

**SAN LUIS OBISPO COUNTY  
HEALTH COMMISSION**

Minutes of Meeting

Monday, May 10, 2010 (County Board of Supervisors Chambers)

Members Present: Pam Heatherington (Chair), Jesse Arnold, Penny Chamousis, Lynn Enns, Ed Guerena, Gina Kirk, Susan Warren

Members Absent: Martin Craven, MD, DDS (excused), David Odell (excused), Dawn Williams (excused)

Staff Present: Penny Borenstein, MD, Health Officer, Jean White (Recorder)

Speakers: David Kilburn (AIDS Support Network), Ann McDowell (Epidemiologist); Michelle Shoresman (Emergency Preparedness Program)

Agenda Item	Discussion	Action	Who/When
<b>1. Call to Order</b>	Meeting called to order by Chair Heatherington at 6:00 P.M.	<i>Call to order</i>	<i>Chair Heatherington</i>
<b>2. Approval of Minutes</b>	Minutes of April 12, 2010 approved as written.	<i>April minutes approved</i>	<i>Chamousis/Arnold/All</i>
<b>3. Public Comment</b>	<b>David Broadwater</b> , Atascadero, distributed a summary report regarding the annual report of the President’s Cancer Panel “ <i>Reducing Environmental Cancer Risk – What We Can Do Now,</i> ” which he addressed later in the meeting as part of the agenda item on cancer incidence.		
<b>4. World Viral Hepatitis Day / SLO Hepatitis C Project</b>	<p><b>David Kilburn, SLO Hep C Project</b>, provided a Power Point overview on Hepatitis C and the SLO Hep C Project. He talked about how the program was started by the AIDS Support Network 12 years ago, what Hepatitis C is, how it is spread, and provided facts on Hepatitis C, noting that “Public Health experts estimate that more than 600,000 Californians have been exposed to hepatitis C and that 450,000 remain chronically infected. The fatality rate doubled for hepatitis C in California the last 10 years due to lack of public awareness and early detection.” Mr. Kilburn introduced Alana Spence who continued the presentation, talking about the local effects of Hep C.</p> <p><b>Alana Spence, Health Educator, SLO Hep C Project</b>, continued the Power Point presentation, talking about transmission methods and providing graphs with a “snapshot” view of clients enrolled in the SLO Hep C Project. She talked about their services to SLO Hep C clients through health counseling, benefits counseling, volunteer services, referral assistance, informational forums, and support groups.</p> <p><b>David Kilburn</b> announced that May 18<sup>th</sup> is World Viral Hepatitis Day and that they will be presenting a Resolution before the Board of Supervisors. Other activities being sponsored by the SLO Hep C Project include a ride-in breakfast for Bike Month on May 21<sup>st</sup>, a Poker Fun Ride on August 14<sup>th</sup>, and a Paula Poundstone Concert on 10/7. Mr. Kilburn provided an update on some of the legislation they have been involved in and supportive of, including ACR 141-Blakeslee (declares May 19<sup>th</sup> 2010 as Viral Hepatitis Awareness Day in California), SB 1029-Leland Yee (would allow pharmacists statewide the discretion to sell up to 30 syringes to an adult without a prescription); AB 1858-Bob Blumenfield (would allow CA Dept of PH to authorize syringe exchange services in locations where the conditions exist for the rapid spread of viral hepatitis, HIV or other potentially deadly or disabling disease); and AB 2600-Fiona Ma (amends medical continuing education requirements to include diagnosis and treatment of hepatitis).</p>	<p><i>Handouts:</i></p> <p><i>CalHEP brochure</i></p> <p><i>SLO Hep C Project brochure</i></p>	

	<p><b><u>Commissioner Questions:</u></b>  <b>Commissioner Enns</b> asked if the Needle Exchange Program has had an effect on lower rates in this County. <i>(Mr. Kilburn noted that this has been a very successful program in the County.)</i>  <b>Commissioner Kirk</b> asked about the number of people presenting for services. <i>(Mr. Kilburn answered that they do not have the capacity to serve the increasing number of people presenting for services. There are many people with Hepatitis C who are not connected with their program. Their goal is to connect people to medical care and provide risk reduction education, with their major outreach to the highest risk population.)</i>  <b>Commissioner Arnold</b> asked about the term “chronic.” <i>(Mr. Kilburn defined Hepatitis C acute (first 6 months after infection) and Hepatitis C chronic (persisting for more than 6 months); noting the difference between chronic infection and chronic illness.)</i>  <b>Commissioner Enns</b> asked about preventative treatment for healthcare personnel who may be exposed through their work. <i>(Mr. Kilburn noted that occupational risk is less than 4%. Treatment for exposure to Hepatitis C doesn’t exist; they can test at baseline and then test at a later point to see if a person has converted to positive.)</i>  <b>Chair Heatherington</b> asked about the symptoms attached to Hepatitis C. <i>(Mr. Kilburn explained that symptoms can take a long time to develop. Initial infection may go unnoticed. Acute illness can often look like the flu. 30-40% can clear the virus, dependent on type of virus. Anyone who fears risk should be tested.)</i></p> <p>No public comment.</p>		
<p><b>5. Review of SLO County Response to H1N1</b></p>	<p><b>Michelle Shoresman, Program Manager, Public Health Emergency Preparedness Program,</b> provided a Power Point overview of the countywide response to H1N1, noting the “first wave” began in April 2009, followed by a “second wave” in August 2009. Countywide, there were 44 hospitalizations and 3 deaths. Public Health Department (PH) response efforts included vaccinating over 14,000 students and high-risk staff at over 70 school sites and vaccinating an additional 20,000 free at public health clinics. The SLO County Medical Reserve Corps was mobilized for the first time and Public Health worked with EMSA, Inc and State EMSA to expand paramedic scope of practice to allow vaccination of first responders and public. All four hospitals and CHCCC vaccinated staff and held free public clinics. 57 private practice physicians in the County provided vaccinations to their patients and staff, including all 10 pediatric practices.</p> <p>Other PH response efforts included sending updates to media, public, pharmacies and healthcare providers; conducting weekly briefings; conducting interviews with media; providing presentations to public, private and government organizations; answering over 8000 phone calls and obtaining new lab specimen testing equipment and training staff on confirmatory testing procedures. Feedback from “hot wash” meetings and electronic survey showed that overall the Health Agency coordinated a well-organized response. A detailed After Action Report is forthcoming. Ms Shoresman noted that the paramedic vaccinator program and the school vaccination clinics were unique and very successful in our County.</p> <p><b><u>Commissioner Questions:</u></b>  <b>Commissioner Kirk</b> referred to the last slide entitled “Going forward” and asked if it referred to preparation for generic future emergencies and/or the re-emergence of H1N1. <i>(Ms. Shoresman explained</i></p>		

	<p><i>that most of their plans and procedures are “all hazards” and generic, but they do have some specific incident plans, including the Pandemic Influenza Plan.)</i></p> <p><b>Commissioner Arnold</b> noted that originally H1N1 was called “Swine Flu” and asked how the virus originated. <i>(Dr. Borenstein answered that it is not 100% conclusive as to where the virus originated, though there was a suspect farm in Mexico where the virus may have transmitted from a pig to a human being. Dr. Borenstein explained how the original name “Swine Flu” was changed because it was not representative of the genetic makeup of the organism, which had four different components. She explained how a flu virus can change its genetic code, becoming more or less serious as it changes.)</i></p> <p><b>Commissioner Chamousis</b> asked about number of cases in our County as opposed to other counties who were testing all specimens. <i>(Dr. Borenstein explained that with respect to case definition, San Luis Obispo County had fewer reported laboratory confirmed cases, but similar rates on suspect cases.)</i></p> <p><b>Commissioner Guereña</b> asked about response from physicians in taking care of the higher risk patients. <i>(Ms. Shoresman noted that all 10 pediatric providers provided vaccinations. Some physicians worked closely to get their patients referred to the Public Health Department. She described some of the barriers with some physicians not having the capacity to store vaccine, and some not having enough staff to support large patient loads.)</i></p> <p><b>Commissioner Guereña</b> asked about percentage of our population that was vaccinated and percentage that had influenza. <i>(Dr. Borenstein believes about 1/4 to 1/3 of our total population were vaccinated. About 40% of the school aged population was vaccinated. According to national survey data, approximately 20% of the population became infected.)</i></p> <p><b>Commissioner Kirk</b> asked if this vaccine will be available until the fall. <i>(Ms. Shoresman commented that PH has vaccine available. From all that she has read, H1N1 will be a component of the regular seasonal flu shot this year.)</i></p> <p><b>Dr. Borenstein</b> thanked all of the Health Agency staff who “lived and breathed” H1N1 for months, pushing their day jobs aside in response to H1N1. She recognized each person of the CHADOC (County Health Agency Department Operations Center) for their outstanding performance and contributions in response to the 2009 H1N1 Influenza Pandemic: Kelly Lane, Robin Hendry, Bert Sharpe, Jennifer Shay, Barbara Schwenoha, Janet Botta, Ann McDowell, Christine Gaiger, Debbie Jo Trindade, Dr. James Beebe, Pam Dudley, Marsha Bollinger, Jean White and Michelle Shoresman. Dr. Borenstein presented a “Certificate of Appreciation” to Michelle Shoresman.</p>		
<p><b>6. Response to Questions on Cancer Incidence in SLO County</b></p>	<p><b>Ann McDowell, MPH, Epidemiologist, SLO County Public Health</b>, explained that cancer is a reportable disease to the California Cancer Registry and the National Cancer databases, who provide the statistics and information on cases of cancer. Public Health does not have any access to raw data. Ms. McDowell explained that cancer is a multifactorial disease, with three factors going into what causes cancer – genetics, environment and lifestyle. Another factor is that the risk of cancer gets higher as you get older. She explained how the statistics put out by the California Cancer Registry are “age-adjusted” in order to be able to compare rates across communities. The California Cancer Registry does not adjust for other factors that may be significant in our community, such as the lower percentage rate of minorities in SLO County as compared to other counties in California. The people at the California Cancer Registry believe that our significant lack of diversity and our significantly higher percentage of non-Hispanic White population contribute to making our incidence look higher. Although our cancer rates are</p>		

not low, they are **not** significantly higher than other comparable areas. Ms. McDowell also explained that the non-Hispanic White populations have higher incidence of cancer, but significantly lower mortality rates than all races, and the mortality rates for cancer are much lower in our County than most of the other counties.

**Commissioner Questions:**

**Commissioner Kirk** asked what was at the root of the higher rates in the non-Hispanic White population. *(Ms. McDowell explained the difficulty in tracking the environmental factor and how this could be a component of higher socio-economic class, increased screening and detection.)*

**Commissioner Arnold** suggested the commission remind the Board of Supervisors of their support of the Precautionary Principle and ask them to advocate that in State and National legislature.

**Commissioner Heatherington** asked if the report published by the President’s Cancer Panel could have an impact on how epidemiological studies are conducted. *(Ms. McDowell commented that epidemiologists have already moved in this direction, studying cancers and causes from a multifactorial perspective.)*

**Commissioner Arnold** referred to Prop 65, warning people of different chemicals that cause cancer and asked how to “sort out” exposure to a chemical, lifestyle and genetics. *(Ms. McDowell provided an example of smoking as a risk factor to disease, noting that not everyone who smokes will come down with lung cancer or have a heart attack, but that it certainly increases your risk of coming down with these conditions.)*

**Commissioner Heatherington** asked what a cancer cluster would look like in our community. *(Ms. McDowell explained how it would be identified by a single type of a highly related type of cancer in a group in a small area. To determine, they would look at expected numbers.)*

**Commissioner Heatherington** referred to zip code statistics years back that showed Arroyo Grande had a high incidence of prostate cancer. It was explained that incidence was higher because of socio-economic class of rich White men living in the area. She asked why they did away with zip code statistics. *(Ms. McDowell explained that population is counted by census track and zip codes do not follow those lines.)*

**Commissioner Heatherington** asked if the statistics come back to our county when a person from our community is diagnosed with cancer and seeks treatment in another county. *(Ms. McDowell answered that it is place of residence at time of diagnosis.)*

**Public Comment:**

**David Broadwater** referred to his report that “teases out” some things of interest from the 240 page President’s Cancer Panel report that just came out. He referred to page 6 of his report that talks about the amount of chemicals released and unregulated. He noted that the most important recommendation of the panel was to switch from the current “reactionary” approach to environmental contamination to the “Precautionary Principle” where chemical manufacturers are required to prove safety before a chemical can be released into the environment. Mr. Broadwater noted that the Board of Supervisors adopted the Precautionary Principle. Another important issue pointed out in the report is the importance of public participation in the decision making process when referring to environmental contamination. The report also addresses other issues on what hasn’t been studied, what’s not regulated, emerging & unregulated contaminants and the need for reform in the Toxic Substance Control Act. He asked the commission to review his report and noted that this is an opportunity to provide input on a whole new approach on how to detail with environmental contamination.

<b>7. Health Agency / Public Health Report</b>	<p><b>Penny Borenstein, MD, Health Officer</b> provided an update on the following:</p> <p><b><u>Pertussis (Whooping Cough):</u></b> PH Dept is watching with concern an outbreak of Pertussis, primarily in North County. Pertussis vaccine is now available to adolescents and adults and is recommended for those up to the age of 64. It used to be that only infants and preschool children could get vaccinated. For those aged 10-64, it is a one time only lifetime dose.</p> <p><b><u>Tobacco Control:</u></b> A tobacco ban will go into effect in all outdoor environments in the City of San Luis Obispo on May 20<sup>th</sup>.</p> <p><b><u>Governor’s May Revise:</u></b> The special budget session at the beginning of the year and the ongoing hearings during the regular legislative session are not showing any indication of where the 20 billion dollars will come from, but it cannot come from some of the “usual” places because of the federal healthcare reform. States must maintain their existing efforts in Medi-Cal, Healthy Families and the State Children’s Health Insurance Program, but there are a lot of other things potentially on the table – stay tuned.</p> <p><b><u>CHC:</u></b> Dr. Borenstein attended a recent CHC board meeting and it was reported that CHC’s fiscal outlook is good for the year. Although the County made cuts to their contract, the federal environment is enhancing opportunities for healthcare, particularly to Community Health Centers.</p>		
<b>8. Health Commissioner Updates</b>	<p><b>Chair Heatherington</b> will email a list of suggestions to the Health Commission’s newly formed ad hoc committee, who will be reviewing medical services in the County. She suggested the committee put together an overview to provide to the Board of Supervisors that includes locations of CHC, County, and CAP SLO clinics; types of services provided; funding sources; number of client visits; and demographics.</p> <p>No further updates.</p>		
<b>9. Committee Reports</b>	<p><b>Chair Heatherington</b> reminded everyone that the Health Commission is currently recruiting for new commissioners to fill two vacancies.</p>		
<b>10. Prospective Future Items</b>	<p><u>June 2010:</u></p> <ul style="list-style-type: none"> <li>▪ Nominating Committee – new officers/new memberships -- action</li> <li>▪ Show D/AS Video “Wasted,” if available</li> <li>▪ Precautionary Principle – commission discussion / possible action</li> <li>▪ Report on the President’s Cancer Panel – commission review / possible action</li> <li>▪ Vaccinations – invite infectious disease physician to talk about vaccinations in general.</li> </ul>		
<b>11. Adjournment</b>	<p>Motion to adjourn at 7:52 p.m.</p>	<p><i>Meeting adjourned</i></p>	