen EN, Sleweon S, Ruffin J, Thornburg N, Harcourt JL, Tamin A, Kim G, Folster JM, Hughes LJ, Tong S, Stringer G, Albanese BA, Totten SE, Hudziec MM, Matzinger SR, Dietrich EA, Sheldon SW, Stous S, McDonald EC, Austin B, Beatty ME , Staples JE, Killerby ME, Hsu CH, Tate JE, Kirking HL, Matanock A; COVID-19 Household Transmission Team. JAMA Intern Med. 2022 Apr 29 . doi: 10.1001/jamainternmed.2022.1827. Online ahead of print.PMID: 35486394	April 2022.

Public Health Services

RESEARCH PROJECTS

EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

Title and Purpose of Study	Sponsor/Principal Investigator/County Staff	Study Period
Household Transmission and Symptomology of SARS-CoV-2 Alpha Variant Among Children-California and Colorado, 2021.	Waltenburg MA, Whaley MJ, Chancey RJ, Donnelly MAP, Chuey MR , Soto R, Schwartz NG, Chu VT, Sleweon S, McCormick DW, Uehara A, Retchless AC, Tong S, Folster JM, Petway M, Thornburg NJ, Drobeniuc J, Austin B , Hudziec MM, Stringer G, Albanese BA, Totten SE, Matzinger SR, Staples JE, Killerby ME, Hughes LJ, Matanock A, Beatty M , Tate JE, Kirking HL, Hsu CH; COVID-19 Laboratory & Testing Task Force. J Pediatr. 2022 Apr 18 :S0022-3476(22)00338-9. doi: 10.1016/j.jpeds.2022.04.032. Online ahead of print.PMID: 35447121	April 2022.



Public Health Services **STAFF AWARDS AND RECOGNITIONS**

FY 2021-2022

PUBLIC HEALTH SERVICES BRANCHES ARE INVOLVED IN RESEARCH PROJECTS IN COLLABORATION WITH COMMUNITY PARTNERS. A BRIEF DESCRIPTION OF EACH OF THE RECOGNITIONS IS LISTED ON THE FOLLOWING PAGES.

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Public Health Services

STAFF AWARDS AND RECOGNITIONS

National Association of County and City Health Officials (NACCHO) Award Winners

National Association of County and City Health Officials (NACCHO) Award Winners

2021 Innovative Practice Award – Gold

County of San Diego Health and Human Services Agency was awarded the Gold Innovative Practice Award for its COVID-19 Response - Academic Detailing by Zip Code.

2021 Innovative Practice Award – Silver

County of San Diego Health and Human Services Agency was awarded the Silver Innovative Practice Award for its Operationalizing the *Live Well San Diego* Framework: A Population Health Approach to the COVID-19 Pandemic.

2021 Innovative Practice Award – Bronze

County of San Diego Health and Human Services Agency was awarded the Bronze Innovative Practice Award for its Operationalizing the *Live Well San Diego* Framework: COVID-19 Prevention Hygiene Kit Distribution Program.

County of San Diego Health and Human Services Agency was awarded the Bronze Innovative Practice Award for its Cross-border (San Diego Tijuana) COVID-19 Collaboration.

2021 Innovative Practice Award – Honorable Mention

County of San Diego Health and Human Services Agency received an honorable mention for its Community Health Worker Communication and Outreach Services.





Public Health Services

STAFF AWARDS AND RECOGNITIONS

National Association of Counties (NaCo) Award Winners

Public Health Services received an award for its Associated Infections Program to Address the Silent Threat of Multidrug Resistant Organisms.

The County of San Diego has leveraged the COVID-19 pandemic as a means to enhance and expand our local healthcare associated infections (HAI) program in order to address and respond to the growing number of multidrug resistant organisms (MDROs) and antibiotic resistant infectious agents. Our program is unique in that we are staffed with some very prominent in-house field-based infection control support and have extensive outreach to our local congregate medical facilities. Through strategic planning efforts, provisioning of supplies to high risk medical settings and field response during COVID-19, some early successes of the program have been realized. With a growing number of threats due to MDROs sweeping through southern California, our team is working actively with our local medical partners to inform, equip and respond.

Public Health Services received an award for its Migrant COVID-19 Related Disease Investigation and Control Response Team

The County of San Diego exercised flexibility, adaptability and innovation in local COVID-19 response efforts to an influx of migrants coming through San Diego County on their path to United States citizenship. A specialized team of COVID-19 disease investigators was established in order to work with the migrant population which had experienced high risk exposure and outcomes due to international travel, close quarters exposure, minimal access to testing and vaccines prior to their arrival to San Diego County. This specialized team worked closely with County, State, and Federal partners to appropriate isolation and to ensure awareness of resources available to them. Through this team, efforts to further reduce the spread of illness both within this special population and within the broader county population were undertaken and continue to operation today.



Public Health Services

STAFF AWARDS AND RECOGNITIONS

National Association of Counties (NaCo) Award Winners

Public Health Services received an award for its Establishment of Novel Response Team to Respond to COVID cases among Place of Employment.

The County of San Diego was able to develop and establish a COVID-19 Pre-Outbreak Assessment Team specifically for verifying information reported by employers to identify outbreaks in business settings in a manner that would not have been otherwise identified. In addition, novel approaches, collaboration with other County Departments, and working with other disease control investigators helped to mitigate COVID-19 spread through early detection, outreach and education, and referral to County provided services among business settings within the community.

Public Health Services received an award for its San Diego Health CARES initiative.

San Diego CARES (Conduct screening; Assess for signs and symptoms of strangulation, Report to law enforcement; Evaluate patient; and Safety Plan) is a county-wide partnership aimed at improving domestic violence and strangulation screening and response practices through equipping healthcare professionals with training, tools, and patient resources. This initiative is a partnership between the San Diego County District Attorney's Office, Emergency Medical Services, Public Health Services, and major healthcare organizations in San Diego county. The initiative grew out of the establishment of the 2017 Countywide Strangulation Protocol for law enforcement. Following that, the San Diego Health CARES initiative was launched in October 2019. To-date, almost 400 healthcare professionals have been trained in the San Diego Health CARES protocol. In the last four years, there has been a threefold increase in felony filings for strangulation-related crimes and more than twice as many cases (66% v 32%) are able to be prosecuted when a forensic evidentiary examination is performed. While there is still much work to be done, San Diego County is making great strides in addressing the public health threat of intimate partner violence.



Public Health Services

STAFF AWARDS AND RECOGNITIONS

National Association of Counties (NaCo) Award Winners

COVID-19 Testing and Vaccinations received an award for its County of San Diego Vaccination Strategy.

The County partnered with multiple healthcare organizations, city jurisdictions, community-based clinics and fire agencies in the region to open community vaccination sites all over the region. Including the state's first Vaccination Super Station which opened at Petco Park on January 11, 2021, in partnership between the County, UC San Diego Health, San Diego Padres, and the City of San Diego. This drive-up Super Station was open seven days a week and had the capacity to vaccinate over 5,000 individuals per day.

COVID-19 Testing and Vaccinations received an award for its Health Care Provider Status Team.

The Healthcare Provider Status Task Force was created to establish a communication platform with over 1,400 Long-Term Care facilities through Microsoft applications (SharePoint and Microsoft forms) to evaluate operational status and critical needs such as PPE, testing, and vaccinations. Taskforce members remained in constant communication throughout the pandemic through email, phone calls, and survey responses, with these facilities to provide up to date information and necessary supplies and services to protect residents against COVID-19.



Public Health Services

STAFF DEVELOPMENT

FY 2021-2022

**PUBLIC HEALTH SERVICES
ENCOURAGES BRANCH STAFF TO
ENHANCE THEIR WORK BY
TAKING STAFF DEVELOPMENT
TRAINING.**

DEPARTMENT OF PUBLIC HEALTH SERVICES BRANCHES

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Public Health Services

STAFF DEVELOPMENT

CALIFORNIA CHILDREN'S SERVICES

Duran Al Absi- completed the County Department of Human Resources 6-week Emerging Leaders Academy on April 20, 2022, designed to assist in the development of skills that are the necessary building blocks for becoming a strong leader, team member, supervisor or manager.

MATERNAL, CHILD AND FAMILY HEALTH SERVICES

Josephine Smedley – City MatCH City Leaders program began in December 2021 and ended in December 2022, City MatCH's City Leader program strengthens and develops maternal and child health leadership competencies in participants.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Catherine Blaser- CIC certification through the Certification Board of Infection Control and Epidemiology, The CIC® examination is the standardized measure of the basic knowledge, skills and abilities expected of professionals working in the field of infection prevention and control.

Eileen Shannahan- a-IPC certification through the Certification Board of Infection Control and Epidemiology, the a-IPC (Associate – Infection Prevention and Control) entry-level certification examination is a measure of basic infection prevention competency. It is intended for the novice IP and for those interested in pursuing careers in infection prevention and control.

Mindy Stewart – a-IPC certification through the Certification of Board Infection Control and Epidemiology, the a-IPC (Associate – Infection Prevention and Control) entry-level certification examination is a measure of basic infection prevention competency. It is intended for the novice IP and for those interested in pursuing careers in infection prevention and control.



Public Health Services

STAFF DEVELOPMENT

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Cristian Beas completed the Phlebotomy Technician training course, by U.S. Colleges, San Diego, California, in March 2021.

Forty-one TBCRH Branch staff completed DISCcert virtual training on June 11, 2021 (20 staff attended) and June 14, 2021 (21 staff attended), conducted by the Government Training Agency. This training introduces the DISC model of communication styles, based on observable patterns, and its value in understanding your own communication styles and enhancing communication with others.

Prisci Quijada completed Contracting Officer Representative Training I, June 2, 2021.

Veronica Gervasi and **Elisa Jazo** attended TB Basics and Patient-Centered Care, a virtual training by the Curry International Tuberculosis Center on April 12, 2021. This course is part of the core training series designed for tuberculosis case managers and public health nurses who deliver case management services to patient with active or latent TB within the public health setting.



Public Health Services **TRAINING & DEVELOPMENT**

FY 2021-2022

PHS PROVIDES EXTENSIVE TRAINING FOR ALL INTERNAL, PERMANENT STAFF IN THE DEPARTMENT. THIS SECTION SHARES TRAININGS AND NUMBER OF STAFF TRAINED.

Trainings PHS has developed includes:

- RESPONSE TO OUTBREAKS AND PANDEMICS: MANAGEMENT UNDER INCIDENT COMMAND SYSTEM TRAININGS
- RACIAL EQUITY TRAININGS
- DATA LITERACY

PUBLIC HEALTH SERVICES TRAINING & DEVELOPMENT

**PARTICIPANTS
WHO TOOK ALL
3 OUTBREAK
TRAININGS**

82

**PARTICIPANTS
ACROSS 15
RACIAL EQUITY
TRAINING**

335

**PARTICIPANTS
OF DATA
LITERACY
TRAININGS**

662

County of San Diego Board of Supervisors

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District 2—Joel Anderson

District 3—Terra Lawson-Reemer

District 4—Nathan Fletcher, Chair

District 5—Jim Desmond

Chief Administrative Officer Helen Robbins-Meyer

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FACHE

Public Health Officer, Wilma J. Wooten, MD, MPH

Director, Public Health Services. Elizabeth A. Hernandez, PhD

County of San Diego Health and Human Services Agency Public Health
Services

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LIVE WELL
SAN DIEGO

