

Sacramento County Public Health Advisory Board

Meeting Minutes

August 3, 2016 (12:07pm-1:32pm)

Primary Care Center

4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator: Dr. Steven Orkand – Chair

Scribe: Cherisse Thomasson – Staff

Board Attendees: Dr. Steven Orkand, Dr. Sherri Z. Heller, Dr. Sandy Damiano, Dr. Olivia Kasirye, Dr. Adam Dougherty, Kimberly Sloan, Paula Green, Sherry Patterson-Jarrett, Dr. William Douglas, Cathleen Ferraro

Board Members Excused: Dr. LeOndra Clark-Harvey, Allie Shilin-Budenz, Dr. Jeffery Rabinovitz, Ben Avey

Board Members Absent: None

Guest Speakers: Kelly McCoy (Interim Division Chief, Environmental Health Division, Environmental Management Department)

Guest: Steve Heath (Capitol Health Network), Barbara Law (potential member),

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Topic	Minutes
Meeting Opened	<ul style="list-style-type: none"> • Meeting began at 12:06pm
Welcome and Introductions	<ul style="list-style-type: none"> • Each PHAB member introduced themselves and their current positions.
Minutes Review	<ul style="list-style-type: none"> • The minutes of the June 1, 2016 meeting were approved as submitted. • There are no new members. There are two applications pending approval. Those candidates will be interviewed by the Chiefs-of-Staff on August 4.
PHAB Vacancies/HIV Health Services Coordinating Council Appointment	<p>Vacancies:</p> <ul style="list-style-type: none"> • PHAB currently has four vacancies: two Community Members, one Public Health Professional, and one Public Health Care. • Paula Gammell from the HIV Health Services Planning Council asked that we consider a candidate for that Council: Brad Satterwhite. He is a community development analyst with the Sacramento Housing and Redevelopment Agency. He has extensive experience managing the Housing Opportunities for People living with HIV/AIDS (HOPWA) program. He was approved by a unanimous vote of PHAB members present. A letter will be sent to Paula Gammell, Chair of that Council. • to the HIV Health Services Planning Council: Dr. Melody Law, to Seat Number 3: Local Public Health; and Brian Hancock, to Seat Number 34: Federal Title II. Their appointments were approved by PHAB. • A letter will be sent to Paula Gammell, chair of that Council.
Primary Health Services Update	<ul style="list-style-type: none"> • Dr. Damiano reminded PHAB that 1 in 3 California residents are currently covered by Medi-Cal, and this number is projected to grow even larger in the next year. As of July 1, there were over 437,000 Medi-Cal Managed Care enrollees in Sacramento County. Coverage for All Children enrollment (expands Medi-Cal to children who are undocumented), began May, 2016. Children were transitioned from limited-scope Medi-Cal to full-scope Medi-Cal. Enrollment was dispersed to

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the different plans. New applications are also in process. In Sacramento County, there were 2,788 children with limited-scope Medi-Cal. As of July 1, 97% have been transitioned into full-scope Medi-Cal. Sacramento Covered and La Familia have been assisting with the transition.

- United Health Care and Aetna will enter Geographic Managed Care Medi-Cal no sooner than July, 2017.
- Dr. Rabinovitz asked if there are enough providers to care for these patients. Dr. Damiano stated that there have been problems with specialty access since before the Affordable Care Act. And now, with expanded Medi-Cal, access for primary care has also been impacted. Some primary care sites are doing better than others. It is a state-wide, even nation-wide problem. Without navigator assistance, some individuals (e.g., homeless, newly arriving refugees, criminal justice, etc.) are having a difficult time receiving care.
- Healthy Partners had 2,875 enrollees as of August 1. The limit of 3,000 will soon be reached. Community agencies are regularly notified. Once the program is full, a wait list will be established. The second collaborative specialty care clinic was held on July 23. This utilized donated physician services and county medical/support staff.. It was a half-day clinic. Sixty-three patients were seen. One hundred percent of patients showed for their appointments. Two patients did not appear for retinopathy screening. Another subspecialty clinic is tentatively planned for Oct - Nov.
- An Ambulance-Patient Offload Time (known as “wall time”) Work Group is being formed. This goal is to develop and implement a policy to reduce wait time for patients to be removed from EMS gurneys in hospital emergency rooms. The stakeholder group will have representatives from three hospitals and from the ambulance companies. David Magnino, EMS Agency Administrator asked if PHAB would like a position in this group. Steve Orkand volunteered.

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	<ul style="list-style-type: none">• EMS began work with stakeholders in January 2016 to develop a Mass Casualty Plan for Sacramento County. It will blend in with the Region IV Plan
Public Health Division Update	<ul style="list-style-type: none">• Dr. Kasirye provided preliminary information from a recent community needs assessment. The survey respondents were asked questions about what they considered the most important factors for a healthy community. Top areas included: access to health care, neighborhood safety, good jobs, good schools, affordable housing, followed closely by others. The survey included questions about what they the most important high-risk behaviors in the community. Top behaviors included alcohol abuse, drug abuse, dropping out of school, then others. To those taking the survey, the most important health-related issues facing the community were cancers, child abuse, mental health, then diabetes and obesity. When asked about the availability of health care services, over 50% felt that <i>mental</i> health services were insufficient. Many other areas were covered. The completed report will be distributed to PHAB in the future. (handout provided)• An analysis of the local public health system was conducted by Valley Vision. The analysis looked at the total provision of care, both public and private. They conducted a number of focus groups, speaking with multiple community stakeholders. There were questions in this survey about the provision of essential public health services in Sacramento County. The County did very well in some areas, but there were clear challenges in other areas. (handout provided)• Based on these surveys and the Health Status Report, health care priorities have been set for the next year. Some years ago, PHAB encouraged the Public Health Division to seek accreditation. It was thought then that enough progress could be made to submit an application in 3 years. Dr. Kasirye has consulted with other County Health Officers, and now believes that 3 years was an overly-ambitious goal. Our county does not have staff dedicated to this project, and that slows the process. The work continues.• Public Health Priorities (Powerpoint presentation)

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- Dr. Kasirye presented a detailed County Health Status report in 2014. Results of this were published in the *Sacramento Bee*, and an excellent graphic is available illustrating some of the results. Reviewing the most frequent causes of death in the County, heart disease and cancer are most common. In younger individuals, accidents are the most common cause of death. This includes poisonings (including alcohol and drug) and drownings.
- **Disparities in African American Child Deaths:** Looking at various breakdowns, it is clear that there are **excessive deaths in the African-American community**. These are partly the result of poverty, unhealthy environments, pre-term births and other adverse childhood events. But even looking across socio-economic categories, the death rate for African-Americans remains higher than expected. There are no clear explanations. There is a working group looking at this. Dr. Kasirye is hoping to see a downturn in this disparity in the next 5 years.
- **Sexually transmitted diseases** continue to occur at high volume in our County. The rate of syphilis has increased, and the County is hoping to increase contact-finding efforts. There are very high volumes of chlamydia and gonorrhea, and young women are at great risk. There is an STD Task Force focusing on this area.
- **Opioid use and overdose** remain significant problems. This was recently highlighted by multiple deaths due to Fentanyl early this year. Deaths seemed to fall after the problem was publicized. An Opioid Task Force has been meeting. It is new, and we are awaiting new strategies.
- **Infectious diseases** have been in the headlines: Ebola, then Zika. Dr. Kasirye hopes that a vaccine for Zika will become available soon. There are active efforts to control mosquito vectors.
- **So, where are the gaps?**
- **Mental health services.** This remains a huge problem. There have been efforts

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	<p>to increase accessibility of care. Dr. Kasirye worries about the lack of services for youth, where suicide and overdose are important causes of death.</p> <ul style="list-style-type: none"> • Heart disease remains a significant problem, and has many components. Unfortunately, there is no comprehensive community plan regarding this. • Adverse childhood experiences (ACE) are thought to contribute significantly to adult morbidity and mortality. ACEs might include physical or sexual abuse, violence against the mother, exposure to substance abusers, etc. Such experiences are associated with a variety of high-risk adult behaviors and with the development of psychiatric and physical illness. This should be addressed by Public Health in conjunction with Behavioral Health and Child Protective Services. • Availability of dental services remains a problem. The Medi-Cal Dental Advisory Committee is focusing on this.
<p>Kelly McCoy, Interim Division Chief, Environmental Health Division, Environmental Management Department</p>	<p>Food Truck Certification</p> <ul style="list-style-type: none"> • One of the principal responsibilities of the Environmental Health Division is to manage food safety programs. The public is familiar with the placards presented to fixed food establishments following inspections. Since January 2007 the green-yellow-red (G-Y-R) placard system has informed the public of the condition of the facility at the time of inspection. This program was started in response to the large number of major violations noted during inspections. Sacramento County was the first in the United States to adopt this system. The program has spread widely in California and beyond. • At the time of adoption in 2007, mobile food establishments were not included in the G-Y-R program because they were inspected only once yearly. The program for fixed food facilities has been successful in lowering the number of major violations. The rate of salmonella and campylobacter infections is lower than the average for California as a whole.

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- The focus is on major violations. These include inadequate hand-washing, poor food temperature maintenance, poor sanitation practices, and others. These are practices that can lead to the spread of food-borne illnesses. There is less focus on issues like dust on the counters, dirty flood, etc.
- In September, the Environmental Management Department will propose to the Board of Supervisors that the current ordinance be changed to include food trucks in the G-Y-R placard program. Inspections currently take place twice yearly, and it is believed that adoption of this program in food trucks will be similarly helpful. The hope is to initiate the program in January 2017.
- Food trucks include those that have a route, going from business establishment to business establishment to sell their wares. This is the typical “taco truck” seen at lunch time. But food trucks now also include the gourmet trucks that show up at community events.
- The placards provide incentive to the food truck operator. They want to display their green placards. Because of the size and crowding of food trucks, there are a greater number of major violations. They may run out of water, have issues with electricity, deal with smaller and less reliable refrigerators, etc. The system provides greater assurance to the public. Another benefit is that including food trucks in the G-Y-R placard system levels the playing field for fixed restaurants. Owners wondered why the food truck, serving gourmet and other foods, did not have the same requirements.
- Other jurisdictions employ the G-Y-R Placarding system. In Alameda County, there was improvement in the number of major violations and closures. In Sacramento County, 19% of food trucks are forced to close because of major violations found during unannounced inspections. Unfortunately, some of the trucks are difficult to find.
- The County has been meeting with representatives of the food truck industry.

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	<p>There are two major groups: those with routes, and those that serve “gourmet food” at events.</p> <ul style="list-style-type: none"> • They have different needs. The route trucks are concerned about the amount of time it might take to perform an inspection. The County provides free Food Truck Food Safety Education classes in English, Spanish, and Vietnamese. If the ordinance is changed, there will be further industry meetings. There are currently 190 food trucks in Sacramento County. Contact will be made with all of them to make sure they understand the requirements. • To get a Green Placard, the vendor may have 0 - 1 major violations, and any violation must be corrected before the end of inspection. A Yellow Placard means there were two or more violations. These also must be immediately corrected. A Red Placard means closure. There was an imminent threat to the public from multiple major violations, and it couldn't be corrected before the end of the inspection. Minor violations don't impact the placard. If a yellow placard is given, a re-inspection may be done within 24-72 hours. Unannounced inspections can be done at any time. • This system will not increase the cost to the food trucks. The industry is concerned about the actual impact of the inspection on business. The inspectors are sensitive to this. The ordinance states that the placard can be taken down if the truck leaves the county. • The current proposal doesn't include small hot dog vendors, lemonade stands, or the like. If there are compliance problems, there is a special meeting to discuss the issues. If the food truck remains out of compliance, their permit may be revoked. • The Board unanimously voted to request the Chair to send a letter supporting the extension of the G-Y-R Placard program to food trucks.
<p>Announcements Action Topic: Syringe-exchange</p>	<p>Action Topic: Syringe Exchange</p> <ul style="list-style-type: none"> • Many on PHAB are aware that Health and Human Services and Behavioral Health

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	<p>have convened the Opioid Task Force. As you can image, the Task Force is dealing with a myriad of issues. After discussions with Susan McKee, Supervisor Kennedy's Chief of Staff, and our own Executive Committee, Dr. Orkand has been attempting to include syringe-exchange clinics in the Task Force's agenda. In addition to helping curb the spread of hepatitis C and HIV by providing clean needles, syringe exchange clinics are often the first point of contact between addicts and social services providers. These clinics provide educational materials and can be an effective referral source for treatment programs, counseling, overdose treatment training for families, and other services. Last week, Dr. Orkand presented PHAB's preliminary recommendations to the Early Intervention, Treatment and Recovery sub-committee of the Opioid Task Force. With the exception of a single abstention, the sub-committee members approved the recommendations unanimously. Next week, the same material will be presented to another sub-committee called Engaging the Medical Community and Overdose Prevention.</p>
<p>Public Comments</p>	<ul style="list-style-type: none"> • Dr. Heller reminded PHAB that the County budget process is coming to a close. If more revenue is available than anticipated, the County Executive will recommend further allocations. Dr. Heller believes more money will be available. She feels this would be a good opportunity for Boards to refresh their recommendations to the Board of Supervisors. Regarding the funding of residential treatment beds for drug addicts, the County found some money in Cal-Works for addicts in that program. However, no further money was allocated for addicts who are not in Cal-Works.
<p>Adjourn</p>	<p>Meeting ended at 1:31pm</p>