

Sacramento County Public Health Advisory Board

Meeting Minutes

August 6, 2014, 12:00 – 1:30pm

Primary Care Center

4600 Broadway

Sacramento, CA 95820

Conference Room 2020

Moderator: Morgan Staines - Chair

Scribe: Mark Thorpe - Staff

Board Attendees: Morgan Staines, Adam Dougherty, Raquel Simental, Peter Simpson, Michelle Rivas, Pheng Lee, Robert Meagher, Mildred Kahane, Olivia Kasirye

Board Members Excused: LeOndra Clark Harvey, Sandy Damiano

Board Members Absent: Allie Shilin, William Douglas, Michael Blair

Guests: Sherri Heller, Amelia Schendel, Joann Morales, Staci Syas, Jake Pry, Marcella Gonsalves, Emerald Montgomery, John Rogers, Alan Lange, Karen Giordano, Jim Ellsworth

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Topic	Minutes
Welcome and Introductions	Meeting began at 12:05pm
Minutes Review	May Minutes: Approved June Minutes: Approved
PHAB Appointments/Bi-Laws	Action Item: PHAB voted to approve Richard Benavidez, Lori, Altheide, Geoffrey Ross, Gail Brosnan, and Mandy Taylor to the vacant seats on the HIV Health Services Planning Council. Action Item: PHAB voted to un-suspend the Bi-Laws for the Executive Committee to remove the additional seat that was added.
Primary Health Services Update	Sandy Damiano, PhD: (Update provided via Handout)
WIC Pilot Programs	<p>Amelia Schendel, WIC Director:</p> <ul style="list-style-type: none"> • WIC has been experiencing decreased caseload locally, statewide, and nationally. • Paper vouchers, a decrease in birth rate, and lack of transportation contribute to the decrease in caseload. Extensive outreach has been conducted with limited success. • Elk Grove was identified as a high need area while Folsom was identified as a limited access area. • WIC decided to open a couple of satellite sites located in neighborhoods where WIC-eligible families reside. • On May 23rd, 2013 WIC opened a satellite location in the Light of the Valley Church located on 9270 Bruceville Rd in Elk Grove; central to retail grocery, low-income housing, schools, and daycare facilities. • After the site in Elk Grove opened, WIC experienced robust growth in the number of caseloads. 27 WIC Participants in May 2013 and 1,073 cases by July 2014. These numbers are based on a 1 day a week schedule that increased to 2 days a week in October 2013. It is estimated that if the site opened 4 days a week the numbers would double. • WIC Participants enjoy the Elk Grove site because it is close. • In October 2013, WIC opened the second satellite site in the Mercy Village Folsom Low-Income Apartments located on 1160 Duchow Way. • The Folsom location is open twice a month and also experienced robust growth in caseloads. 19 WIC Participants in October 2013 and 158 by July 2014.

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	<ul style="list-style-type: none"> • WIC is utilizing other resources like social media, online nutrition education, late hours offered twice a month, and texting reminders for follow-up appointments. • WIC finds that the pilot projects enhance the community experience, create effective partnerships, provide low-cost and convenient locations, as well as serving over 1,000 participants. • WIC plans to open a third pilot site in Old Town Elk Grove (pending approval). State WIC is working on implementing electronic payment cards; this might take 4-5 years. • There are currently 4 permanent WIC locations (and 2 satellite sites) in Sacramento: <ul style="list-style-type: none"> ○ 3415 Martin Luther King, Jr. Blvd (Oak Park) serving about 3,000 clients ○ 2251 Florin Rd, Ste. 100 (Florin) serving about 10,000 clients ○ 10665 Coloma Rd, Ste. 400 in Rancho Cordova serving about 4,400 clients ○ 811 Grand Avenue, Ste. A-1 in Del Paso Heights serving about 8,100 clients • WIC funding is based on the amount of people being served. WIC is funded for 29,800 clients and currently serves about 26,847. • WIC vouchers range from \$64 (child) - \$115 (formula) a month per person. • Community Resource Project, Inc. also operates a WIC program (CRP WIC) that offers additional locations. • Visit www.calwic.org for more information about the WIC Program.
<p>Introduce Mobilizing Actions through Planning and Partnerships (MAPP)</p>	<p>Joann Morales, MAPP Coordinator, Drexel University:</p> <ul style="list-style-type: none"> • MAPP is a community-driven strategic planning process for improving community health; and the efficiency, effectiveness, and ultimately the performance of local public health systems. • MAPP is not an agency-focused assessment process. • The MAPP process is broken down into six Phases: <ul style="list-style-type: none"> ○ Organize for Success and Partnership Development ○ Visioning ○ The Four Assessments <ul style="list-style-type: none"> ▪ Community Themes and Strengths Assessment ▪ Local Public Health Systems Assessment ▪ Community Health Status Assessment ▪ Forces of Change Assessment ○ Identify Strategic Issues

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	<ul style="list-style-type: none"> ○ Formulate Goals and Strategies ○ Action Cycle <ul style="list-style-type: none"> ▪ Evaluate, Plan, and Implement ● The MAPP project is an 18 month process. ● Joann Morales provided a timeline of the MAPP process (See meeting handouts): <ul style="list-style-type: none"> ○ May - Aug 2014: Community Health Assessment and Organize for Success / Partnership Development ○ Sep 2014: Community Themes and Strength Assessment ○ Oct - Nov 2014: Local Public Health System Assessment ○ Dec 2014 – Feb 2015: Forces of Change Assessment ○ Mar – May 2015: Identify Strategic Goals ○ Jun – Jul 2015: Formulate Goals and Strategies ○ Aug 2015: Action Cycle ● MAPP will be used to create a community health assessment, prioritize health issues, and assist with monitoring and tracking health data.
2014 Health Status Report	<p>Olivia Kasirye, MD:</p> <ul style="list-style-type: none"> ● Dr. Kasirye provided an overview of the Sacramento County 2014 Health Status Report (See meeting handouts): <ul style="list-style-type: none"> ○ Life Expectancy: <ul style="list-style-type: none"> ▪ Data is from 2002-2011 ▪ Overall increase of 2.4% across all ethnicities ▪ Hispanics have the highest overall life expectancy rate ▪ African Americans have the lowest overall life expectancy rate ○ Births: <ul style="list-style-type: none"> ▪ Data is from 2002-2011 ▪ Total births for Sacramento County averages 20,000 a year ▪ For 2011, there were 7,770 Caucasian births, 2,183 African American births, 5,533 Hispanic births, 3,464 Asian/Pacific Islander births, 973 Multi-Race births, and 75 American Indian births. ▪ Multi-Race has been added as a new group in the report. ○ Teen Births: <ul style="list-style-type: none"> ▪ Data is from 2002-2011

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- Youth ages 12-14 years have extremely low rate which is a good sign.
- Youth ages 18 and 19 have the highest rate which is expected and steadily declining.
- Overall teen births are dropping.
- Teen Births ages 15-19 by Race/Ethnicity: Hispanic and African American have the highest rate and in 2011 reported similar numbers, both above California's average; Asian and Caucasian have the lowest rate and also reported similar numbers in 2010 and 2011, both lower than California's average.
- Sacramento County is following California's average.
- First Trimester Entry into Prenatal Care by Race/Ethnicity:
 - Data is from 2011
 - Youth ages 19 and under have the lowest rate of entry.
 - Youth ages 19 and under, and 20-24 don't make the Healthy People 2020 goal across all races/ethnicities.
 - African Americans consistently miss the Healthy People 2020 goal regardless of age group.
 - Caucasian and Hispanics ages 25 and older meet/exceed the Healthy People 2020 goal.
 - Asian Pacific and Multi-Race ages 30 and older meet/exceed the Healthy People 2020 goal.
- Preterm Births by Race/Ethnicity:
 - Data is from 2002-2011
 - African American preterm birth rates are the highest and exceed Sacramento's average.
 - Caucasian preterm birth rates are the lowest and below Sacramento's average.
 - In 2011 all races/ethnicities are close to the Healthy People 2020 goal except African Americans.
- Communicable Diseases:
 - Data is from 2012
 - Chlamydia: 8,351 cases reported
 - Hepatitis C, chronic: 4,175 cases reported
 - Gonorrhea: 2,156 cases reported
 - Hepatitis B carrier: 1,214 cases reported

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- Tuberculosis: 64 cases reported
- Influenza (ICU): 24 cases reported
- West Nile Virus (Neuro-invasive): 19 cases reported
- Sexually Transmitted Diseases:
 - Data is from 2012
 - Chlamydia: Women have the highest rates especially between ages 15-24
 - Gonorrhea: Women have the highest rates especially between ages 15-29
 - AIDS Incidence Rate: California overall is dropping. Sacramento County dropped drastically between 2007-2008 then steadily increased to meet California's average in 2010 and 2011.
 - Primary and Secondary Syphilis: Between 2009 and 2010 Sacramento was lower than CA's average but raised higher than CA's average starting in 2010. Overall rate has increased.
- Tuberculosis:
 - Data is from 2003-2012
 - Total count of cases has been dropping: 2003 - 151 cases reported, 2012 - 63 cases reported.
 - Adults ages 45-64 years report 31%, 25-44 years report 29%, 65 years or older report 25%, 15-24 years report 10%, 5-14 years report 3%, 0-4 years report 2%.
- Chronic Disease:
 - Data is from 2011.
 - Mental Disorder: 10,497 visits
 - Heart disease: 9,868 visits
 - Cancer: 3,525 visits
 - Cerebrovascular disease: 3,053 visits
- Infant Mortality:
 - Data is from 2002-2011.
 - African Americans consistently rate extremely high and above the Healthy People 2020 goal.
 - All other races/ethnicities rate below the Healthy People 2020 goal and Sacramento's average.
 - Other causes ranks 33.9% of total, Congenital malformations ranks 23.9% of total, Prematurity and low birth weight ranks 20.2% of total, Sudden infant death

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	<p style="text-align: center;">syndrome ranks 9.2% of total.</p> <ul style="list-style-type: none"> ○ Mortality: <ul style="list-style-type: none"> ▪ Data is from 2002-2011. ▪ Top 5 Leading causes of Death: Cancer and Heart Disease consistently rate the highest while Chronic Lower Respiratory, Stroke, and Accident rate the lowest of the top 5. ○ Leading Causes of Death: <ul style="list-style-type: none"> ▪ Data is from 2011. ▪ Total Deaths: 10,443. Total Deaths before 75: 4,735 (90,795 Years of Life lost before 75 Years). ▪ Leading Causes of Premature Deaths include Cancer, Heart Disease, Accident, and Suicide. ▪ Adults ages 15-24 report more violent deaths due to Accidents (37), Homicide (27), and Suicide (14). ▪ Adults ages 25-44 report more violent deaths due to Accidents (93), Cancer (86), and Suicide (56). ▪ Adults ages 45-74 report deaths due to Cancer (682), Heart Disease (406) and CLRD (145). ▪ Adults over 75 years report deaths due to Heart Disease (1,578), Cancer (1,051), and Alzheimer's Disease (360).
<p>Sacramento Public Health Data Portal</p>	<p>Jake Pry, Epidemiologist:</p> <ul style="list-style-type: none"> ● Jake Pry introduced the Sacramento County Public Health Data Portal. ● Tools that can be accessed include: <ul style="list-style-type: none"> ○ Community Dashboard ○ Healthy People 2020 Tracker ○ Indicator Comparison Report ○ Funding Opportunities ○ Demographics Dashboard ○ Promising Practices ○ Report Assistant ○ Report center ● Jake provided an overview of the website and how to navigate through the various tools.

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	<ul style="list-style-type: none"> • Meters next to Health Indicators provide a quick visual on how we rank compared to CA Counties or U.S. Counties. • Maps, Graphs, and Comparison Charts help quickly analyze information. • Individuals can compare County numbers with California averages. • The site displays on mobile devices extremely well and developers are working to incorporate social media where applicable. • The website is expected to go live at the end of August and will be a stand-alone website.
<p>Community Health Survey: Overview</p>	<p>Staci Syas, Human Services Program Planner:</p> <ul style="list-style-type: none"> • Staci Syas provided an overview of the Community Health Survey Results reporting 120 Survey Responses. (See meeting handouts) • What do you think are the three most important factors for a “Healthy Community?” <ul style="list-style-type: none"> ○ Low crime/safe neighborhoods: 25% for choice 1. ○ Good jobs and healthy economy: 21.7% tied with Low crime/safe neighborhoods: 21.7% for choice 2. ○ Healthy behaviors and lifestyles: 20.8% for choice 3. • What do you think are the three most important “health problems” in our community? <ul style="list-style-type: none"> ○ Mental Health problems ranked 30%, 19.2% and 20% for choices 1, 2, and 3. ○ Child Abuse: 16.7% for Choice 1 and 2. ○ Chronic Disease: 10.8 % for choice 3. • What do you think are the three most important “risky behaviors” in our community? <ul style="list-style-type: none"> ○ Drug use: 25% for choice 1 ○ Drug use: 22.5% and Poor eating habits: 15.8% for choice 2 ○ Dropping out of school: 15% for choice 3. • How would you rate the overall health of our community? <ul style="list-style-type: none"> ○ Somewhat healthy: 62.5% ○ Unhealthy: 25.8% ○ Healthy: 9.2% ○ Very unhealthy: 2.5% • Survey Respondents Profile: <ul style="list-style-type: none"> ○ 63.3% - White/Caucasian ○ 35% - 40-45 year olds ○ 14.2% Male and 84.2% Female

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	<ul style="list-style-type: none">○ 48% rated their own personal health as Healthy● Action Item: PHAB would like to invite Staci Syas back to the September meeting to finish her discussion about the Survey Results.
Public Comments	None
Adjourn	Meeting ended at 1:40pm