SAN LUIS OBISPO COUNTY
HEALTH COMMISSION
Minutes of Meeting
Monday, November 9, 2009 (County Board of Supervisors Chambers)

Members Present: Pam Heatherington (Chair), Jesse Arnold, Penny Chamousis, Martin Craven, MD, DDS, Lynn Enns, Ed Guerena, Pamela Munson, David Odell, Susan Warren, Dawn Williams
Members Absent: Gina Kirk (excused)
Staff Present: Jeff Hamm, Health Agency Director, Jean White (Recorder)
Speakers: joyce ellen lippman (Area Agency on Aging); Marie Brinkmeyer (Senior Volunteer Services/RSVP); Richard Little (County Department of Agriculture); Bob Dowell (California Department of Agriculture); Scott Bisheff, MD (Sierra Vista Regional Medical Center); Sue Hutchinson Fortier, RN (Sierra Vista Regional Medical Center)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Heatherington at 6:00 p.m.	*Call to order*	*Chair Heatherington*
2. Approval of Minutes	Minutes of October 19, 2009 were approved as written.	*October minutes approved*	*Enns/Chamousis/All*
3. Public Comment	No public comment.		
4. "Good Neighbors" Senior Volunteer Program	**Marie Brinkmeyer, Executive Director, Senior Volunteer Services/RSVP,** provided a brief update on the development of a new volunteer based "Good Neighbor" services program in San Luis Obispo County. Since last month's presentation to the Health Commission, they have had a second meeting with the Director of the Community Partners in Caring (CPC) in Northern Santa Barbara County. The CPC board has expressed an interest in exploring expansion of their program into San Luis Obispo County. CPC and the Good Neighbor Program committee have reviewed a proposed annual budget, with projected annual expenses totaling $27,500. Ms. Brinkmeyer distributed a one-page handout with an overview of the program and their request to the County Health Commission asking for support of a Good Neighbor Program in San Luis Obispo County. ***Motion made by Commissioner Munson to send a letter to the Board of Supervisors asking for their endorsement of a Good Neighbor Program in San Luis Obispo County, as a very beneficial program for the community, and asking for financial backing to get the project up and running. Motion seconded by Commissioner Odell; no further discussion; all in favor.***	*Motion made to send a letter to the County Board of Supervisors with a recommendation to support a Good Neighbor Program in SLO County and to ask for financial backing to get the program up and running.*	
5. Eradication of Light Brown Apple Moth in Los Osos	**Richard Little, Deputy Agriculture Commissioner, County of San Luis Obispo,** introduced Dr. Bob Dowell from the California Department of Agriculture and Dr. Anna Fan, Toxicologist & Branch Chief, Pesticide and Environmental Toxicology Branch, California Office of Environmental Health Hazards Assessment. **Dr. Dowell** provided an update on the eradication program that will be starting in San Luis Obispo County, aimed at the "Light Brown Apple Moth (LBAM)," an insect that has been found locally in Los Osos and Arroyo Grande. Dr. Dowell provided background on when and where the insect was first discovered in California and the statewide detection program that has been established. The insect has been found in 12 counties throughout California. He explained the process and tools that will be used as part of the eradication program in Los Osos. In Arroyo		

	Grande, there is evidence that there may be a breeding population, but they are waiting to see if they get a 3rd moth, prior to beginning an eradication program there. Dr. Dowell explained how the eradication process used will disrupt the mating process, using pheromone inside a "twist tie" on a "carrier" that will placed in trees and shrubs. The twist ties will be out for 150 days and after three life cycles of treatment, with no moths caught, they will declare the population eradicated. The treatment area is a 200 meter radius around each property where a LBAM has been trapped. The material is essentially non-toxic and will not affect other animals or people and does not kill the LBAM. Notification is made to every residence inside the 200 meter radius, door-to-door, in English and Spanish, with a telephone number provided for general information and another for health concerns. Last week they held a public information open house for all citizens in Los Osos. **Commissioner Odell** asked if this technology has been used in other areas and how they measure for success. *(Dr. Dowell answered that this has been used successfully in Los Angeles, Santa Barbara, Alameda and Napa Counties. The measurement for success is 3 successive lifecycles of trapping of the insect inside the treatment area with no moths detected. This is an international standard of success for an insect eradication program.)* **Commissioner Guerena** asked about other methods of spreading pheromone and why they chose twist ties. *(Dr. Dowell explained other ways this can be applied by air or ground, but they have had successes so far using the twist ties. Twist ties work well in small isolated areas and have been proven efficient and effective.)* **Commissioner Guerena** asked if there is some concentration that has been shown harmful to humans. *(Dr. Fan explained the methodology and approach to assessing twist ties and the ingredients. The chemical was tested up to the maximum and they did not see any toxicity. They don't anticipate any problems in terms of rate of exposure, the application, the amount used, and how exposure might occur.)* **Commissioner Arnold** asked if the pesticide registry was used. *(Mr. Little explained that the Agriculture Department developed a chemically sensitivity registry about 15 years ago to give people in the community an option to be notified by the Agricultural Department if any government treatment program was going to occur in the community. Their department notified everyone who is registered in Los Osos of this project).* **Commissioner Arnold** asked about timelines for placing the twist ties. *(Notices will go out next Monday and twist ties later that week. It will take a couple of days to hang the twist ties in the trees and shrubs.)* **Commissioner Heatherington** asked for more information on adverse reactions (as an example, if a dog or child were to chew on the twist tie). *(Dr. Fan explained that they do not expect any adverse reactions. No acute effects of toxicity were found from testing in animals. There was some skin irritation that was observed in animals under very exaggerated testing conditions of very concentrated material for an extended time on the skin. In terms of human effects and looking at the concentrations of exposure that would be experienced, they do not anticipate any adverse affects, even under the example given.)* **Commissioner Guerena** asked about the effects of the LBAM on agriculture. *(Dr. Dowell explained that the USDA has quarantined parts of California to prevent spread of the LBAM*		

	throughout the rest of the US. There are standing quarantines from Canada, Mexico and Chile. If the LBAM were allowed to spread throughout California, the quarantines would spread and there would be an increase in pesticide use in both urban and agricultural settings to prevent damage to crops and economic losses. More detail is included in the Environmental Impact Report.) **Chair Heatherington** asked for a copy of the EIR and invited Mr. Little to come back with an update. **Chair Heatherington** called for a 5 minute break.		
6. Health Agency / Public Health Report	**Jeff Hamm, Health Agency Director**, provided an update on the department's H1N1 response & planning efforts, noting that the focus this week is on school-based vaccination clinics. School-based vaccination clinics began last week at the elementary schools and will continue this week, with plans to hold clinics at over 60 public and private schools throughout November and into early December. Vaccinations will only be given to those children who return consent forms signed by their parent/guardian. Currently, they are still awaiting the arrival of more vaccine for the school clinics that are scheduled for next week. They also continue working with pediatricians and other medical providers to ensure vaccine is made available to the highest risk populations. **Commissioner Craven** asked about number of vaccine doses needed vs. number of doses received and if the vaccine is injectable or flu mist. *(Mr. Hamm explained that they ordered a mix of both injectable and flu mist and have only received approximately 40% of their vaccine order. They are scheduling school clinics week by week, while awaiting more vaccine.)* **Commissioner Guerena** asked about availability of seasonal flu vaccine**.** *(Mr. Hamm answered that it is unknown at this point if they will be receiving more seasonal flu vaccine. He suggested folks stay in touch with their providers, and also referred to www.flucliniclocator.org.)* **Commissioner Chamousis** asked if studies have been done on the efficacy of H1N1 flu mist vs. injectable. *(Dr. Scott Bisheff, Medical Director of Sierra Vista Emergency Department was present and noted that the "live" inhaled and the injectable virus for seasonal influenza typically have comparable efficacies. Although unknown, it is probably the same for H1N1 vaccine.)* **Mr. Hamm** also provided an update on the reduction in the County's grant to CHC as it pertained to specialty care, noting that they recently submitted a proposal to CHC, to amend their contract to compensate them an additional $200,000 to maintain the same capacity in specialty care for neurology, orthopedic care and cardiology for CMSP and non-sponsored patients as they had previously maintained. Mr. Hamm has a meeting scheduled with CHC next week, and if the proposal is acceptable to them, will take an amended contract to the Board of Supervisors. The $200,000 would come out of the $700,000 excess salary & benefit appropriations. He noted that unfortunately, the upcoming 2010/11 fiscal year will not be any easier, so this issue and others will be back on the table, as the Health Agency develops a list of possible service level reductions for next fiscal year.		

	Chair Heatherington asked if they expected to spend all of the $700,000 excess salary & benefit appropriations this year or if any would be rolled over to next fiscal year. *(Mr. Hamm explained that the Health Agency expects to spend the full $700,000 this current fiscal year, with as much as possible going toward direct patient services.)* **Commissioner Warren** shared a flyer on "*Operation Medicine Cabinet*," a Santa Barbara County collaboration between the Sheriff's Department and Public Works, that offers collection dates and locations for persons to drop off expired and unused medications. She suggested looking into the possibility of a similar collaborative effort in San Luis Obispo County. **Commissioner Craven** reiterated the need for more space for Clinica de Tolosa.		
7. Impact of Alcohol on Emergency Room Visits	**Scott Bisheff, M.D, Department of Emergency Medicine Chief, Sierra Vista Regional Medical Center,** talked about alcohol related visits as they present in the emergency department and the impact these visits have on emergency room resources. Dr. Bisheff noted that many car accidents and domestic violence cases are also alcohol related. The demographic they see most frequently for alcohol-related visits are the 16-24 year olds. They will see 4-6 patients almost every night of the week that are so intoxicated they are unconscious (more so on Thursday, Friday, & Saturday). The second age distribution they see tends to be a slightly older population, characterized as chronic alcohol users, who are seen for more of the chronic problems that alcohol brings. They have 10-11 beds in the emergency department, and some nights (example, Halloween) 7 of the 10 beds can be filled with acutely intoxicated patients. When the beds are full, other people have to wait in the waiting room. The typical length of stay for an intoxicated patient is 6-10 hours; the patient must be coherent and able to walk out of the emergency department before they will be released. **Sue Fortier, Clinical Nurse Specialist & Trauma Program Manager at Sierra Vista Regional Medical Center** emphasized that when a person is intoxicated, it adds to the difficulty in determining what is wrong with the individual and testing becomes more involved. No age group is immune to alcohol use and injury, but the demographic they see most frequently in the ERs are college age and late high school. She explained that adolescents are very vulnerable to alcohol use because 1) they don't have a lot of experience with alcohol and 2) this unhealthy behavior and pattern of drinking can develop into life long problems with alcohol and abuse, with increased risk of mortality and morbidity related from injury or just alcohol itself. Sierra Vista Regional Medical Center is part of the developing trauma system in San Luis Obispo County. Part of the proposed trauma plan is to explore & purchase a trauma registry which will provide comprehensive data on critically injured patients. **Commissioner Chamousis** asked about "intervention" in the ERs *(Ms. Fortier explained that ERs have time issues, crowding issues and don't always have an opportunity to intervene on all patients. As they move forward in their trauma center development, they hope to have a more formalized program for all patients that come into the ER.. Dr. Bisheff talked about the balance and "careful calibration" of discussion with a patient about alcohol use/abuse, in order to offer help and resources, but to not "lecture" the patient, which can make the patient uncomfortable and unwilling to come in if they have another medical emergency.)*		

	Commissioner Guerena asked if they are working with administration at the schools to address inappropriate drinking in the university setting. *(Dr. Bisheff explained that they recently met with Cal Poly and fraternity members. Cal Poly encourages students to seek ER care if their fellow student or friends are so drunk they cannot care for themselves, and has been working hard to provide education to students on when and how to seek help.)* **Commissioner Craven** asked about timelines for determining alcohol levels in unconscious patients. *(Dr. Bisheff explained why blood alcohol levels are not always useful because they don't rule out other things, for instance, a patient who has fallen and has bleeding in the brain. He explained why these patients can be exceedingly challenging because they cannot tell you what happened. These patients can be expensive both time wise and injury wise.)* **Commissioner Warren** asked about alcohol related issues with seniors. *(Dr. Bisheff explained that they see a lot fewer senior patients, which may be representative of less drinking or less willingness to come into the ER.)* **Commissioner Warren** asked about referrals for chronic alcoholics after release from the hospital. *(Ms. Fortier explained that they connect these patients to the hospital's social worker.)* **Commissioner Warren** asked if education and referrals will be addressed through the trauma plan. *(Ms. Fortier explained that one of the advantages of a trauma system is to gather data on incidence across the community. A formal trauma registry would help in the gathering of information to identify target risk groups, to know where injuries are coming from, and what the risk points are. Research has shown that targeted prevention programs are most effective.)* **Commissioner Arnold** asked about alcohol use among high school aged students and the fact that parents and/or someone is "contributing to the delinquency of a minor." *(Ms. Fortier explained parental contribution is a rare instance, but there are rules/regulations around treating under aged persons that they are mandated to report.)* **Commissioner Arnold** asked about treatment for a comatose alcohol intoxicated patient and how they determine if there is a head injury. *(Dr. Bisheff explained that when a patient is intoxicated enough to be comatose, they lose their "gag reflex" and would have to go onto a ventilator until that reflex returns. He also explained that determining if there has been a head injury requires detective work if there is no obvious reason that a patient has a head injury. If a patient is not continually improving on the hour, something else is going on. Dr. Bisheff again emphasized that these are challenging patients to care for.)* **Commissioner Arnold** asked about testing for other drugs while in the ER. *(Dr. Bisheff noted that they look for physical signs & symptoms of other drug use through examination, and explained that a drug test is not necessarily a helpful tool in the ER.)* **Commissioner Chamousis** asked if there was any specific treatment for alcohol over-indulgence. *(Dr. Bisheff answered that for pure alcohol poisoning, the only cure is time. The ER does protective management, making sure there are no other injuries or complications.)* **Chair Heatherington** asked about patients who present in the ERs who are going through withdrawals from alcohol. (*Dr. Bisheff explained how alcohol withdrawal can be more dangerous than acute alcohol intoxication.. Detoxification is separate from medical*		

	stabilization and is a prolonged process. Typically, they will try to arrange transfer to an inpatient facility for detoxification, if the patient desires. Patients that are not acutely ill who do not require hospitalization or cannot benefit from hospitalization can be referred to one of the outpatient detoxification programs.) **Commissioner Warren** asked if these patients would be "hooked up" to the hospital's social worker for ongoing outpatient services. (*Dr. Bisheff explained that they will refer if the patient desires, but added that medical literature clearly indicates if the desire isn't there to stop drinking, then efforts are futile. He is a strong advocate of Alcoholics Anonymous as a good place to start.)* There was a bit of discussion about the recent death of a Cal Poly student. Ms. Fortier talked more about their meeting with Cal Poly and the message they want to send about the ER's role as a safety net. They encourage students to seek help if they are not certain or if a friend is in trouble. Cal Poly staff and student services are doing an excellent job in getting information out on when to call 9-1-1. Commissioner Chamousis suggested development of a flyer or card with bullet points (that could be posted) as to the signs, behaviors, and when to seek help. Dr. Bisheff commended Cal Poly for their efforts and noted Cal Poly's openness to ideas.		
8. Health Commissioner Updates	**Chair Heatherington:** Reported that she received a letter from Congressman McCarthy in response to the commission's letter sent re single payer health care. (*Jean White will forward a copy of the letter to all commissioners for further discussion at next month's meeting).* **Commissioner Arnold:** Reported that the AIDS Support Network held their annual walkathon last Saturday, 11/7. No further commissioner updates.		
9. Committee Reports	No committee reports.		
10. Prospective Future Items	**<u>December 2009:</u>** Invite SLO County Community Foundation to provide an overview of non-profit organizations in our community. **<u>Suggested Future Agenda Items:</u>** ▪ Update on San Luis Obispo County Trauma System ▪ Response to Grand Jury CUPA Report 2008-09 (*Jean White will forward a copy of the final response to commissioners.)*		
11. Adjournment	Motion to adjourn at 7:55.	*Meeting adjourned*	