

Sacramento County Public Health Advisory Board

Meeting Minutes

October 1, 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, Raquel Simental, Peter Simpson, Michelle Rivas, Pheng Lee, Mildred Kahane, Dr. LeOndra Clark Harvey, Dr. Sandy Damiano, Dr. William Douglas, Michael Blair, Sherry Patterson-Jarrett

Board Members Excused: Dr. Adam Dougherty, Dr. Robert Meagher, Dr. Olivia Kasirye

Board Members Absent: Allie Shilin Budenz

Guests: Pamela Harris, Steven Orkand, Debra McCartney, Nick Mori, Joann Morales, Alan Lange, Staci Syas

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Topic	Minutes
Welcome and Introductions	Meeting began at 12:10pm
Minutes Review	September minutes: Approved
Appointments and Vacancies	<p>HIV Health Services Planning Council: PHAB approved the appointment of Panco Prince Jr. to Seat Number 4.</p> <p>Vacancies: PHAB has currently 2 vacancies: 1 Health Care, and 1 Public Health</p> <ul style="list-style-type: none"> • The application to join PHAB can be found here: http://www.sccob.saccounty.net/Documents/BoardsandCommissions/Apprev3507.pdf
Primary Health Services Division Update	<p>Sandy Damiano, PhD:</p> <p>MEDI-CAL MANAGED CARE</p> <ul style="list-style-type: none"> • GMC Enrollment - As of September 1st, enrollment is now at 352,422. • Take Up in GMC for the period of Jan 1 – Sep 1 = 91,493 enrollees. • Meeting focus for October – network adequacy and access • Committee link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx <p>SPECIAL POPULATIONS</p> <ul style="list-style-type: none"> • 658 individuals were approved for Medi-Cal between June – August 2014 (Adult Day Reporting Center and RCCC) • Eligibility staff are located at ADRC and RCCC. ADRC also has RNs on their intake team to assist with health care navigation and linkage. • Primary Health and Probation will be hosting a <u>Health Fair</u> on October 15th at ADRC (Florin-Perkins). <p>OTHER DIVISION UPDATES</p> <ul style="list-style-type: none"> • <u>Women, Infants and Children (WIC)</u> - Pending State CDPH approval of their satellite site in Old Elk Grove • <u>Juvenile Medical Services (JMS)</u> – selected a vendor for their EMR through a competitive

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	<p>process.</p> <ul style="list-style-type: none"> • <u>Emergency Medical Services (EMS)</u> – Dave Magnino is functioning as the Acting EMS Administrator due to Bruce Wagner’s retirement. • <u>Refugee Health Assessment</u> – Increase for the federal fiscal year in projected arrivals. FFY projected 13/14 at 870, FFY 14/15 projected at 1180 <ul style="list-style-type: none"> ○ Action Item: Dr. Damiano offered to provide more information about the Refugee Health Assessment program at a future PHAB meeting. ○ Sacramento ranks 3rd on newly arriving refugees. LA has the highest, followed by San Diego. • <u>Health Care for the Homeless</u> – moving from a HCH Advisory Board to a Co-Applicant Board. Will be seeking guidance on RN outreach activities and sites at the next meeting.
Public Health Division Update	<p>Pamela Harris, Public Health Manager:</p> <ul style="list-style-type: none"> • PHAB amended the agenda to allow Public Health to provide an update. <p>First case of diagnosed Ebola in Dallas, Texas:</p> <ul style="list-style-type: none"> • The Public Health Care Plan and Strategy for Sacramento County will convene a meeting on October 17th to develop a plan. Dr. Kasirye will notify local media when the plan is released. • Public Health department met with the Center for Disease Control. The CDC is developing their protocol for all community hospitals. • Emergency Response Services will receive additional training to deal with Ebola.
Visioning Process	<p>Joann Morales, Drexel University MAPP Facilitator:</p> <ul style="list-style-type: none"> • Joann provided a handout that listed the ideas from September’s brainstorm (see meeting Handouts). • Another handout was provided that gave ideas for Sacramento County’s Visioning Statement (see meeting Handouts). • Joann clarified that the asterisks on the brainstorming document were statements that received consensus between the various groups that were included in the process. • Action Item: PHAB assigned the Executive Committee with the task to review the draft statements and provide feedback during the November PHAB meeting. PHAB members

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	<p>were asked to email Mark Thorpe (thorpem@saccounty.net) with their ideas on the Vision Statements for consideration at the Executive Committee in October. Responses need to be submitted by October 10th.</p> <ul style="list-style-type: none"> • Peter Simpson brought up a concern about the language that discusses drug and alcohol prevention and services; he stated that the language typically addresses prevention and intervention, but does not address health services, environmental care, and family assistance for chronic users. He would like to see additional choices in the language provided.
<p>Sacramento County STD Report</p>	<p>Nick Mori, Public Health Program Planner:</p> <ul style="list-style-type: none"> • Nick Mori presented a slideshow and provided a handout that discussed Sexually Transmitted Diseases in Sacramento County (see meeting Handouts). • Nick discussed an overview of the reportable vs. non-reportable data for CA; Non-reportable data includes Human Papillomavirus, Genital Herpes, and Trichomas due to their overwhelming number of occurrences. • Nick presented a slide that compared Chlamydia, Gonorrhea, and Primary & Secondary Syphilis rates in California by County, noting Sacramento shows high for all three. <p>Nick presented 2013 data broken down by age group, gender, and race/ethnicity for Chlamydia, Gonorrhea, and P&S Syphilis <u>in California</u>:</p> <ul style="list-style-type: none"> • Chlamydia: <ul style="list-style-type: none"> ○ Females: ages 20-24 rank first, 15-19 rank second, and 25-29 rank third. ○ Males: ages 20-24 rank first, 25-29 rank second, 15-19 and 30-34 rank third. ○ *Race/Ethnicity: Blacks rank first, Latinos rank second, Native Americans rank third. • Gonorrhea: <ul style="list-style-type: none"> ○ Males: ages 20-24 rank first, 25-29 rank second, 30-34 rank third. ○ Females: ages 20-24 rank first, 15-19 and 25-29 rank second, 30-34 rank third. ○ *Race/Ethnicity: Blacks rank first, Native Americans, Latinos and Whites rank second, Asian/Pacific Islander rank third. • P&S Syphilis: <ul style="list-style-type: none"> ○ Males: ages 25-29 rank first, 20-24 rank second, 30-34 rank third. Numbers are

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predominantly male and predominantly high for all age groups.

- Females: ages 20-29 at most risk.
- *Race/Ethnicity: Blacks rank first, Native Americans, Latinos, and White rank second, Asian/Pacific Islander rank third.

* Nick noted that race data may be missing for a substantial number of cases due to incomplete morbidity reports.

- Average annual rates are increasing for all three STDs in California.
- Gonorrhea and P&S Syphilis rates are high among the Men Sleeping with Men community.
- In 2013, Sacramento County ranked 4th highest for Chlamydia and Gonorrhea; this is a continuing trend.
- Sacramento County has consistently ranked 4th for P&S Syphilis but 2013 data reports ranking 12th; this is not due to Sacramento cases dropping as much as other County cases increasing.
- Population or size of County is not a factor.

Nick presented 2012 data broken down by age group, and race/ethnicity for Chlamydia, Gonorrhea, and P&S Syphilis **in Sacramento County** comparing Reported Cases with Population.

- Population by Race/Ethnicity: Whites ranked highest, followed by Latino, then Asian/Pacific Islander.
- Population by Age Group: 45+ ranked highest, followed by 0-9, then 35-44 year olds.
- **Chlamydia:**
 - *Cases by Race/Ethnicity: Unknown ranked highest, followed by Blacks, then Whites.
 - Cases by Age Group: 20-24 years old ranked highest, followed by 15-19, then 25-29 years old.
 - 2011 was the highest reported year.

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- **Gonorrhea:**
 - *Cases by Race/Ethnicity: Unknown ranked highest, followed by Blacks, then Whites.
 - Cases by Age Group: 20-24 years old ranked highest, followed by 15-19, then 25-29 years old.
 - Rates spiked in 2005, 2007, 2010, and 2012.
 - **P&S Syphilis:**
 - *Cases by Race/Ethnicity: Latinos ranked the highest, followed by Whites, then Blacks.
 - Cases by Age Group: 25-29 years old ranked highest, followed by 20-24 and 35-44 years old, then 30-34 and 45+ years old.
 - Rates drastically increased in Sacramento County starting in 2010.
- * Nick noted that race data may be missing for a substantial number of cases due to incomplete morbidity reports.
- Nick presented maps of Sacramento County that broke down STD rates by zip code (residence):
 - Chlamydia: Highest in 95832 and 95823
 - Gonorrhea: Highest in 95814
 - Nick presented maps of Sacramento County that broke down STD rates by zip code (residence) and by School districts for:
 - 2010-2012 Chlamydia rates for 15-19 year-olds*
 - 2010-2012 Gonorrhea rates for 15-19 year-olds*
 - * Noting 27% of the cases lacked geocoding information.
 - Nick presented a slide that discussed limitations in STD reporting that included:
 - Approximately 2-5 times more cases occur per year than are actually reported.
 - Reported data only includes those patients who: seek care, get tested, and have a provider/lab that reports data.
 - Race and Ethnicity are not well captured in STD reporting.
 - An increase in incidence can be due to better case finding, increased screening, or better reporting.

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- Estimates for STDs that are not reportable are based on studies and then calculated for larger populations.

- **Action Item:** Nick stated he would provide PHAB Members with a copy of the Confidential Morbidity Report (see handouts).
- Responsibility of ensuring that the CMR is filled out completely and accurately falls on the Health Care Provider. Planned Parenthood and CARES are the two groups in Sacramento County that handle most CMR reports; Raquel Simental confirmed that Planned Parenthood understands the importance of a completed report because they draw funding from accurate submissions; other health care providers could benefit from additional training.
- Men are not as proactive in seeking treatment unless the symptoms are severe; this causes a lot of STDs to go untreated and increases risk in the Men Sleeping with Men population.
- Peter Simpson pointed out that prolonged exposure to STDs in the young female population causes reproductive issues later on in life; this is a concern given women between the ages of 15-29 years-old are at higher risk for Chlamydia and Gonorrhea.
- Raquel Simental pointed out that a major obstacle that's preventing an open conversation in the community about STD prevention and education is the stigma associated with sex. Engaging parents in the conversation and educating them on the long term risks of STDs (Don't you want to be a grandparent?) is effective way to address this epidemic.
- Raquel also pointed out that there is currently no funding in Sacramento County from State or Federal Governments regarding STD Prevention and Education, and County funds are limited. Community based organizations like Planned Parenthood and CARES use general revenue funds or funds from foundations tied to specific goals like healthcare reform, and access to primary care.
- Raquel discussed how the Kaiser Permanente Community Foundation at one time funded a two year project working with Planned Parenthood to provide STD/Sexual Health Presentations in schools. Funding from the KPCF has ended due to a shift in funding priorities. Student's were tested before and after the presentation as part of evidence based curriculum and the results showed that students significantly increased their understanding of STDs.
- Raquel suggested making a CDC Emergency Declaration due to being ranked

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consistently high in the State which will prompt Federal funding to address this issue.

- Peter stated that local school districts pose the greatest obstacle when it comes to providing STD Prevention and Education resources to at risk youth; they are not legally prohibited from providing STD Prevention and Education, they just choose not to do so.
- Peter reported that Harm Reduction Services has been working with a local school to provide Chlamydia and Gonorrhea testing (which they consistently find) and distributes condoms to prevent future infections. Testing is performed on a weekly basis. This outreach could be performed on every campus within Sacramento County; all it takes is will and political reality.
- Raquel stated that State and Community Colleges are dealing with an increasing population of students that lack STD and Sexual Health Education. This is why it is important to discuss STDs and Sexual Health on a purely scientific and fact based approach, taking out politics, emotion, and religion, while focusing on the Health and Safety of our teens.
- Raquel mentioned the Youth Risk Behavior Surveillance System (YRBSS), a national school-based survey conducted by the CDC, state, territorial, local education, health agencies, and tribal governments. YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including:
 - Behaviors that contribute to unintentional injuries and violence
 - Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
 - Alcohol and other drug use
 - Tobacco use
 - Unhealthy dietary behaviors
 - Inadequate physical activity
- Raquel and Peter pointed out that schools can omit the Sexual Behaviors portion of the testing, and usually do. Schools need to dedicate a full day of education to YRBSS testing. Testing is not mandatory, but data can assist with receiving Federal funding.
- Raquel reported that Dr. Kasirye is working on a presentation to the Board of Supervisors in collaboration with the SDT Taskforce; PHAB can support the proposed recommendations as Dr. Kasirye presents them.
- Michelle Rivas suggested that PHAB reach out to School Nurses in order to get Principals

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	<p>and School Administrators on board with the discussion on a purely scientific and fact based approach, taking out politics, emotion, and religion, while focusing on the Health and Safety of our at risk youth.</p> <ul style="list-style-type: none"> • Peter stated from his own community outreach experience that parents are ignorant to or deny the fact that their child may be sexually active, resulting in parents who are unwilling to participate in the discussion.
<p>Quarterly Chief's Meeting Preparation</p>	<ul style="list-style-type: none"> • Peter Simpson would like the Board of Supervisors to consider allowing a Needle Exchange program in Sacramento County. He reports that Harm Reduction Services currently has a Needle Exchange program operating within Sacramento City limits that has been operating successfully since 2007, with no complaints from the community or law enforcement. HRS is unable to expand the operation outside City limits without going through an extensive application process through the State Office of AIDS including involvement with Neighborhood Watch organizations, Drug Free organizations, land owners, and potentially City Council. HRC has not successfully processed an application via this method. <ul style="list-style-type: none"> ○ Action Item: PHAB would like to add this topic to a future agenda in order to make a formal recommendation to the Board, but will provide a heads up during the Chief's Briefing that this topic is proposed. ○ Michelle would like to see a report on the communities that support a Needle Exchange program in order to add backing to the proposal when brought to the Board of Supervisors. • Raquel will report on the work being done by the STD Taskforce and Public Health. • MAPP updates. • Steven Orkand, Guest, suggested a discussion on the HPV Vaccine and the recommended age to get one. <ul style="list-style-type: none"> ○ PHAB is not prepared to discuss this topic but recognizes its importance and will consider it during future discussion.
<p>Public Comments</p>	<p>Mark Thorpe, PHAB Staff:</p> <ul style="list-style-type: none"> • The California Product Stewardship Council, working with the Rancho Cordova Children, Youth, and Families Collaborative, sent a notice out that reported on the installation of a new drug take-back bin located at the Rancho Cordova Police Department on Kilgore Road.

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	<ul style="list-style-type: none">• The CPSC also sent a notice out stating the 9th Circuit Court of Appeals Ruled in favor of Alameda County in the PhRMA v. Alameda ruling. This ruling forces drug manufacturers to collect and dispose of unwanted prescription drugs. <p>Debra McCartney, Guest:</p> <ul style="list-style-type: none">• Commented on the nice, rich discussion on the STD issues facing the County of Sacramento. <p>Joann Morales, Drexel University MAPP Facilitator:</p> <ul style="list-style-type: none">• Wanted to remind everyone that the Visioning Statement is a broad statement that does not focus on one particular issue.
Adjourn	Meeting ended at 1:30pm