San Luis Obispo County Health Agency Spring 2013

Public Health Bulletin

A publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Inside this issue

Public Health Reaches Out to Animal Health

New Geographic Information Systems

Breastfeeding Should Not be Discontinued Prematurely

Diagnosing Gestational Diabetes Mellitus

New Law Regulates Cottage Food Operations

Save the Date:

Breastfeeding Summer Boot Camp

Prenatal Intervention Training for Substance-Using Women

Upcoming Coalition Meetings

Reported Cases of Selected Communicable Diseases

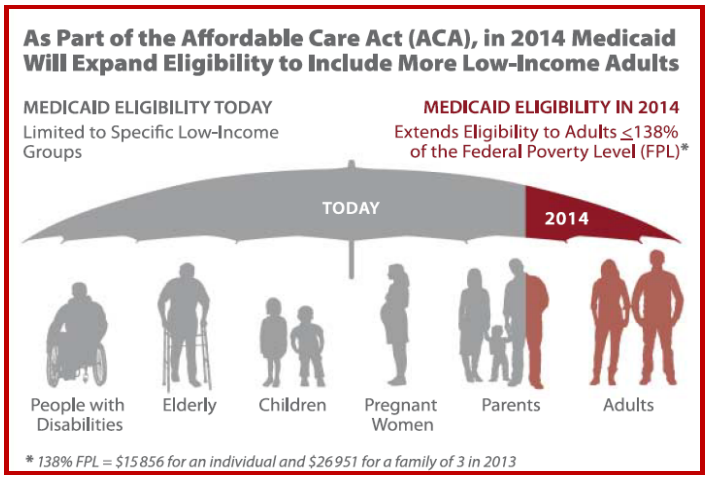
Health Officer Notes

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

Health Care Reform: Ready or Not, Here it Comes!

March 23 marked the three-year anniversary of President Barack Obama signing the Affordable Care Act (ACA) into law. With attention increasingly turning to the major provisions going into effect in 2014, now is the time to assess our readiness.

The law requires, with few exceptions, that people obtain health insurance, and it provides new structures and supports to help them do so. According to 2011 U.S. Census reports, an estimated 43,329 people in San Luis Obispo County are uninsured, of which 36,681 are adults between the ages of 18 to 64 years, and roughly 18,000 of those adults could become eligible for Medi-Cal in 2014, plus another 17,000 could obtain coverage through the California Health Benefit Exchange. While this is a wonderful opportunity to improve the health (continued on page 2)



Source: JAMA, March 27, 2013—Vol 309, No. 12 1219.Downloaded from: http://jama.jamanetwork.com/ on 04/04/2013. Original source: Kaiser Family Foundation, available at http://facts.kff.org/jama_032713.

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Health Care Reform (continued)

of a significant portion of our population, many of us in the health care community are also asking a lot of questions, starting with: Is our local health care system prepared to potentially absorb 30,000 newly insured adults?

The Public Health Department began preparing for health care reform, or as we call it, the ACA, in September 2010, when we convened stakeholder representatives who comprise our county's health care safety net to form an advisory working group to examine opportunities for developing a health care coverage initiative in our county under federal Medicaid Waiver Section 1115, also known as the Low Income Health Program (LIHP). LIHP is a precursor to the forthcoming expanded Medi-Cal program. However, after 18 months of diligent planning and implementation efforts, we officially withdrew our plans to implement a LIHP recognizing that the program was not feasible for SLO County. While this was a disappointing conclusion to everyone's efforts, many of the end products of LIHP planning are now helping with our broader plans for implementation of the ACA.

When the LIHP project concluded in March 2012, the stakeholders chose to continue working together to address the ongoing need to plan and prepare our local health care system for the significant changes the ACA will bring. In August 2012, the LIHP Workgroup transitioned into the ACA Planning Workgroup, established a new goal and objectives, and solicited additional stakeholder representatives.
The goal of the ACA Planning Workgroup is to maximize the opportunities afforded by the ACA as we develop strategies to more efficiently organize the health care delivery system in SLO County. Objectives of the Workgroup include: the development and support of an adequate provider network; improving health care system utilization; and coordinating outreach, education and enrollment efforts for both the Health Benefits Exchange and Medi-Cal. To-date, two subgroups have formed to address the specific issues of primary and specialty care access and coordination; and consumer outreach, education, and enrollment; and there is growing interest in establishing another subgroup to address electronic health records (EHR).

Active participants in the ACA Planning Workgroup include representatives from CenCal Health—the county's Medi-Cal managed care program—Community Health Centers of the Central Coast, executive leadership from the four local hospitals, physicians, community-based organizations, patient advocates, office of Congressional Representative Lois Capps, the County's Department of Social Services, Behavioral Health, Public Health, and Health Agency administration.

Our county is fortunate to have dedicated stakeholders who are meeting regularly to discuss how to work together to improve the health care system for our residents, and while many local stakeholders are well represented in the Workgroup, representation from our community of specialty care providers is lacking.

Therefore, I would like to invite specialty care providers, and all other interested health care stakeholders, to join us at the next ACA Planning Workgroup meeting on April 30. The Workgroup is an opportunity for providers to learn, exchange ideas, and coordinate our efforts so that we may all be better prepared for the forthcoming changes and to ensure a quality health care system for our residents.

Interested in the ACA Planning Workgroup?
Please contact Jennifer Shay at the Public Health Department at jshay@co.slo.ca.us to be added to the email list and to receive meeting details.

Public Health Reaches Out to Animal Health

By Dr. Jim Beebe, Public Health Laboratory Director

"We really need to connect with the veterinarians," said Trudy Hodge, Public Health Microbiologist and Laboratory Bioterrorism Training Coordinator. "Our grant funding recommends that public health grantees think outside the box and establish new connections and relationships." I wondered how we would go about that.

Trudy's suggestion propelled a series of phone calls and emails during the autumn of 2012 that resulted in a connection between Public Health and the parallel universe of animal health. As Public Health Laboratory Director, I was unclear about what processes were triggered in the animal world when animals became infected with agents that can infect humans as well. What agents? Consider bacteria that cause anthrax and plague, or tuberculosis in cattle, or brucellosis in goats.

The phone calls and emails led to the Animal Health Branch of the California Department of Animal Health and Food Safety (CAHFS), and the Laboratory Director for the CAHFS district based in Tulare. We connected with veterinarians at Cal Poly, with specialists in the SLO County Agricultural Commissioner's office, and also with the local chapter of the Veterinary Society. An event was planned on the evening of January 31, "Protecting Animals and People, Public Health and Veterinarians Working Together," the first of its kind in SLO County.

Dr. Penny Borenstein, County Health Officer, welcomed the four dozen attendees, including representatives from public health, agriculture, CalFire, local hospitals, and numerous veterinarians. Clementa Frederiksen, DVM, Veterinarian-in-Charge for the Tulare District, and Pat Blanchard, DVM, PhD, the Laboratory Director for the Tulare District Laboratory, presented, "Emergency Response Case Studies," illustrating the role of animal health responders and laboratory scientists in major animal health events over the past decade. I presented, "Public Health and the Laboratory Response Network," describing how the San Luis Obispo Public Health Laboratory responds to requests for detection of microbes that infect both humans and animals, and under what circumstances a veterinarian could request services for pets.

The evening ended with a table-top exercise demonstrating the parallel responses of animal health and Public Health, using a scenario of infections in cattle and students at Cal Poly. Although participants were engaged until after 9 p.m., following a typical work day, many complimentary comments were received by the organizers and presenters. The event broke new ground in our new "One Health" world where all concerned with health—whether for humans or animals—share intel, strategies and successes to strengthen each other's role.

New Geographic Information Systems

Thanks to partnerships with several San Luis Obispo County organizations, including CalFire, Long-Term Care Ombudsman of San Luis Obispo County, Tri-Counties Regional Center, and County General Services, the Public Health Emergency Preparedness Program has created a Geographic Information Systems tool that will assist the County Health Agency Department Operation Center (CHADOC) in planning and responding to nuclear power plant and other emergencies. The map charts all skilled nursing and other residential care facilities throughout the county, as well as hospitals. It even shows an overlay of the Protective Action Zones designated as part of Diablo Canyon response planning. This tool will help public health responders visually see when facilities are in danger from a physical threat, so they can allocate resources accordingly. Color coding of facilities also enhances responder ability to quickly analyze the needs of those agencies in danger."

Breastfeeding Should Not be Discontinued Prematurely for Fear of Increasing the Risk for Early Childhood Caries

With more and more attention focused on the "Triple Aim" of increased quality of care, improved health, and lower costs, the rise of Early Childhood Caries (ECC) in children under the age of two has been troubling. Healthcare professionals across disciplines are currently undertaking a number of primary and secondary prevention strategies targeting various factors responsible for the disease. These efforts have occasionally created conflicting and confusing messages among professionals, around issues such as toothpaste use, fluoride supplementation, and the risk of prolonged breastfeeding. With the intention of eliminating some commonly held misunderstandings, the San Luis Obispo County Children's Oral Health Coalition has begun work on a series of evidence-based position statements directed at illuminating areas of concern related to children's oral health, and providing resources for professionals and consumers to refer to when confusion arises. One such statement, ratified in early 2013, related to breastfeeding and ECC. An excerpt from the statement reads:

"[The] San Luis Obispo Children's Oral Health Coalition recommends that physicians, nurses, lactation consultants, dentists, dental hygienists and other health care professionals promote, protect and support breastfeeding for as long as mutually desired for mother and child; work with breastfeeding mothers to educate them about the risk factors for ECC, and provide information sufficient to make appropriate decisions regarding the prevention of and timely intervention for the treatment of ECC."

It is serendipitous, then, that a recent article published by the American Dental Association encourages dentists and staff members to take steps to ensure they are familiar with the evidence and guidelines pertaining to breastfeeding and to oral health. In the article, "Breastfeeding: An Overview of Oral and General Health Benefits," the authors explored the myriad of health benefits attributable to breastfeeding, and reiterated that the results of the one systematic review in which researchers examined the relationship between breastfeeding and early childhood caries was inconclusive. The article stated, "Dentists and staff members can take steps to ensure they are familiar with the evidence and guidelines pertaining to breastfeeding and to oral health. Dental professionals are encouraged to follow the surgeon general's recommendations to promote and support optimal breastfeeding and oral health practices among their patients." (Dee, DL, Salone LR, Vann, WF. Breastfeeding: An overview of oral and general health benefits. JADA 2013;144(2):143-151)

If you are interested in more information on breastfeeding and ECC, please visit the San Luis Obispo County Children's Oral Health Coalition Oral Health Information page. www.slooralhealth.org/oral-health-information/ or contact Theresa Anselmo, Oral Health Program Manager at 781-5564, or tanselmo@co.slo.ca.us

National Institutes of Health Consensus Development Conference: Diagnosing Gestational Diabetes Mellitus

From the NIH Consensus Development Conference DRAFT Statement March 6, 2013

Gestational diabetes mellitus (GDM) is a condition of carbohydrate intolerance of varying severity that begins or is first recognized during pregnancy. The prevalence of GDM varies because of different screening and diagnostic criteria, populations, race, ethnicity, age, and body composition. Using current testing criteria in the United States, GDM prevalence is estimated to be between 5% and 6%, affecting approximately 240,000 births annually. Multiple studies have shown increases in GDM during the 1990s and early 2000s associated with advanced maternal age, family history, and higher body mass index.

Most obstetrical providers in the United States screen for GDM with a 50g glucose challenge test followed by an oral 100g 3-hours glucose tolerance test if needed. This two step approach has been recommended by the American College of Obstetricians and Gynecologists.

The International Association of Diabetes and Pregnancy Study Groups (IADPAG) has proposed a one-step approach (fasting, 1-hour and 2-hour glucose measurements), where GDM is diagnosed by one abnormal value. This strategy would increase the number of women labeled as GDM two- to threefold and could increase personal and societal costs.

The National Institutes of Health Consensus Development Program is designed to address controversial questions of public health importance when there may be discordance between clinical practice and the available evidence by developing carefully defined questions prompting a thorough review of the available evidence and solicit presentations from subject matter experts. An objective panel then concludes with a Consensus Statement.

Based on the available evidence and expert presenters, the panel believes that there are benefits from standardization within the United States and between the United States and the world with regard to the diagnostic approach to GDM. The panel believes that there is not sufficient evidence to adopt a one-step approach, such as that proposed by the IADPSG. Thus, the panel recommends that the two-step approach be continued. However, given the potential benefits of a one-step approach, resolution of the uncertainties associated with its use would warrant reconsideration of this conclusion.

To read to full draft statement, go to http://prevention.nih.gov/cdp/conferences/2013/gdm/resources.aspx

New Law Regulates Cottage Food Operations

The popularity of farmers' markets has surged in recent years and, as a result, an increase in the desire of many individuals to establish a homemade food business. As of January 1, 2013, a new state law now allows individuals to prepare and/or package certain non-potentially hazardous foods in private-home kitchens referred to as cottage food operations.

This new legislation, Assembly Bill (AB) 1616: Cottage Food Operations, creates a two-tier cottage food operator registration and permitting system to be enforced by local county or city environmental health agencies.

All cottage food operators will have to meet specified requirements pursuant to the California Health and Safety Code related to preparing foods that are on the approved food list, completing a food processor training course within three months of registering, implementing sanitary operations, establishing state and federal compliant labels, and operating within established gross annual sales limits.

Anyone interested in learning more about cottage food operations should contact the County of San Luis Obispo Environmental Health Service at: ehs@co.slo.ca.us or 781-5544. Visit www.slocounty.ca.gov/health/publichealth/ehs.htm

- Save the Date for these Upcoming Programs -

Breastfeeding Summer Boot Camp

Join trainers, Jeanette Panchula, BSW, RN, PHN, IBCLC and Sheila Janakos, MPH, IBCLC, RLC for an interactive and dynamic day!

Here are some topics that will be covered:

• **Update** – including the latest breastfeeding topics: laid back nursing, skin to skin, jaundice, thrush, 10 breastfeeding myths, and latest research

• **Avoiding Supplementation** – including problem solving in the first few weeks (first days in hospital, colostrum, perceived low milk supply, what moms should expect, how to counsel new moms to avoid unnecessary supplementation), and beyond (maintaining breastfeeding, birth control, illnesses, weaning)

• **Working moms continuing to breastfeed** – including returning to work, storing and handling breast-milk, pumping issues, overfeeding

• **Cultural humility/competency and communication** – including cultural sensitivity, how to engage and encourage, and staying mother-centered

*Skills and/or experiential learning with each topic!

Who should attend: training is appropriate for hospital and public health nurses, community clinic staff, public health nutritionists, and medical office staff.

Fee: $150 per person (includes training, materials, lunch), 3% discount for groups of three or more, 5% discount for groups of 5 or more

CEUs offered: RD, IBCLC, CLE, RN

Save the Date: Wednesday, July 17
Time: 9:00 a.m. to 4:00 p.m.

Location: Government Center
1055 Monterey Street, San Luis Obispo

Registration: Coming Soon!
The training is being sponsored by the San Luis Obispo County WIC Program.
Questions: Please contact Linda McClure at lmcclure@co.slo.ca.us or 781-5571

Prenatal Intervention Training for Substance-Using Women

Program designed for OB office staff, Nurses and Medical Assistants.

Issues covered in this training will be interview techniques for screening pregnant women for drug, alcohol and tobacco use, referrals to treatment, and education about the risks to the unborn child.

Presented by: Maternal Child and Adolescent Health Division of SLO Public Health with support from Beginnings Plus and First 5 San Luis Obispo County.

Save the Date: July 26, 2013 Location: To be announced Time: To be announced

If you are interested, email mmcdermott@co.slo.ca.us to be notified when the location and time are finalized, or call her at 781-5107.

Upcoming Coalition Meetings

Please join us at one of our Coalition meetings where we work with community partners to make San Luis Obispo County a healthier place to live!

Injury Prevention Coalition
The Injury Prevention Coalition is a partnership promoting safety in the County.
Next meeting: May 22, 10:00 to 11:30 a.m.
Contact: Jacob Rich at 781-4944 or jrich@co.slo.ca.us

Oral Health Coalition
The Children's Oral Health Coalition provides input regarding the best strategies to improve children's oral health in the County.
Next meeting: June 4, 12:30 to 2:00 p.m.
Contact: Tracy Anselmo at 781-5503 or tanselmo@co.slo.ca.us

Tobacco Control Coalition
The Tobacco Control Coalition's mission to work toward achieving tobacco free communities and to reduce illness and premature deaths attributed to tobacco use.
Next meeting: June 18, 12:15 to 2:30 p.m.
Contact: Kitty Farhar at 781-1562 or kfarhar@co.slo.ca.us

HEAL-SLO Coalition (Healthy Eating, Active Living, San Luis Obispo)
The HEAL-SLO mission is to increase healthful eating and regular physical activity for residents by working at each level of the socio-ecological model to promote and support a healthy lifestyle.
Next meeting: August 14, 2:00 to 4:00 p.m.
Contact: Amber Hendry at 788-2718 or ahendry@co.slo.ca.us

San Luis Obispo County Reported Cases of Selected Communicable Diseases

Disease	1st Quarter 2012	Total 2012	1st Quarter 2013	Total 2013
AIDS/HIV	**N/A**	**3/11**	**0/2**	**3/10**
Campylobacteriosis	16	79	6	6
Chlamydial Infections	**180**	**870**	**155**	**155**
Coccidiodomycosis	58	163	18	18
Cryptosporidiosis	**3**	**8**	**2**	**2**
E. Coli	0	8	2	2
Giardiasis	**3**	**13**	**5**	**5**
Gonorrhea	16	86	3	3
Hepatitis A	**3**	**6**	**1**	**1**
Hepatitis B (Chronic)	9	34	5	5
Hepatitis C (Community)	**90**	**357**	**10**	**10**
Hepatitis C (Correctional)	95	337	44	44
Lyme Disease	**1**	**1**	**0**	**0**
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	**1**	**4**	**0**	**0**
Meningitis (Viral)	2	11	3	3
MRSA	**0**	**1**	**0**	**0**
Pertussis	5	14	2	2
Rubella	**0**	**0**	**0**	**0**
Salmonellosis	4	43	4	4
Shigellosis	**0**	**2**	**1**	**1**
Syphilis (Primary/Secondary)	1	10	1	1
Tuberculosis	**N/A**	**3**	**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 County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.

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