San Luis Obispo County Health Agency Summer 2012

Public Health Bulletin

A publication of the Public Health Department, Jeff Hamm, Health Agency Director
Penny Borenstein, M.D., M.P.H., Health Officer/Public Health Administrator www.slopublichealth.org
2191 Johnson Avenue P.O. Box 1489 San Luis Obispo, CA 93406 (805) 781-5500 (805) 781-5543 fax

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

San Luis Obispo County Health Rankings

In April, the County Health Rankings and Roadmaps were released for 2012. These rankings compare most counties statewide on a variety of health indicators. San Luis Obispo ranked 13th out of the 56 counties in California that were assessed. This is the same ranking San Luis Obispo received in 2011, but down from 11th in 2010.

The annual County *Health Rankings and Roadmaps* report ranks counties on two main areas: health outcomes, and health factors. Health outcomes includes premature death data and illness measures, while health factors include topics such as health behaviors, clinical care, social and economic factors, and physical environment. Each component of the ranking system has several contributing factors, as shown below. While San Luis Obispo is ranked 13th overall, the smaller contributing factors each have their own ranking, leading to our overall score.

San Luis Obispo County has every reason to be proud of our relatively healthy community, but the assessment does show some areas where we can improve. The rankings for San Luis Obispo County are broken down as follows:

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The San Luis Obispo County Health Agency's *Public Health Bulletin* can also be accessed online at www.slocounty.ca.gov/health.htm under "Quicklinks" on the right side of the page.

San Luis Obispo County Health Rankings (continued)

Health Outcomes: (13 of 56)

- Mortality (premature death) **18 of 56**
- Morbidity (poor or fair health, poor physical health days, poor mental health days, low birth weight) **15 of 56**

Health Factors (7 of 56)

- Health Behaviors (smoking, obesity, physical inactivity, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate) **15 of 56**
- Clinical Care (uninsured, ratio of primary care physicians, preventable hospital stays, diabetic screening, and mammography screening) **11 of 56**
- Social and Economic Factors (high school graduation, some college, unemployment, children in poverty, inadequate social support, children in single-parent homes, violent crime rate) **6 of 56**
- Physical Environment (air pollution-particulate matter days, air pollution-ozone days, access to recreational facilities, limited access to healthy foods, fast food restaurants) **25 of 56**

As shown, Physical Environment is the lowest ranking San Luis Obispo County received, and could certainly be the focus of improvement efforts within the County. Working closely with our community partners and citizens, we can make our County even better.

Free Flu Shots Available on October 14

On Sunday, October 14, 2012 the County of San Luis Obispo Health Agency will offer FREE flu shots to all community members as part of a biennial Public Point of Distribution Drill. In addition to providing free flu shots to the public, this "mass vaccination exercise" aims to prepare County and City Employees to administer vaccinations rapidly in the event of a significant public health threat to the community. The event will take place at two locations: South County Regional Center in Arroyo Grande and Colony Park Community Center in Atascadero. Additional information will follow.

Immunization Reminder for Adolescent Providers

For the 2012-2013 school year, and all future school years, all students entering, advancing or transferring into 7th grade will need proof of an adolescent whooping cough booster immunization (called "Tdap") for school in the fall. Summer is an excellent time to bring these adolescents in for a well child check and to update them on all other indicated vaccines for this age group including Meningococcal (MCV4), Human papillomavirus (HPV), 2nd Varicella, and Hepatitis A.

Nationally Known Speakers to Present at HEAL-SLO Summit on Obesity Crisis, Building Healthy Communities

These nationally known speakers will talk from their unique perspectives on the obesity crisis and how to build a healthy community.

Anne C. Haddix, PhD, is Senior Policy Advisor to the director of the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) where she advises NCCDPHP leadership on cross-cutting policy issues related to chronic diseases, including food and nutrition policy and community transformation. Dr. Haddix is the author of numerous publications including *Prevention Effectiveness: A Guide to Decision Analysis and Economic Evaluation*. She received her PhD in agricultural economics from the University of Georgia. She graduated from California State University Fresno with an MS in agricultural economics and a BA in biology. Anne grew up on a small family farm in the Central Valley of California.

Michael R. Dimock is President of Roots of Change, a nonprofit, non-governmental organization whose purpose is to spawn a sustainable food system in California by 2030. Michael has focused on agriculture and food since 1989. He was a marketing executive in Europe for agribusiness, farmed organically for three years in Sonoma County, and in 1992 founded Ag Innovations Network, where he began his work on community consensus building and strategic planning to create healthier food and agriculture. Author, Katrina Fried, and Photographer, Paul Mobley, feature Michael in their latest book, *Everyday Heroes: 50 Americans Changing the World*, to be published in October 2012.

Richard J. Jackson is professor and Chair of Environmental Health Sciences at the Fielding School of Public Health at the University of California, Los Angeles. He is a pediatrician and the former State Health Officer for California. For 9 years he was the Director of the CDC's National Center for Environmental Health in Atlanta and received the Presidential Distinguished Service award. He co-authored two Island Press Books: *Urban Sprawl and Public Health* in 2004 and *Making Healthy Places* in 2011. He has served on many environmental and health boards, as well as the Board of Directors of the American Institute of Architects.

Thus far, major summit sponsors include: First 5 of San Luis Obispo County, San Luis Obispo County Community Foundation, University of California Cooperative Extension San Luis Obispo County, the Public Health Department, The California Endowment, Arroyo Grande Community Hospital, French Hospital Medical Center, and CenCal Health.

For more information, or to be notified when registration opens, contact Kathleen Karle at 781-4929, or kkarle@co.slo.ca.us.

National CPR Day a Success in San Luis Obispo County

More than 1,000 people received "hands-only" CPR training in San Luis Obispo County on June 7, 2012, National CPR Day. The method can be taught in just a few minutes. Most people who experience cardiac arrest at home, work or in a public location die because they don't receive immediate CPR from someone on the scene.

Participants were taught, if they see a teen or adult suddenly collapse, to call 9-1-1 and push hard and fast in the center of the chest. CPR can more than double a person's chances of survival.

2011 Was Worst Year for Measles in 15 Years

Health officials say last year was the worst year for measles in 15 years. There were 222 cases of measles reported. Most of the cases were imported - either by visiting foreigners or by U.S. residents who picked up the virus overseas. Health official say outbreaks have been fueled by low vaccination rates in Europe and elsewhere.

There were no deaths in the U.S. but about a third of the people were hospitalized. At least two-thirds of the Americans who got the measles hadn't been vaccinated. It is never too late to be vaccinated. People with measles are advised to avoid contact with others, especially pregnant women and children as they are more vulnerable to infection.

Tobacco Screening at Every Visit

It's easy to think that people no longer use tobacco in San Luis Obispo County. After all, we were first to ban smoking in bars and restaurants and only about 11% of the county currently smokes. Referrals to the Tobacco Control Program in the past twelve months numbered some 350 individuals.

There is a large body of evidence which shows a significant increase both in quit attempts and abstinence from tobacco with clinician intervention. "Effectiveness of cessation interventions follows a dose response and improves with the number of clinicians offering an intervention. The more you motivationally engage the quit process, the more likely a patient is to quit."

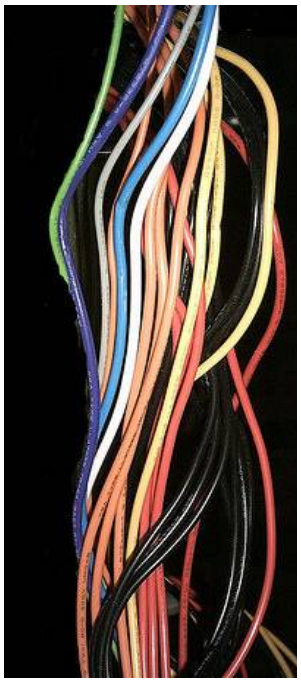
The Association of Clinicians for the Underserved has an excellent website addressing the tobacco control issue. (www.clinicians.org/tobaccofree/)

San Luis Obispo County Public Health to Launch Provider Portal for Reporting Communicable Diseases

In July 2011, the Public Health Department implemented a statewide communicable disease reporting and tracking system known as CalREDIE. Starting this summer, a new module of CalREDIE will be implemented in San Luis Obispo, the provider portal. The Public Health Department is seeking interested providers to sign up, receive training, and begin using this portal once it has been implemented.

The CalREDIE system allows the Public Health Department to combine Confidential Morbidity Report (CMR) data with lab data, as well as other medical information in an electronic format. Data can now be easily transferred between counties in California, and outbreaks can be tracked with complete patient lists.

So far, CalREDIE has worked well for the Health Department. We are able to notify the State Department of Public Health of communicable disease events on a daily, even hourly basis, whereas before weekly reports were sent in. Patient contact information (when relevant) is now collected and linked to originating sources. Timely and more complete and accurate reporting are early benefits of this system.



With the implementation of the new provider portal for CalREDIE, providers will be able to enter data on a reportable communicable disease directly into the system. Participating providers will then be able to track who they have reported over time, and in most cases, stop sending in CMRs. For diseases that are initially mandatorily reportable by phone, the phone call would still be required. For those providers not utilizing the provider portal, the process of reporting communicable diseases will remain the same.

The Public Health Department would like to encourage providers to explore this option as an alternative to the traditional methods of filling out a CMR and faxing or mailing it to the Health Department.

For more information, please call the Communicable Disease Program Manager, Christine Gaiger, at (805) 781-5500, or Ann McDowell, Epidemiologist, at (805) 788-2095.

Medicare Boosting Coverage for Mental Health Issues

Medicare coverage for people with depression used to be, well, depressing. But that's starting to change.

In October, the Centers for Medicare and Medicaid Services began covering screening for depression without any cost-sharing when Medicare patients visit their primary care doctor. That's a big deal, because although older people have lower rates of depression than the general population — 10.7 percent, compared with 16.9 percent overall — they often have other chronic conditions that may worsen if their depression isn't treated.

Depression often goes undiagnosed in the elderly, who may feel the stigma of mental illness more acutely than younger people and are often less likely to seek help. Paying doctors to screen for depression — Medicare's going rate is $17.36 per person — might well increase how often they do it, experts say.

"Doctors are trying to do the right thing, but how do you prioritize what to do in 21 minutes with a complex person?" asks Ken Duckworth, medical director for the National Alliance on Mental Illness. "If they get paid for it, they structure it into their practices." The new preventive screening adds to coverage improvements in drug and mental health services in recent years.

For starters, Medicare Part D drug plans are required to cover essentially all antidepressant drugs. However, some plans may cover only the generic version of a particular drug. In addition, Medicare used to lag private health plans in coverage of mental health services such as psychotherapy. That's improving, too.

Under the Mental Health Parity and Addiction Equity Act of 2008, private health plans have to cover both physical and mental health services equally. Medicare, which covered mental health services at a 50 percent rather than the 80 percent rate for physical treatment, wasn't required to abide by the law.

The Medicare Improvements for Patients and Providers Act of 2008 changed that. Medicare is gradually increasing the percentage it covers for mental health services, until in 2014 it will reach 80 percent. (In 2012, the program covers 60 percent.)

Although coverage has improved, there's one area where Medicare still lags private plans, says Andrew Sperling, director of legislative advocacy at the National Alliance on Mental Illness.

"Coverage is still inequitable with respect to inpatient psychiatric care," he says. Medicare pays for up to 190 days of inpatient care during a beneficiary's lifetime, a limit that doesn't typically apply in private health plans.

*Reprinted from NPR April 3, 2012

Preventing Heat Stress in Children

From The American Academy of Pediatrics, Robert Musinski, Correspondent

Children regulate body temperature and tolerate exercise in the heat as well as adults, according to the American Academy of Pediatrics (AAP). When playing outdoors on a hot day, children usually figure out when to go inside and cool down. But when kids play multiple games in dangerously hot, humid conditions at a soccer tournament, or when they're melting under heavy pads at a preseason football practice, adults run the show.

The newest AAP statement about heat stress directs adults to keep young athletes out of danger by using common sense. "Adults who engage children in sports activities sometimes create situations that are potentially dangerous but entirely preventable," said Stephen G. Rice, M.D., Ph.D., FAAP, co-author of the policy statement. *Climatic Heat Stress and the Exercising Child and Adolescent* (http://pediatrics.aappublications.org/content/128/3/e741). For example, Dr. Rice witnessed a soccer team that had to play five games on a brutally hot day, with only a 15-minute break between the last two games. Dr. Rice, former member of the AAP Council on Sports Medicine and Fitness Executive Committee states, "It's (adults') responsibility to care for the well-being of the kids."

The previous heat stress statement, released in 2000, suggested that children were less able to handle the heat and deserved special treatment, even though the authors found little scientific evidence to support that advice. In this statement, "we take the attention away from any purported disadvantage between kids and adults and put it on what puts kids at risk, and what is modifiable," said lead author Michael F. Bergeron, Ph.D., director of the National Institute for Health and Performance at Sanford USD Medical Center, Sioux Falls, S.D. Also, unlike the previous statement, this updated one does not provide recommendations on whether games or practices should be canceled if the temperature reaches a certain level. "You can't be precise for every person," Dr. Rice said. "Advice needs to be general."

Exertional heat illness usually is preventable which means adults need to make sure the level of exertion, clothing and equipment, and recovery time are appropriate for young athletes. The statement makes recommendations aimed at preventing, monitoring and treating heat illness, including: providing risk-reduction training for all administrators, coaches and training staff; making sure facilities and personnel are available on site to treat all forms of heat illness; educating children about heat illness risk factors; offering time for sufficient fluid intake before, during and after all physical activities; limiting participation if an athlete is ill or recovering from an illness; and developing an emergency action plan.

One of the most important recommendations is to provide adequate breaks between periods of physical exertion. Giving longer breaks has a huge influence on a child's ability to recover from heat stress, Dr. Bergeron said. The statement is a valuable tool for pediatricians, who play an influential role in educating the public. For example, they can work with local school and park district program administrators to develop prevention and management strategies and be advocates for heat safety.

San Luis Obispo County Reported Cases of Selected Communicable Diseases-Summer 2012

Disease	2nd Quarter 2011	Total 2011	2nd Quarter 2012	Total 2012
AIDS/HIV	**1/2**	**2/14**	**0/7**	**2/9**
Campylobacteriosis	19	92	22	38
Chlamydial Infections	**219**	**822**	**222**	**476**
Coccidiodomycosis	64	266	40	98
Cryptosporidiosis	**3**	**11**	**3**	**6**
E. Coli	1	3	1	1
Giardiasis	**2**	**16**	**5**	**8**
Gonorrhea	9	53	27	43
Hepatitis A	**3**	**20**	**1**	**2**
Hepatitis B (Chronic)	12	50	6	15
Hepatitis C (Community)	**82**	**309**	**90**	**183**
Hepatitis C (Correctional)	149	410	78	178
Lyme Disease	**0**	**0**	**0**	**1**
Measles (Rubeola)	1	0	0	0
Meningitis (Bacterial)	**1**	**7**	**0**	**2**
Meningitis (Viral)	4	25	3	5
MRSA	**2**	**0**	**1**	**1**
Pertussis	2	21	8	12
Rubella	**0**	**0**	**0**	**0**
Salmonellosis	5	21	9	14
Shigellosis	**0**	**3**	**0**	**0**
Syphilis (Primary/Secondary)	0	1	6	6
Tuberculosis	**1**	**6**	**1**	**1**

Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Cases reported by health care providers that do not 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 as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.

San Luis Obispo County
Public Health Department
P.O. Box 1489
San Luis Obispo, CA 93406