

# Sacramento County Public Health Advisory Board

## Meeting Minutes

February 1, 2017 (12:05 PM - 1:33 PM)

## Meeting Location

Primary Care Center  
4600 Broadway  
Sacramento, CA 95820  
Conference Room 2020

**Moderator:** Dr. Steven Orkand

**Scribe:** Dr. Steven Orkand

**Board Attendees:** Barbara Law, Paula Green, Sherry Patterson-Jarrett, Cathleen Ferraro, Jeffery Rabinovitz, Steven Orkand, Kimberly Sloan, Sandy Damiano, Olivia Kasirye

**Board Members Excused:** None

**Board Members Absent:** Adam Dougherty

**Guest Speakers:** Marcia Jo, Health Program Manager, Primary Health Services; Bob Erlenbusch, Executive Director, Sacramento Regional Coalition to End Homelessness

**Guests:** Steve Heath, Executive Director, Capitol Health Network; Sherri Heller, Director, DHHS; Marge Ginsburg, prospective member; Martha Moon, prospective member; Carol Jong, prospective member; Farla Kaufman, prospective member

**Meeting Opened** at 12:05 PM

**Welcome and Introductions**

Dr. Orkand welcomed PHAB members and guests.

### **Minutes Review**

Minutes, with additions from Amelia Schendel, were approved as submitted.

### **PHAB Vacancies and Appointments**

There are currently 7 Board vacancies. There are 4 prospective members who are awaiting appointment.

### **Public Health Division Update**

Dr. Kasirye reported that the flu season is upon us and has been severe in some of the long-term care facilities. There have been some deaths. The picture is similar in other counties. The hospitals have been busy with flu cases, and the over-65 population has proven most vulnerable.

As a class project, students and a professor at Sac State tested lead levels of water on campus, and some of the taps and fountains have shown elevated levels, including in a dormitory. Town Hall meetings were conducted, and Dr. Kasirye spoke about the implications, and how students could protect themselves. Officials from Sac State spoke about how they plan to mitigate the problem. Bottled water and filters were provided. They have hired experts to work on this and make further proposals as necessary. All these actions were voluntary. The school worked with the State Water Board, which is the regulatory agency. Currently lead testing is routinely done on water leaving the treatment plants, but not at all distribution sites. The Water Board recently sent a letter to K-12 schools, requiring testing at least once. Because of old pipes, Dr. Kasirye is anticipating that water contamination will be found at other sites as well.

### **Primary Health Services Division Update**

The report was presented by **Marcia Jo**, Health Program Manager in the Primary Health Services Division. The Primary Care Center houses a number of different programs, including the Chest Clinic, a Radiology department, and a Quest Lab. In the clinic area are the Primary Care Clinic, which serves adults, and the Refugee Clinic, which provides health assessment to refugees. All the clients served in the primary care center are low income and many are considered high risk due to recent incarceration, mental illness, and homelessness. Most of the medical providers are UC Davis teaching

faculty. Most patients are covered by Medi-Cal, or the county program, Healthy Partners. Many patients are non-English speaking and require interpreter services. For patients experiencing homelessness, there are challenges related to nutrition, medication storage, and others. Other providers include licensed clinical social workers, marriage and family therapists, and pharmacists - all providing “wrap around” services. Dr. Orkand asked about transportation services and outreach. Ms. Jo mentioned the health care navigation teams. Public health nurses meet with clients away from the Clinic, provide transportation vouchers, and arrange for primary care close to where they live. Each of the health plans in the managed care system has transportation programs, but these are often difficult for the patients to access. Despite county efforts, it is often difficult to connect the homeless population with health services. An exception is patients with active TB who require follow-up. The Chest Clinic arranges transportation.

Marge Ginsburg asked if the Affordable Care Act increased or decreased the population served by the Primary Care Clinic. She also asked if other types of incentives have been tried to attract these patients to follow-up as recommended. Ms. Jo responded that the ACA reduced the overall number of patients served in the Primary Care Clinic. There has not been much success with incentives.

Jeff Rabinovitz wondered if there are plans in place to deal with ACA repeal. County planners are considering this, but much will depend on how the State responds. It would be difficult for Sacramento County to respond by itself since much of prior funding for indigent health care went back to the State when the ACA started. Dr. Damiano has been in discussion with consultants regarding this. Dr. Heller pointed out that it was the State that agreed to the Medicaid expansion.

Dr. Orkand asked if the County’s health clinics are able to achieve cancer screening benchmarks for Medi-Cal patients. Marcia Jo discussed some of the difficulties in achieving benchmarks, especially with colorectal cancer screening. Mammogram levels are good. Cervical cancer screening targets have been difficult to achieve. A quality council tracks these efforts.

Cathleen Ferraro asked about homeless teens. Marcia Jo spoke about a local non-profit organization, WIND, which helps with teen services.

**Homeless Death Report.** Guest speaker: **Bob Erlenbusch**, Executive Director, Sacramento Regional Coalition to End Homelessness.

The Homeless Death Report was a joint effort of the SRCEH and the Sacramento County Public Health Division. Mr. Erlenbusch began his efforts a few years ago. He met with the County Coroner, a Vietnam vet who also volunteered at Loaves and Fishes, and who has great concern for homeless vets. Mr. Erlenbusch had compiled a similar report when he ran a non-profit in Los Angeles. The coroner gave him data dating to 2002, and this was analyzed by an epidemiologist. The first Homeless Death Report provided data from 2002-2013. This was followed by a 2014 update, and it was decided to repeat this effort every 2 years. Work on the current report began in July, 2016. It was published in December. December 21 is National Homeless Persons' Remembrance Day. There are similar homeless death reports in Seattle, New York, Denver, and Philadelphia.

The purpose of doing the Homeless Death Report is to provide dignity for those who have died. The Report also shatters lots of stereotypes and myths. It is assumed that because the homeless in Sacramento often live by the river that many of the deaths are due to drowning. No, only 2-3% are from drowning. It is assumed that lots of deaths occur because of exposure to cold. In truth, homeless deaths occur equally in each season. The report gives information on when people died and causes of death.

Just under half of the homeless die on Friday - Sunday. This may be related to the fact that homeless services are often unavailable on the weekends. There have been 705 deaths in the homeless population from 2002 - 2015. On average, there is a homeless death every 7 days. Those who die are disproportionately male, 83%. The age range in 2016 was 18 - 76 years. The average age for men at death is 49 years. The average for women is 47.4 years. Homeless individuals lose about 25 years of life expectancy. African Americans and Native Americans are over-represented in the homeless population of Sacramento County, and also in the death rate. Their ages at death are generally in the 35 - 45 year range. 26% of the homeless population are Black, but this is double the number of African Americans in the general population in this County. Mr. Erlenbusch acknowledges that the homeless count drastically undercounts women, children, and youth. There are 13,000 homeless youth in Sacramento Unified Schools, K - 12, though most of these are sheltered. 4% are without any shelter, 4% are in County shelters, 4% are in motels, and 88% are doubled and tripled up in temporary housing provided by friends and family.

Almost 50% of the deaths are accidental. This is a broad category. 20% were by "natural causes." Homicide and suicide rates are higher than in the general population. In the last year, 28% died violent deaths. 80% of the homicide deaths were in non-Whites. Of these, blunt force head injuries accounted for 70%. Gunshots, stabbings, and hangings occur. When the homeless choose to live in encampments, it is for protection. Many of the women sell themselves sexually to have a protector. The most common cause of accidental death was drug overdose. Second most common was transportation-related deaths. For natural deaths, cardiovascular was the number one cause.

The normal death rate in the population is just under 700 / 100,000 population. For the homeless, it approaches 2800 / 100,000 population. So, the mortality rate is about 4 x that of the general population. The suicide rate is 16x higher. The homicide rate is 31x higher. In Sacramento County, homeless deaths occur disproportionately along the transportation corridors, following the routes of the highways and light rail, and clustering around shelters. About 25% of the deaths are in the Oak Park zip codes. Homelessness is a county-wide issue. Across the country, depending on the city, between 0.8 - 1.5% of the population are homeless.

The Sacramento Regional Coalition to End Homelessness uses the Homeless Death Report as an advocacy tool. More complete data is available on their website: [www.SRCEH.org](http://www.SRCEH.org). Right after the 2014 report, the Board of Supervisors allocated an extra \$260,000 toward the homeless population. Recently, Mayor Steinberg has been a strong advocate. He has committed City resources and opened warming centers. Councilman Warren has advocated to put a hold on the anti-camping ordinance in an effort to keep people safe. Los Angeles recently passed a >\$1 billion bond to care for the homeless. Mr. Erlenbusch advocates putting a measure on the 2018 ballot. There has been talk of establishing triage centers. Currently, many of the shelters prohibit partners, possessions, and pets. This keeps people outside. The SRCEH advocates for a number of health-related programs, including respite care, increased funding for nurse street outreach, drug and alcohol programs, ACA enrollment, and improved access to care. He has been working with Dr. Damiano's group. About 70% of those available are on Cal Fresh. The EBT cards can be used for the restaurant meals program for the disabled and homeless.

Jeff Rabinovitz asked how many of the homeless are outside because of the "rules" imposed by the shelters. Over 40% are outside because there is nowhere else to go. Couples find it very difficult to find shelter, especially gay and transgender. Pets present a major problem. Only Loaves and Fishes have a kennel. Families, especially with teenage boys, have great difficulty finding shelter. Many of those living outside have very serious mental health or addiction issues. These difficulties emphasize the need for triage centers. Some of the shelters need to go 24/7, rather than asking people to leave daily.

## **Announcements**

Dr. Orkand met with Supervisor Serna on January 12 regarding our proposal to allow creation of a syringe-exchange program in the County. He is an enthusiastic supporter, but requests that we don't forget the issue of methamphetamine abuse in the County as well.

Dr. Orkand will meet this afternoon with newly elected Supervisor Sue Frost to discuss PHAB projects, and specifically the idea of a syringe-exchange program.

Two topics that will be addressed by PHAB this year: (1) The creation of a trauma prevention program. Dr. Orkand asked Paula Green to contact Dr. Browning, one of the creators of this program. She lives in Citrus Heights, and may be willing to speak before our Board. (2) The long-term effects of poor sleep. Dr. Orkand will try to find a sleep specialist who might address this with us.

### **Public Comment**

Marge Ginsburg requested clarification of the proposed trauma prevention program. This was briefly discussed.

**Adjournment** was at 1:33 PM.