

Sacramento County
Department of Health and Human Services
Division of Public Health - Public Health Advisory Board

Meeting Minutes

January 4, 2012, 12:00 – 1:33 p.m.

Primary Care Center

4600 Broadway

Sacramento, CA 95820

Conference Room 2020

Chair: Robert Meagher

Scribe: Paula Gammell

Board Attendees: Robert Meagher – Chair, Marty Keale, Michael Monasky, Blia Vang, Peter Simpson, Ray Wilson, Don McClurg,
Edward Lewis, Rosemary Younts, Sandy Damiano (Ex-Oficio), and Laurie Werner (Ex-Oficio)

Board Members Excused: Joan Hurlock, Sara Brass, Morgan Staines

Board Members Absent: None

Guests: Raquel Simentel, Leslie Benson, Edith Martinez, Elaine Linn, Adam Doherty, Abraham Daniels, Bob Waste

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Topic	Minutes
Welcome and Introductions	Meeting began with introductions at 12:08 p.m.
Minutes Review of Dec. 7, 2011	A Minutes of Dec. 7, 2011: Motion by Ray Wilson; Second by Michael Monasky. Unanimously approved as submitted.
APHA The Power of Policy: Innovation to Improve Health Proposal	<p>Adam Doherty forwarded PHAB information on a “policy innovation contest” by the American Public Health Association. It is a policy contest for health departments to advance the development of innovative public health policy strategies, in particular those that aim to eliminate health inequities; and to strengthen health departments’ capacity to use policy approaches.</p> <p>Dr. Werner forwarded this to managers in the Public Health Division as the division is interested in approaching schools to conduct STD testing using an outreach van. Peter Simpson informed that they are starting a similar program at Luther Burbank High School.</p> <p>An email of intent is due by January 18th with proposals due by January 31st.</p>
Presentation	<p>Script Your Future – Elaine Linn</p> <p>Script Your Future is a National Campaign to increase adherence by raising awareness of the important of taking medications as directed.</p> <p>One out of ever 3 people never fill their prescriptions; nearly 45 % of the population has one or more chronic conditions that require medications; nearly 3 out of 4 Americans don’t take their medications as directed; and, more than 1/3 of medication-related hospital admissions are linked to poor adherence.</p> <p>Five causes of non-adherence include</p> <ol style="list-style-type: none"> 1. Social & Economic – Low literacy, poor social support, family instability, homelessness, lack of insurance 2. Health Care System – Difficult appointments/ follow-up, lack of provider continuity, cost/ coverage challenges (formulary, co-pays)

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	<p>3. Condition-Related – Lack of symptoms</p> <p>4. Therapy-Related – Absent or delayed perceivable positive effects, annoying side effects, administration technique, overly complex regimens</p> <p>5. Patient-Related – Physical (hearing, dexterity, swallowing, memory, mobility); Psychological/ behavioral (knowledge, motivation)</p> <p>The National Consumers League (NCL) began planning for the medication adherence campaign in 2008, with support from the Agency for Healthcare Research and Quality (AHRQ). Recognition of poor adherence as a national public health problem</p> <p>Since that time NCL organized meetings and working groups with over 110 stakeholder organizations.</p> <p>To date, NCL has signed on more than 100 Committed Partners from leading health care, consumer, insurance, business, and pharmaceutical organizations, as well as government agencies and adherence researchers.</p> <ul style="list-style-type: none"> ▪ Committed partners include a broad cross section <ul style="list-style-type: none"> ▪ Every sector within health care <ul style="list-style-type: none"> ▪ Health care professionals, patient groups, insurers, providers, researchers ▪ Government agencies ▪ Community based organizations ▪ Business ▪ Committed partners are the campaign’s strongest champions <ul style="list-style-type: none"> ▪ Networks give the campaign greater reach <ul style="list-style-type: none"> ▪ Arm patients and health care professionals with tools and information ▪ Supply patients with a clear call to action to talk to their health care professional ▪ Leverage committed partner channels and resources to disseminate

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	<p style="text-align: center;">information</p> <ul style="list-style-type: none"> ▪ Mobilize organizations on the ground ▪ Achievements <ul style="list-style-type: none"> ▪ Engage Stakeholders – 30+ active organizations in this region ▪ Distribute Materials – 25,000 wallet cards distributed since launch ▪ Involve Students– Adherence challenge ▪ Raise Awareness – Launch event, “SYF Medication Adherence Awareness Week,” earned and paid media, statewide communications networks ▪ Remove Barriers to Adherence – Health fairs, patient consultations ▪ Plans for 2012 – Strategy Session January 17 <ul style="list-style-type: none"> ▪ Expand Coalition – Public health, faith community, multicultural ▪ Community Education ▪ Collaborative Health Events
Division Updates	<p>Public Health Division Update by Laurie Werner, M.D., Interim Public Health Officer</p> <ol style="list-style-type: none"> 1. Norovirus activity has started which is typical this time of year. 14 long-term care facilities have reported outbreaks. Two or more cases constitute an outbreak in a care facility. 2. There was one reported meningitis case in December. 3. Pandemic Flu documents are being updated and will be released during a media event. The avian flu has been “altered” to be an airborne pathogen and may be an issue of National Security. 4. The division is in the process of updating the Severe Weather documents as well. 5. Tuberculosis cases in California have seen a downward trend. This is due in part to better screening overseas and fewer immigrants in the bad economy. 6. The division will be conducting a strategic planning session to look at issues surrounding

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	<p>Public Health in Sacramento, its mission, identity and a possible reorganization.</p> <p>7. Changes in legislation regarding tattoo parlors will take effect July 1st. Tattoo artists will have to be immunized for hepatitis B, will be required to have a sink and equipment cleaning regulations take effect.</p> <p>Primary Health Services Division Update by Sandy Damiano, PhD, Deputy Director</p> <p><u>Public Meetings</u></p> <ul style="list-style-type: none"> ▪ LIHP Community Meeting – 01/18/12 at 3:00 pm at DHHS Admin Building, Conference Room 1. ▪ Medi-Cal Managed Care Stakeholders Advisory Committee – 01/23/12 at 3:00 pm at DHHS Admin Building, Conference Room 1. <p><u>Low Income Health Program (LIHP)</u></p> <ul style="list-style-type: none"> ▪ This program remains dynamic with constant changes. ▪ County has submitted almost all of the required deliverables to the State DHCS. Those are under review and feedback processes. The rest of the deliverables are pending Molina Healthcare. There is a sequencing issue since we do not yet have a contract with Molina. ▪ Contract development is proceeding and in various stages of review by our Contracts Unit, Counsel, Risk Management and Molina. Negotiations with Molina are in process. ▪ We are trying to work through some major obstacles. These must be overcome in order to implement the program. <ul style="list-style-type: none"> ○ One involves our use of a health plan. We believe Sacramento County is the only county in the State using a Medi-Cal Managed Care entity to manage their LIHP. Many use Medi-Cal managed care plans for some administrative functions. This means that we must work through State DHCS and State DMHC. It is unclear whether Knox Keene applies and if so, we have asked for an exemption

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	<p>for a material modification. This is requirement under Knox Keene and is extremely time consuming. This has been a long process which began in September. We are trying to set another meeting with the DHCS.</p> <ul style="list-style-type: none"> ○ We have also been required to provide information related to our LIHP financing structure due to use of a health plan. We believe we gave satisfactory responses but are still pending State assurance. ○ Last June we requested a review of the contractual language regarding the Maintenance of Effort requirement. This is important in order to ensure that we can meet the MOE once LIHP is implemented. ○ The costs of serving potential Ryan White clients meeting LIHP criteria have a significant budgetary impact. While we want to serve all clients meeting criteria, this is a large cost shift. There will be fewer total LIHP members served. ○ DHA is analyzing their staffing for LIHP to determine their structure for meeting LIHP eligibility requirements. This is crucial to the LIHP. All LIHP members must be deemed eligible by DHA prior to drawing down reimbursement for covered health care services. We must ensure we can adequately staff the eligibility component and maintain the flow of enrollees. ○ IT issues have been complex. While the CalWIN LIHP modification remains on track IT solutions for an initial large cohort at the beginning of the program is currently an obstacle. <ul style="list-style-type: none"> ▪ Further updates will be provided at the LIHP Community Meeting.
<p>Membership/Nominating Committee Update:</p>	<ol style="list-style-type: none"> 1. First 5 Advisory Committee: Michael Monasky and Ray Wilson volunteered to participate on the First 5 Advisory Committee. Both were appointed. 2. Executive Committee: Don McClurg and Morgan Staines were nominated to the PHAB Executive Committee to replace outgoing PHAB members Leslie Benson and Anthony Russell. 3. PHAB General Membership: The nominating committee reviewed several applicants and moved Edward Lewis and

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	<p>Adam Doherty forwarded to the general membership for voting. Adam Doherty has a Master's in Public Health and is a current medical student at UC Davis, who is involved in public policy matters. Edward Lewis has a Master's in Social Work, is a member of the faculty at Sacramento State University, consultant to the African American Health Institute in Southern California and member of the California Black Health Network. Motion to approved Adam Doherty and Edward Lewis by Robert Meagher, Seconded by Michael Monasky; approved unanimously</p>
<p>Committee Updates</p>	<p>Research and Evaluation – Don McClurg The Research and Evaluation committee did not meet in December. However, in January the committee will be addressing syringe exchange program topics.</p> <p>GMC Denta-Cal – Don McClurg The Committee presented recommendations to the State on how to change contract language to improve dental health in Sacramento County. Don will work with GMC Denta-Cal staff on drafting an updating to the Board of Supervisors as they previously requested.</p>
<p>Adjournment</p>	<p>Michael Monasky's agenda item, the "Role of Public Health in Sacramento County", will be moved forward in the February agenda as it has not been addressed in two meetings due to insufficient meeting time.</p> <p>Meeting ended at 1:40 p.m.</p>