

# Sacramento County Public Health Advisory Board

**Meeting Minutes**

March 6, 2019 (12:00 - 1:30 PM)

**Meeting Location**

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

**Moderator:** Dr. Steven Orkand

**Scribe:** Theresa Vinson

**Board Attendees:** Jennifer Anderson, Steve Heath, Olivia Kasirye, Farla Kaufman, Steven Orkand, Emmanuel Petrisor, Jeff Rabinovitz, Christina Slee, Kimberly Sloan, Phillip Summers, Kathleen Wright, Jack Zwald

**Guests:** Peter Beilenson, Sherri Chambers, Don Finegold, Matthew Henson, James Pha, Jimmy Puryear

**Board Members Excused:** Felicia Bhe, Jofil Borja, Paula Green, Barbara Law

**Board Members Absent:** Sandy Damiano

**Guest Speakers:** Tatyana Bak, CEO Elica  
Aidé Silva, Director-Outreach and Mobile Medicine, Elica Health Centers

**Meeting Opened** 12:05 PM

## **Welcome and Introductions**

Dr. Orkand welcomed PHAB members, speakers, and guests

## **Review of Minutes**

The minutes of the February 2019 meeting were approved

## **PHAB Vacancies and Appointments**

All positions on the Board and Executive Committee are filled

## **Announcements**

HIV Health Services Planning Council (HSPC) This list is received by PHAB from the Human Services Program Planner at the Ryan White Care Program. Current list was reviewed in consideration of candidates for the HIV HSPC. Group was asked to advise of any objections; each candidate name was read aloud, no objections or comments were noted. Motion to accept was submitted and seconded, no abstentions. Candidates include: Alexis Daily, Elizabeth Valentine, Gustavo Trejo Medina, Michelle “Chelle” Gossett, and Vrindavani Avila

Educational Article Submission Lead Poisoning. Jeffrey Rabinovitz, MD and Olivia Kasirye, MD submitted an article on potential causes of lead poisoning in Sacramento's immigrant population to the Sierra Sacramento Valley Medical Society Magazine.

## **Public Health Division Update**

Dr. Kasirye discussed the Benefits of Accreditation for local Health Departments (Handout #1) as well as the Sacramento County Division of Public Health. She described the Community Health Assessment, which is a requirement of the accreditation process.

In 2014, the National Association of County and City Health Officials (NACCHO) conducted a survey of accredited local health departments (LHDs), with the objective to develop a preliminary list of benefits of accreditation. Dr. Kasirye stressed the County must review processes to review and provide documentation that we are in fact, doing the work. Quality Improvement (QI) is also a goal among staff. Traditionally, public health has not had to look at QI the same way other business require (for ex: hospitals). This is an attempt to get us to a place where we are doing that, and also look at ways of training staff so when the program is in place, we can look at QI, and be able to do so with improved outcomes for everyone.

Process Benefits and Organizational Structure and Capabilities (see Figure 5, Page 4--Handout #2). Discusses deficiencies of increased capacities of the health department. Once we have documented where the deficiencies are, a plan can be developed to address it.

Barriers to the Accreditation Process (see Figure 7, Page 6--Handout #2). Lack of staff engagement is a big issue because this requires additional work to be accomplished in order to complete tasks. Large numbers of documentation has to be pulled together to meet criteria. Lack of funding for the Accreditation Coordinator position is also an issue. We did not receive any funding to do this so we have had to move, prioritize and free up space to have our team coordinate this. Other team members are also tasked with additional duties in order to get this done.

The Community Health Assessment is still being completed. Dr. Kasirye provided some data to give an idea of what the report will look like, however more will follow at a later date.

Infectious Disease Control (reports received from healthcare providers/hospitals). Depending on what the disease is, we have a group of nurses who follow up on those cases to ensure proper treatment, and to ensure contacts are evaluated. In case of outbreaks, we work to find the source of the outbreak and arrest it.

### Foodborne/Waterborne Disease Cases

- Infection with food or waterborne agents, including campylobacter, giardia, salmonella, E. coli, and others, require investigation because the source may be in a restaurant, grocery store or other public establishment

### Vaccine Preventable

- Chronic Hepatitis B, Pertussis (whooping cough), influenza, TB and others

Influenza ICU/Hospitalizations and Death. We are still in flu season; we continue to receive reports from Kaiser, a sentinel site, and forward to PHAB. The report provides an idea of the level of activity in the community. We collect data on all ICU and flu deaths from our local hospitals. Public Health is still encouraging people to get flu shots because there is still a risk.

Tuberculosis (TB) standard. There are typically 60-70 cases in Sacramento each year. TB is very labor intensive because it is difficult to diagnose and treatment lasts anywhere from six months to two years. If the diagnosis is drug-resistant TB, we have to dispatch someone daily to the home or workplace of the infected person to administer medication. The numbers are dropping, but are still higher than national standards. Most cases are in foreign-born immigrants. Some have been here a long time but suffer from reactivation of earlier disease. TB can be fatal and is worse in children.

Zoonotic Disease Cases. These include diseases such as West Nile Virus, malaria, and zika virus infection. Cases in Sacramento are generally brought to this area by travelers.

Maternal Child Health (MCH). Dr. Kasirye presented data on maternal and child health in Sacramento County in a series of PowerPoint images; data presented was from 2016.

These showed:

- The total number of births in 2016 were 19,592. Of these, 40.4% were white, 26% were Hispanic, 18.4% were Asian, and 9.3% were black.
- Fertility rates dropped for all groups except whites.
- 77% of births were to mothers 20-34. Only 4% were to mothers less than age 20. 19% were to advanced age mothers, with the greatest % to Asians and Pacific Islanders.
- Teen birth rates dropped for all groups.
- First trimester prenatal care was above the HP2020 Objective for all groups, ranging from 81% in blacks to 84% in Asian/Pacific Islanders. The County average was 83%
- The rate of preterm birth has fallen and is now below the HP2020 standard for all groups. The County average was 9.2%.
- Low birth weight babies occurred in 6.9% of deliveries, better than the standard. However, the percentage was 10.5% for births to black mothers.
- The rate of entry into the foster care system in Sacramento County in 2016 was higher than the state average, and this was worse in the black population.
- The reason for entry into foster care was predominantly (85.4%) neglect.

Last year, The Division of Public Health (DPH) requested support from PHAB for Hearts for Kids (H4K) a collaboration with Child Protective Services (CPS). We have Public Health Nurses (PHNs) help to coordinate care for children removed from home ages 0-5 to be sure they receive appropriate exams and medical follow up as soon as they are taken out of foster care. You can see by this chart why H4K is so important to the community. The Division of Public Health appreciates PHABs support, and the Board of Supervisors (BOS) continued funding of this program. In addition to taking care of children removed from home, we also look at how to prevent abuse and neglect in the home. There are programs such as the Black Child Legacy Campaign at work to prevent the abuse.

Accreditation is very important; we completed our first community health status report in 2004, then again in 2014, when we decided to pursue accreditation; we are now scheduled to do this every 3-5 years. We did not have to have the process in place to do this. However, this is a goal the Department of Health Services can shoot for, and we have to

prioritize our efforts so these assessments are very important. The resources we have are important so we can look at data, provide it to the public and help them make decisions on certain programs.

## **PRESENTATION**

**Elica Health - Another Model for Healthcare Delivery.** Tatyana Bak gave a brief introduction of Elica Health and discussed services provided to the homeless community of Sacramento County. Elica is currently servicing approximately ninety patients. They have three mobile units; they refer to their services as “wellness without walls.”

Aidé Silva discussed how Elica began with mobile medicine in 2014. Elica started with one mobile unit, but now they have two. A second acquired through a partnership with UC Davis and a third is expected to arrive very soon. On the streets of Sacramento Elica focuses on homeless adults, and provide primary care, mental health services, and recently dental healthcare for adults and children. Elica has individuals in the community such as nurses who work with them to help identify where the most need is and where they should go. Elica starts the process of providing wellness to the homeless by going to tent cities, and start with outreach. Sometimes they bring food, hot beverages, in an effort to start building trust because it is not easy to enter into a homeless community. Some Elica board members as well as some staff members have experienced homelessness, and food insecurities at some point in their lives. Elica would like to continue to have board members and general membership who understands their work.

In 2015, Elica launched Wellness Outside. Services include, but are not limited to vaccines, breathing treatments, wellness exams, wound care.

Elica partners with Sacramento and Yolo Counties, Bridge to Housing Project, and Elica is assisting them in establishing medical homes and stabilizing health.

A third mobile unit is expected in the next few weeks, and dental services will be provided to the schools to avoid kids missing school to receive dental services, when possible. Elica has held two flu clinics, and provided flu shots. Elica provides referrals to the homeless for other services such as food, housing etc. Elica partners with the City of Sacramento Pathways program, 185 enrolled currently; Elica is a federally qualified Health Center. Elica also provides animal services; there is a vet that provides access to vaccines, and treatments for wounds and flea bites. Elica will service any animal owned by a homeless person.

Testimonial. Jimmy, an Elica patient, and double-amputee addressed PHAB and spoke about Elica and how the services they provided saved his life. Three years ago he was a homeowner and business owner. He became ill, and stopped going to the doctor about a year later because he knew he would be hospitalized and had no one to take care of his dog. Another year went by and he was approached by Elica; he became a patient (of Dr. Nunn). He'd stopped taking care of his Diabetic condition when he stopped going to the doctor. "Elica staff encouraged me and said they would have my dog housed if I were to come in to see the doctor. These people are amazing, the staff is going out to tent cities, homeless camps and out on the river to help those in need. They literally saved my life." Jimmy now has new housing – he walks using assistive devices.

Elica receives Federal funding to provide services to homeless; they are Medi-Cal and Medicare contracted partners. They also receive grants to purchase the mobile units and receive some help from UC Davis. Animal services are not included and there are no grants or federal funding for animals. There are a few private donors and with their support, Elica can provide food and clothing to the homeless, as well as animal care needs to their animals, etc.

Elica Staff: one Family Nurse Practitioner (FNP), one Physician's Assistant (PA), two Medical Assistants (MA); and one planning supervisor and one driver, all are part-time.

## **BUDGET CONSIDERATIONS 2019**

Dr. Beilenson indicated there is one potentially concerning area which is Realignment. California funding streams are immensely complicated and allow for silos and fragmentation. One area is realignment; there are two realignment funds we depend on in the Department of Health Services (DHS); one is 1991, which funds Public Health (PH) and Primary Care (PC), and the other is 2011, which predominantly funds Mental Health (MH). The realignment funding comes from the Department of Motor Vehicle (DMV) license tags and sales tax, which have nothing to do with health, but it is the funding source attached to this realignment when services went from State-run to County-run. The 1991 realignment has not changed, so we have a baseline budget and costs increase every year. Last year, we submitted 53 growth requests, one was for Accreditation; this year we submitted 5 and only one was unfunded, Accreditation. It was not accepted last year so we are hoping for a better outcome this year.

PHAB voted by hand to support 2019 Budget Considerations. The Executive Committee of PHAB will draft the letter and send to the County Executive Officer and the Board of Supervisors (Chair).

## **Public Comment**

There was none.

**The meeting was adjourned at 1:30 PM**

**Submitted by Steven Orkand, Chair**