

Sacramento County Public Health Advisory Board

Meeting Minutes

September 7, 2016 (12:03 pm - 1:34 pm)

Primary Care Center

4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator: Dr. Steven Orkand - Chair

Scribe: Dr. Steven Orkand

Board Attendees: Dr. Steven Orkand, Allie Budenz, Paula Green, Sherry Patterson-Jarrett, Jeff Rabinovitz, Kim Sloan

Board Members Excused: Ben Avey, Dr. Sandy Damiano, Cathleen Ferraro, Dr. Sherri Heller, Dr. Olivia Kasirye

Board Members Absent: Dr. Adam Dougherty, Dr. William Douglas

Guest Speakers: Julie Beyers, Planner, Dental Managed Care Committee; Jodi Nerell, Senior Health Program Coordinator, Healthy Partners; Allan Lange, Vice President and Chief Operating Officer, Valley Vision

Guests: Barbara Law, potential member; Melody Law, MD, MPH, Assistant Health Officer; Sheri Chambers, Primary Health Services Division; Steve Heath, Executive Director, Capitol Health Network; Fahm Saetern, Project Manager, Capitol Health Network; Jenny Wagner, Executive Fellow, Valley Vision

Meeting Opened at 12:03 PM.

Welcome and Introductions

PHAB members, guest speakers, and guests introduced themselves.

Minutes Review

Minutes were not reviewed as there was no quorum present.

PHAB Vacancies

Two applications are currently pending approval: Barbara Law and Trevor Shanklin. There are five vacancies on PHAB: two community representatives, two public health professionals, and one public health provider.

Primary Health Services Update: Jodie Nerell, Senior Health Program Coordinator, Health Partners

Jodie distributed the Healthy Partners “dashboard,” data collected as of June 30, 2016. Healthy Partners opened its doors on January 4, 2016. The program reached its enrollment cap of 3,000 on August 11. At that point, a wait list was activated. Since there is turnover, the program has been able to enroll seventy-two clients from the wait list. Data was presented for June. Enrollment at that time was 2,536. Almost half the enrollees were referred by word-of-mouth from family and friends. The preferred language for over 80% is Spanish. A cadre of interpreters is providing help in the clinic and the pharmacy. Eighty-eight percent of the enrollees are Hispanic/Latino. The peak age at enrollment is in the 35-44 age group, and 67% are female. The population is fairly healthy. Almost half of the visits have been for preventative care only. The program is starting to see clients with mental health problems, including PTSD from workplace-related issues. Regarding diagnostic imaging services, ultrasound and mammography have been most commonly requested. Onsite subspecialty services have been provided in rheumatology and musculoskeletal, with nephrology and GYN to follow. A quarterly subspecialty clinic, with other specialty providers, has been offered in April and July and has been well-attended.

There was a question about how clients dis-enroll. Some lose their emergency Medi-Cal status and can no longer be in the program. Some are seasonal workers, and move out of County. Those who reach their 65th birthday will also be dis-enrolled. And those whose income exceeds 138% of the poverty level will need to dis-enroll as well.

Dental Managed Care Committee Update: Julie Beyers, Planner for Oral Health, First Five Sacramento, and for the Dental Managed Care Committee

There are positions available for PHAB members on the First 5 Sacramento Advisory Committee and on the Medi-Cal Dental Advisory Committee.

The funding for First 5 Sacramento comes from Proposition 10 tobacco tax revenues. First 5 supports lactation programs, WIC, prenatal resources, dental screening programs, fluoride treatment programs in pre-schools, Galt Children's Dental Clinic, family resource centers (0-5 portion), the Birth and Beyond Program, pre-school readiness efforts in multiple districts, and programs to reduce African-American deaths. They support a community grants program, providing grants of up to \$5000 to build programming in the neighborhoods. First 5 spends a lot of effort planning ahead, and part of this is a community survey to assess needs. Future finances will be an issue. In June, 2018, they will no longer be able to rely on their reserves for funding. They currently spend about \$26 million each year, but take in only \$13 million. As financial pressures mount, they will need to do significant strategic planning. The anti-smoking message is getting out, and fewer people are smoking. So tobacco tax monies are shrinking, also adding to the financial pressures.

The staff of First 5 is composed of County employees, but funding of programs is otherwise independent of the County. Budget decisions are determined by the First Five Commission and submitted to the County. Commission members are appointed by the Board of Supervisors. Meetings of the Advisory Committee are on the first Monday of the month, in the Board of Supervisors chambers.

When the Medi-Cal Dental Advisory Committee was formed, it was patterned after the Medi-Cal Managed Care Advisory Committee. It was established in 2012. The committee originally addressed the very dismal rate at which Medi-Cal children went to the dentist. Less than 20% would go, despite coverage. Sacramento is a geographic managed care county, and dental care is the responsibility of the provider. There were originally 5 managed dental care plans. These were audited. One of the plans was seeing less than 5% of the kids assigned to them. Nonetheless, they were paid on a per-person per-month basis, and this money was being passed along to the dentists, even though they weren't seeing the children. Three dental plans survived the audit and are currently providing services. They no longer receive per-person per-month payments. Incentives have been built in. The current rate of service is 46%, closer to the state average. Performance averages still lag in many areas. The plans have not been making data available.

The Medi-Cal Dental Advisory Committee has established a sub-committee to deal with IV and general sedation. This area has been controversial. Sedation may be critical to treat some children properly, but there are risks, and the disabled community has objected. The Committee is working on other projects, some controversial, to provide care. There may be an effort to get medical offices to hand kids off to dentists for routine dental care. Tele-dentistry has been in trial at Hiram Johnson Elementary School, and may be a new approach to expand care. Mobile dental services may also be expanded.

Sacramento County Local Public Health System Assessment: Alan Lange, Vice President and Chief Operating Officer, Valley Vision

Valley Vision is a non-profit organization that provides research and analytic capacity to complex problems facing the community. They partnered with the Department of Health and Human Services, Division of Public Health, to undertake an analysis of the county's overall public health system, asking how well essential public health services are being provided. The "executive summary" of their recent project was distributed.

The purpose of the assessment was to determine the capacities and gaps in the public health system. The analysis covered twenty-seven programs that "feed into" local public health, including the hospitals, health systems, multiple non-governmental groups, school systems, law enforcement, and others. The hope is that the findings of this study will drive action. The study was modeled on the National Public Health Performance Standards Local Assessment Instrument. This included assessments across 10 essential public health services. One more was added for Sacramento County. Included in these services were 114 standards that were rated from minimal or no activity, to significant or optimal activity. Stakeholders were brought together for 3 different assessment sessions. They were asked to rate the services, based on their experience and expertise, and to try to identify challenges and opportunities.

Essential public health system services are:

1. Monitor health status to identify health problems.
2. Diagnose and investigate health problems and health hazards.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.

8. Assure a competent public health and personal care workforce.
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
11. Foster health equity by ensuring all people full and equal access to opportunities that enable them to lead healthy lives.

The most favorably rated essential services were monitoring health status; diagnosing and investigating health problems; enforcing laws and regulations that protect health and ensure safety; linking people to needed personal health services; and evaluating the effectiveness, accessibility, and quality of services.

The least favorably rated essential services were researching for new insights and innovative solutions to health problems; developing policies and plans that support health efforts; fostering health equity by ensuring all people full and equal access to opportunities; assuring a competent public health and personal care workforce; and informing, educating, and empowering people about health issues.

Among the most frequently cited strengths were the abundance of health assessments conducted in the area; the willingness of stakeholders to collaborate; and the expediency of Sacramento County Public Health in alerting stakeholders to emerging health issues.

Conditions frequently cited as challenges included siloed, uncoordinated work; inadequate communication and information sharing among providers; insufficient detail of health data to be able to pinpoint disadvantaged populations; and insufficient resources available to fulfill needed public health activities.

Multiple recommendations were made:

Recommendation A: Target and actively solicit non-traditional public health champions.

Public health is an issue with far-reaching impact on the community, yet few consider this unless something goes wrong. Champions from the community, including non-traditional sectors, are needed to promote the public health message.

Recommendation B: Seek funding resources from outside the local geography.

Providers throughout the community need to take a more proactive approach to secure funds from outside the community. This should be done collaboratively, in order to reduce competition.

Recommendation C: Establish a (or repurpose an existing) central, multi-sector, multi-issue community health coalition.

The community has an abundance of needs assessments, reports, and plans, but these are seldom shared with others. This lack of inter-provider familiarity was commonly identified as a challenge. Better coordination of all providers and initiatives is needed. This would help drive policy in an organized way.

Recommendation D: Establish a county-wide Health Information Exchange.

The different health-related groups would be invited to add information to a widely-available database. More widely available information will help guide policy and action.

Recommendation E: Define goals for and measure impact of all public health activities.

Need to make sure that all the resources applied to public health are used efficiently and that outcomes are being achieved. Are there programs that should be eliminated? Should some be further addressed or expanded?

Recommendation F: Collect more precise levels of information for reporting.

Information needs to be available in more usable forms.

The Public Health Division listed its public health priorities in its Community Health Improvement Plan, presented by Dr. Kasirye at the last PHAB meeting. Mr. Lange pointed out that Recommendation D, establishing a county-wide health information exchange, could have an impact on several of the Division's priorities.

Mr. Lange asked PHAB members which recommendations peaked their interest. There was interest in Recommendations C, D, E, and F. He asked, which stakeholders need to be around the table to effectively drive these issues? Is there a role for the Public Health Advisory Board in addressing these recommendations? He would like us to consider these in future meetings.

Action Topic: Syringe Exchange. Discussion of letter to Board of Supervisors

PHAB members were asked to review a letter that Dr. Orkand would like to send to the Board of Supervisors regarding our recommendations for a syringe-exchange clinic in Sacramento County. The Executive Committee feels that PHAB has pursued this issue as far as it can. Dr. Orkand has presented the material to the Alcohol and Drug Advisory Board, the Human Services Coordinating Council, and to two sub-committees of the Opioid Task Force. Wherever he has presented these recommendations, there is widespread interest. It is highly likely that the Opioid Task Force will incorporate these ideas into their own recommendations to the Board of Supervisors.

There was a wide-ranging discussion regarding our approach to the Board of Supervisors and how sensitive they are to their constituents' views. It was suggested that we emphasize the "public safety" aspect of our proposal. It was also pointed out that we need to convince only one more Supervisor, and this might be possible in one-on-one meetings.

Public Comment

There was none

Adjournment

The meeting was adjourned at 1:34 PM

The next meeting of the Public Health Advisory Board:

Wednesday, October 5, 12:00 PM
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