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HEALTH OFFICER NOTES

Penny Borenstein, M.D., M.P.H.



LAUNCHING SLO COUNTY'S FIRST COMMUNITY **HEALTH IMPROVEMENT PLAN**

We face a challenge in San Luis Obispo that leaders in other communities might envy: we have a vast number of dedicated organizations working to improve our community's health and quality of life. We have many shared goals and powerful potential-but our sheer number of players can make it hard to check in with each other to see if we're playing from the same sheet of music. It's easy to duplicate efforts and easy to miss opportunities to give or receive support that could bolster the effect of our work for the people we serve.

Now, I am pleased to announce a milestone that can help us work together to achieve collective impact for a healthier community. The Public Health Department, in collaboration with more than 95 partners in the non-profit, health care and government sectors, has recently released San Luis Obispo County's first comprehensive community health improvement plan. Together, these partners make up a collaborative known as SLO Health Counts.

This five-year plan represents a strategic and collaborative approach to achieving a shared goal: ensuring all San Luis Obispo County residents have the opportunity to be healthy.

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It provides a path to measurable improvement in eight priority areas. Those areas and goals are:

Access to Care

- Improve coordination of health care among providers.
- Recruit and retain providers to the Central Coast.
- Increase the proportion of low-income children in SLO County with routine and adequate dental care.

Social Determinants of Health

- Increase CalFresh enrollment to reduce hunger and improve health among SLO County residents.
- Improve access to affordable, attainable, safe and supportive housing.

Maternal, Child & Adolescent Health

- Improve social and emotional supports for new mothers.
- Implement a Help Me Grow™ system in SLO County.

Infectious Disease

- Reduce the rate of undiagnosed hepatitis C in SLO County Jail inmate population.
- Reduce the rate of influenza in high-risk populations.
- Reduce the rate of syphilis in SLO County population.

Chronic Disease & Health Behaviors

- Improve diets and increase physical activity in the environments where people eat, live, learn, work and play.
- Reduce rates of chronic disease among county residents.
- Reduce smoking initiation, tobacco use and exposure to secondhand smoke.

Injuries

- Reduce falls among seniors.
- Reduce vehicle-related injuries.

Social & Emotional Wellness

- Improve consistency of care across the continuum of social and emotional wellness services.
- Improve the social and emotional support network for teens in SLO County.

Environment

- Increase awareness within the agriculture community of the risks associated with Valley Fever and prevention/ treatment needed.
- Improve water quality at high priority beach/creek interfaces.

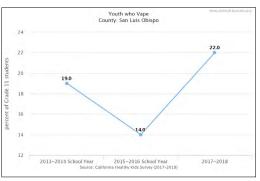
The plan is informed by the 2018 County of San Luis Obispo Community Health Assessment. After sharing this assessment, we brought together partners from across the community to develop a shared vision, identify priorities and form teams. Teams used data, best practices and their own expertise to define goals, develop objectives and outline strategies. Now, these teams are putting the plan in action. There is plenty of room at the table and I invite you to lend your insight to this effort. You can review the plan and learn more about getting involved at SLOHealthCounts.org/CHIP.

I am thrilled to see our community achieve this milestone through such a broad and dedicated coalition. My hope is that this milestone is one of many in a long history of working together to improve the opportunities for a healthier life for all San Luis Obispo County residents.

Thank you for your attention –



DATA SPOTLIGHT: YOUTH WHO VAPE





Source: California Healthy Kids Survey Measurement period: 2017-2018 Maintained by: County of San Luis Obispo Public Health Department Last update: October 2018

E-cigarettes are now the most commonly used tobacco product among U.S. youth. Though "vaping" or "JUULing" is commonly perceived to be safer than smoking traditional cigarettes, e-cigarettes contain dangerous levels of nicotine and other chemicals. Their use among youth in SLO County is increasing, as it is across the U.S. The Public Health Dept. Tobacco Control Program is working with community partners to reverse this trend. Learn more and get involved in these and similar efforts at slocounty.ca.gov/tobaccocontrolcoalition. See more health data at slohealthcounts.org.

LOOKING BACK, LOOKING AHEAD: 100 YEARS SINCE 1918-19 PANDEMIC FLU

One hundred years ago, the flu took a toll unlike any we have seen since—CDC calls it the most severe pandemic in recent history. Worldwide, about 500 million people were infected with the flu—about one-third of the world's population at that time. About 50 million people died from complications of the flu, including 675,000 Americans.

Knowledge and tools available in 1918. Our peers 100 years ago did not have a flu vaccine, antiviral medications or antibiotics to treat secondary infections. They did not have ICUs or ventilators. They relied on what we now call nonpharmaceutical interventions: isolation, quarantine, personal hygiene, disinfectants, and limitations of public gatherings.



Red Cross volunteers in Boston, 1918. Photo courtesy of CDC.

Progress in public health. Today, we have tests to diagnose flu, vaccines for both seasonal and pandemic flu, drugs to help treat influenza and its complications, ventilators and intensive care units, and personal protective equipment like gloves and masks. We have a global surveillance system to monitor influenza activity and ways to quickly share information globally. Building on the knowledge of our peers 100 years ago, we're able to more effectively control the flu without drugs through handwashing, disinfectants, covering coughs and sneezes, and closing schools or gatherings if needed.





Influenza virus testing and surveillance at the Public Health Lab, December 2018.



Providing free flu shots while practicing pandemic readiness, October 2018

Preparing in SLO County. Year-round, the Public Health Department works with partners in health care, emergency management, public safety and social services to prepare for this threat. We conduct enhanced surveillance during flu season and maintain a system to coordinate resources. We practice every fall by giving the flu shot to a large number of people in a short time—in 2018, that was 850 people in three hours. Our Public Health Lab is always on the lookout for changes in flu viruses. In August 2018, the lab detected a variant flu virus that spread from pigs to people. Within a week, the virus was at the CDC for analysis.

Looking ahead. Flu viruses constantly change, making it possible on occasion for animal viruses to change so that they spread quickly among people. Locallly, pandemic flu remains one of the top three health and medical hazards identified by the Public Health Emergency Preparedness team. Globally, population growth and increased international travel have increased the risk that a flu virus will spread quickly worldwide.

Protect yourself from flu. Here's what you can do:

- Wash your hands with warm, soapy water for at least 20 seconds. If soap and water aren't available, use alcoholbased hand sanitizer.
- Avoid touching your eyes, nose, and mouth. This helps prevent the spread of the virus.
- Avoid contact with people who are sick. This might mean you need to delay a visit, or meet by phone or video.
- Get the flu shot. You can get your flu shot from your health care provider, at many local pharmacies, or at Public Health Department clinics.

Learn more about pandemic flu at cdc.gov/flu/pandemicresources. For local updates, visit slocounty.ca.gov/flu-2019.

WORKING TOGETHER FOR BICYCLE SAFETY IN SLO COUNTY

Rick Rosen, M.D., M.P.H., Deputy Health Officer

San Luis Obispo County is a pretty healthy place to live. The county compares favorably with others across the state over a variety of health metrics. However, there are a handful of metrics where SLO County has room for improvement. One of those areas is bicycle safety.

Cycling offers many benefits for our mental and physical wellbeing but is not without risk. In 2016, SLO County ranked 5th out of 58 counties in the number of victims injured or killed while riding their bicycles. In 2013, the county's rate of bicycle-involved collisions was 44.2 per 100,000 residents as compared to a rate of 35.1 per 100,000 for the state as a whole. Of the 1,499 total accidents in 2015, 191 (13%) involved alcohol. Though traffic accidents involving cyclists or pedestrians account for only 15% of collisions, they account for the majority of traffic-related severe injury and death. A cyclist accounted for the lone collision-related fatality in the city of San Luis Obispo in 2017.

Much work is underway to address this. The Public Health Department organizes bicycle rodeos throughout the County, conducts bicycle safety presentations for elementary students, and participates in Bicycle Safety Month activities in May, including San Luis Obispo's annual city bike rodeo. Bike SLO County (bikeslocounty.org) is also active in education and advocacy.

City and county officials have taken steps to improve bicycle safety. In the city of San Luis Obispo, for example, data shows the two most dangerous intersections for bicycles are California and Monterey, and California and Taft. Public Works reinstalled a green bike lane at California and Monterey since recent construction was completed. For the intersection of California and Taft, a roundabout is planned (with funding pending), and extension of the Railroad Safety Trail through this area is planned for fall of 2019.

Yet these efforts have not been enough. I ask you to help with bicycle safety:

- Wear a bike helmet 100% of the time when riding a bike.
- Use a bicycle light and wear reflective clothing if you ride your bike at dusk or at night. Free bicycle lights are handed out at cycling events such as the bicycle rodeo.
- Ride sober. Nationally, 37% of bicyclist deaths in 2015 involved alcohol. In the age of the ride-sharing app, there is never a good reason to ride a bicycle when intoxicated or after drinking alcohol, even if you are at an event where everyone else seems to be doing it. Simply put, do not ride a bicycle if you are drunk, high, or buzzed.







SCHOOL WELLNESS IN ACTION

Our health education team works with schools across SLO County to help students get moving and get excited about healthy eating. Here, students talk with local farmers about heirloom watermelon in Los Osos, practice yoga on the beach in Cayucos and learn safety skills at a bike rodeo in Shandon. School wellness brings immediate and long-term benefits for health and learning. Interested in boosting wellness at your school? Contact our team at 805 788-2718.

BEHIND THE NUMBERS: E. COLI

This winter, the Central Coast made a splash in public health news. The star was romaine lettuce. An outbreak of E. coli O157:H7 associated with romaine began in October, with illnesses presenting into December 2018. Sixty-two cases from 16 states and the District of Columbia were identified along with additional cases in Canada. The outbreak was declared over on January 9, 2019.

The Centers for Disease Control and Prevention (CDC), which led the outbreak investigation, traced clinical isolates back to an agricultural water reservoir in Santa Barbara County. Our Public Health Laboratory assisted in the investigation, acting as a confirmatory laboratory for this and other outbreaks of foodborne illness.

What is striking about the number of E. coli cases reported this quarter (below) is what we don't see. The number of E. coli cases in the county was lower this year than in the prior two years. Two cases associated with this outbreak were reported in San Luis Obispo County, and no cases were reported in Santa Barbara County.

This reflects the nature of our nation's food supply. Food produced in one region can move rapidly all over the country (and in some cases, the world), with relatively little consumption locally. This makes the work the CDC does to identify the source of foodborne outbreaks all the more complex, and points to the importance of federal safeguards to protect our food. To learn more, see cdc.gov/ecoli.

REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2017						YEAR 2018				
	Jan-M	lar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases
AIDS/HIV	1	0	0 7	0 1	1 1	2 8	0 1	1 5	2 7	2 4	5 17
Campylobacteriosis	9		20	31	12	72	6	12	18	9	45
Chlamydial Infections	333		317	316	283	1249	341	268	270	308	1187
Coccidioidomycosis	38		53	85	192	368	216	70	88	86	460
Cryptosporidiosis	0		2	3	3	8	3	1	2	3	9
E. Coli	4		4	6	2	16	1	2	5	5	13
Giardiasis	2		3	4	0	9	1	0	3	4	8
Gonorrhea	57		35	33	51	176	45	43	59	40	187
Hepatitis A	0		1	0	0	1	1	0	0	0	1
Hepatitis B (Chronic)	14		8	9	7	38	6	4	4	7	21
Hepatitis C (Community)	67		69	67	57	260	87	55	54	53	249
Hepatitis C (Correctional)	21		30	23	24	98	28	32	32	47	139
Lyme Disease	1		0	1	1	3	0	2	1	0	3
Measles (Rubeola)	2		0	0	0	2	0	1	0	0	1
Meningitis (Bacterial)	3		3	2	0	8	1	1	2	1	5
Meningitis (Viral)	0		4	6	2	12	1	3	7	1	12
MRSA	0		0	0	0	0	1	0	0	0	1
Pertussis	4		4	3	5	16	1	2	5	13	21
Rubella	0		0	0	0	0	0	0	0	0	0
Salmonellosis	6		9	10	4	29	3	9	6	3	21
Shigellosis	1		1	1	5	8	3	1	1	8	13
Syphilis (Primary/Secondary)	4		6	3	1	14	5	6	6	1	18
Tuberculosis	1		0	2	3	6	1	0	1	0	2

For more information, please visit the SLO County Epidemiology Data and Publications website. Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Reported cases that do no meet the case definitions are not included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence. Case counts may change over time; as cases currently under investigation are resolved, they are added to the totals.



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WHAT'S NEW AT PUBLIC HEALTH?

More SLO County schoolchildren are receiving regular dental care thanks to an innovative new effort from the County's Oral Health Program. Through the state-funded Virtual Dental Home program, a dental hygienist and care coordinator visit three local elementary schools to provide cleanings, X-rays, fluoride treatment, and even temporary fillings as needed. X-rays and records for each student are sent electronically to a dentist, who can then provide more complex treatment as needed. As a result, kids get more regular dental care—meaning fewer cavities in the long run. Plus: students stay in school and parents stay at work instead of taking time off for appointments. Learn more about the oral health program at slocounty.ca.gov/dental.

50+ veterinarians joined the Public Health Department team for a special forum on the connection between human and animal health in SLO County. Leaders discussed rabies virus in California, updates from the state Animal Health and Food Safety Laboratory, and the role of local health and veterinary specialists in big-picture disease surveillance. The forum followed an August 2018 case in which the Public Health Laboratory identified a form of variant influenza that was transmitted from pigs to people. Close collaboration among public health and veterinary teams helps ensure our region is better prepared to prevent and respond to diseases that threaten both animals and people.



SLO County kids through innovative new programs.

Public health nurses provided careful review of medication orders and health care for more than 300 foster children in 2018, ensuring the children receive regular, appropriate health and dental care throughout moves and other major transitions. Each nurse serves as a health and dental point person for foster families, social workers and probation officers. "It's about having someone consistent on their side from a medical point of view," said Francesca Peterson, Director of SLO County's Children's Medical Services program. "It's really important administrative oversight." This work includes a special focus on monitoring psychotropic medication and ensuring the child's care is coordinated and services are not duplicated.