San Luis Obispo County Health Agency Winter 2012

Public Health Bulletin

A publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Local Health Professionals Help Raise Awareness of Air Quality and Health

The San Luis Obispo County Air Pollution Control District (APCD) and the Public Health Department are collaborating on a new education campaign to heighten public awareness about the connection between air quality and health. The ***Air Quality and Your Health*** campaign began spreading the message in January 2013 through a series of informative brochures, posters, and public service announcements.

The campaign activities are part of the APCD's ongoing efforts to increase the public's understanding of air quality issues and increase action by residents to reduce personal impacts to air quality. Our lungs are among the body's primary points of contact with the outside world, so the content of the air we breathe is extremely important, which is why the ***Air Quality and Your Health*** education campaign is a perfect opportunity for the Public Health Department to collaborate with the APCD. It is my hope that through this collaboration we will bring about a wider appreciation of the connection between air quality and health.

We are thrilled with the broad base of support the campaign has received in the county. People need to be informed, and despite significant success in reducing overall pollution levels at the local and state level, air pollution continues to be an important public health issue. (continued on page 2)

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.

Awareness of Air Quality and Health (continued)

Local health professionals have welcomed the opportunity to provide their patients and clients with information about this little known issue and are helping to spread the word by displaying the campaign materials in their offices. ***Air Quality and Your Health*** posters and brochures are appearing at over 200 doctors' offices, medical clinics, hospitals, and fitness centers throughout the county.

Three different brochures (***Get Active: Air Quality & Exercise, Air Quality & Your Cardiac Health, and Asthma & Air Quality***) plus a poster include information about different air pollutants, the importance of exercise, warning signs of health issues, and how to stay informed and protect local air quality. If you would like additional information about the campaign, or are interested in displaying the brochures or poster in your health facility, please contact Kathleen Karle at 781-4929.

Binge Drinking is an Under-Recognized Problem among Women and Girls

Binge drinking is a dangerous behavior that can lead to tragic circumstances. It's not often recognized as a women's health problem but nearly 14 million U.S. women binge drink about three times a month, and consume an average of six drinks per binge, according to a Vital Signs report released in January 2013 from the Centers for Disease Control and Prevention.

The report highlights how binge drinking puts women at increased risk for many health problems such as breast cancer, sexually transmitted diseases, heart disease, and unintended pregnancy. Pregnant women who binge drink expose a developing baby to high levels of alcohol, which can lead to fetal alcohol spectrum disorders and sudden infant death syndrome. In addition, the report finds that about 1 in 8 women and 1 in 5 high school girls report binge drinking. Binge drinking was most common among women aged 18-34 and high school girls, both whites and Hispanics, and women with household incomes of $75,000 or more. Half of all high school girls who drink alcohol report binge drinking.

Binge drinking is defined as consuming four or more drinks on an occasion for women and girls. Drinking too much, including binge drinking, causes about 23,000 deaths among women and girls in the United States each year. "Binge drinking causes many health problems, and there are proven ways to prevent excessive drinking," said CDC Director Thomas Frieden, M.D., M.P.H. "Effective community measures can support women and girls in making wise choices about whether to drink or how much to drink if they do."

CDC scientists looked at the drinking behavior of approximately 278,000 U.S. women aged 18 and older for the past 30 days through data collected from the 2011 Behavioral Risk Factor Surveillance System, and for approximately 7,500 U.S. high school girls from the 2011 National Youth Risk Behavior Survey. The report highlights the Guide to Community Preventive Services (Community Guide), which recommends effective policies to prevent binge drinking. "It is alarming to see that binge drinking is so common among women and girls, and that they are drinking so much when they do," said Robert Brewer, M.D., M.S.P.H., of the Alcohol Program at CDC. "The good news is that the same scientifically proven strategies for communities and clinical settings that we know can prevent binge drinking in the overall population can also work to prevent binge drinking among women and girls."

For more information, visit CDC's Alcohol and Public Health web site at www.cdc.gov/alcohol/.

Medi-Cal Incentives to Quit Smoking (MQIS) Project

Background
The California Department of Health Care Services (DHCS was awarded a $10 million / 5-year grant from the Centers for Medicare and Medicaid Services (CMS) as part of the Medicaid Incentives for the Prevention of Chronic Disease (MIPCD) Program. In California, this project is known as the ***Medi-Cal Incentives to Quit Smoking (MIQS) Project.***

The MIQS Project will provide incentives for tobacco use treatment to 25,000 adult Medi-Cal beneficiaries during the 5-year project. The goals are to manage or prevent chronic disease by means of smoking cessation, lower the adult Medi-Cal smoking prevalence rate, and reduce health care costs by reducing treatment for tobacco-caused illnesses.

Incentives Program
The MIQS Project is testing the use of small incentives to encourage Medi-Cal beneficiaries who smoke and want to quit to call the California Smokers' Helpline (Helpline) and use the free telephone-based counseling services to attempt to quit smoking. Health care providers and social service organizations are encouraged to assess each Medi-Cal patient/client for smoking status and refer interested smokers to the Helpline for tobacco use treatment counseling.

The incentive is a $20 gift card to a major retailer in California, including Wal-Mart, Target, Safeway/Vons and Ralphs/Kroger. Other incentives may be offered as part of two randomized controlled trials being conducted by the Helpline.

Eligibility Criteria
- Adult Medi-Cal beneficiaries who are current smokers:
- Must ask for the $20 incentive when calling the Helpline;
- Must provide a valid Beneficiary Identification Card (BIC) number (verified through the Medi-Cal Eligibility Data System (MEDS));
- Must complete the initial 30-40 minute counseling session..

Project Partners
California Department of Health Care Services, Office of the Medical Director is partnering with the California Diabetes Program, a project of the University of California San Francisco and the California Department of Public Health to promote the incentive project statewide through public health and health care settings.

The University of California San Diego's California Smokers' Helpline is providing the counseling services, distributing the incentives, and conducting two randomized controlled trials to test the effectiveness of various retention and re-engagement incentives. Since its debut in August 1992, the California Smokers' Helpline has provided free, personalized and confidential services to more than 600,000 Californians from diverse communities throughout the state. Quitting assistance is provided in English, Spanish, Mandarin, Cantonese, Vietnamese and Korean.

The California Department of Public Health's California Tobacco Control Program is an unfunded partner providing expertise in social norm change strategies and assistance with outreach through its network of county and community tobacco control projects. The California Tobacco Control Program is a major funder of the California Smokers' Helpline.

A team of health economists at the UC San Francisco's Institute for Health and Aging will conduct formal economic analyses to compare the cost-effectiveness of financial incentives to motivate Medi-Cal beneficiaries who smoke to call the Helpline and compare the cost-effectiveness of different incentive levels for smoking cessation.

(continued on page 4)

Medi-Cal Incentives to Quit Smoking (continued)

For More Information

- Project Manager: Gordon Sloss, DHCS Office of the Medical Director, (916) 440-7625
- Outreach Coordinator: Deana Lidgett, California Diabetes Program, (916) 552-9956
- Media Contact: Norman Williams, Office of Public Affairs, Department of Health Care Services, (916) 440-7657
- MIQS Project Website: www.caldiabetes.org
- California Smokers' Helpline: www.californiasmokershelpline.org/
- California Department of Health Care Services: www.dhcs.ca.gov
- California Tobacco Control Program: www.cdph.ca.gov/programs/tobacco/pages/default.aspx and www.tobaccofreeca.org/

Three Minutes or Less Can Save Lives

New Year's Resolutions will soon be forgotten. As a healthcare provider, you can keep the motivation going. Healthcare providers are one of the most underutilized resources for support to help patients quit smoking. Keep in mind that 46 million Americans smoke, and 70 percent want to quit. In a recent study, four in ten smokers were motivated to quit after speaking with their healthcare provider. Remember to ***Ask, Advise*** and ***Refer***:

- ***Ask*** every patient about tobacco use – at every visit.
- ***Advise*** them to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.
- ***Refer*** them to FREE resources for help. The Tobacco Control Program offers free stop smoking classes around the County (781-5564) or the California Smokers' Helpline provides free telephone support (1-800-NOBUTTS). Also keep in mind that more and more insurance companies, including CenCal, are including nicotine replacement therapy as a covered benefit.

Remember to follow up with patients at subsequent visits and congratulate them when they are successful. Your words mean a lot, "Congratulations, you made a wise decision to quit tobacco and I am proud of you!"

The Advisory Committee on Immunization Practices (ACIP) Provisional Updated Recommendations

On October 24, 2012, the ACIP voted to recommend tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for pregnant women with every pregnancy irrespective of previous Tdap history.

Updated recommendation

ACIP recommends that providers of prenatal care implement a Tdap immunization program for all pregnant women. Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap.

Guidance on use

To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks gestation. For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum. For more information, visit www.cdc.gov/vaccines/recs/provisional/downloads/Tdap-pregnant-Oct-2012.pdf.

The Top Five Reasons Why Communicable Disease Reporting is Important

1. Communicable disease reporting is the cornerstone of public health surveillance and disease control.
2. Prompt reporting gives the Public Health Department time to interrupt disease transmission, locate and treat exposed contacts, identify and contain outbreaks, ensure effective treatment and follow-up of cases, and alert the health community.
3. Information obtained through disease reporting is used to monitor disease trends over time, identify high risk groups, allocate resources, develop policy, design prevention programs, and support grant applications.
4. Health care providers are legally required to submit a communicable disease report to the local health department (Title 17, §2500 of the California Code of Regulations). Failure to report is a misdemeanor (Health and Safety Code §20295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §2800 1364). Clinical laboratories must follow a separate set of regulatory requirements (Title 17, §2505).
5. And ultimately, prompt reporting of communicable diseases protects your community.

How do I report?
Providers must fax a completed Confidential Morbidity Report (CMR) form to the Public Health Department at 781-5543. CMR forms are available at our website: www.slocounty.ca.gov/health/publichealth/phforms.htm and through the CDPH: www.cdph.ca.gov/pubsforms/forms/Pages/CD-Report-Forms.aspx - infectious (scroll down to Other Report Forms).

The new CMR form was developed by the California Department of Public Health (CDPH) and local health departments to facilitate and improve disease reporting in California and is now separated into three forms depending on conditions. For most diseases, the form stays much the same. The major difference is that now providers reporting a lapse of consciousness or seizure to the DMV will use one version of the CMR, and providers reporting Tuberculosis will use another.

Confidential Morbidity Report (CMR) Forms:
- CDPH 110a - Use this form for reporting all conditions except tuberculosis and conditions reportable to DMV.
- CDPH 110b – Only use this form for reporting Tuberculosis.
- CDPH 110c - Use this form for reporting lapses of consciousness or control, Alzheimer's disease or other conditions which may impair the ability to operate a motor vehicle safely (pursuant to H&S 103900).

HIV/AIDS case reporting forms are available at: www.cdph.ca.gov/pubsforms/forms/Pages/AIDSForms3Reporting.aspx/. Please note HIV/AIDS case reports must be submitted within seven days.

You may contact the San Luis Obispo County Public Health Department at 781-5500 for reporting assistance. For urgent matters after business hours, please call 781-4550 and ask to have the Health Officer paged.

What diseases and conditions are health care professionals required to report?
A full list of reportable communicable diseases and conditions, as well as urgency reporting requirements are on the back of the CMR form and are available at: www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf.

What about patient privacy protections?
The Health Insurance Portability and Accountability Act (HIPAA) does allow communicable disease reporting as part of permitted disclosures for public health activities (45 CFR 164.512). No consent or authorization is required. Additional information about HIPAA and public health reporting are available online through the following sources:
- CDC Privacy Rule Facts: www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm
- HHS Office for Civil Rights – HIPAA & the Privacy Rule: www.hhs.gov/ocr/privacy

San Luis Obispo County
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San Luis Obispo County Reported Cases of Selected Communicable Diseases

Disease	4th Quarter 2011	Total 2011	4th Quarter 2012	Total 2012
AIDS/HIV	**0/5**	**2/14**	**0/1**	**3/11**
Campylobacteriosis	30	92	9	78
Chlamydial Infections	**180**	**822**	**202**	**866**
Coccidiodomycosis	94	226	23	139
Cryptosporidiosis	**1**	**11**	**0**	**8**
E. Coli	1	3	2	8
Giardiasis	**1**	**16**	**5**	**13**
Gonorrhea	10	53	16	86
Hepatitis A	**10**	**20**	**2**	**4**
Hepatitis B (Chronic)	7	50	8	34
Hepatitis C (Community)	**102**	**209**	**111**	**357**
Hepatitis C (Correctional)	127	310	72	337
Lyme Disease	**0**	**0**	**0**	**1**
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	**4**	**7**	**1**	**3**
Meningitis (Viral)	5	25	0	3
MRSA	**0**	**0**	**0**	**1**
Pertussis	4	21	2	13
Rubella	**0**	**0**	**0**	**0**
Salmonellosis	5	21	7	43
Shigellosis	**1**	**3**	**0**	**1**
Syphilis (Primary/Secondary)	0	1	3	10
Tuberculosis	**0**	**4**	**1**	**3**

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 County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.