



Public Health Perspective

Information on current public health issues, services and resources

Visit the Department of Public Health online at: www.fcdph.org

Fall / Winter 2011

A Message from the Health Officer

Fresno County Awarded a Community Transformation Grant

The Department of Public Health has been awarded a five-year Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention.

The CTG program supports community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. By promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease, the CTG national initiative will help improve health, reduce health disparities, and control health care spending.

Fresno County was one of 61 CTG awardees. Other award recipients included states, large counties (populations of 500,000 or greater), non-profit organizations, tribes and one U.S. Territory.

More information on the CTG initiative and local planning efforts can be found on page 3.

Low Income Health Program Update

On September 20, 2011, the Fresno County Board of Supervisors voted to withdraw its Low Income Health Program (LIHP) application from the California Department of Health Care Services.

After careful consideration, the Department of Public Health and the County's Medically Indigent Services Program partner, Community Medical Centers, determined that local and federal resources were insufficient to support both a new Low Income Health Program and the existing Medically Indigent Services Program.

The County of Fresno will continue to participate in community discussions concerning the implementation of the Patient Protection and Affordable Care Act. Beginning in January 2014, many indigent adults and uninsured children living in Fresno County will become eligible for health care coverage under the California Medi-Cal program and the California Health Benefit Exchange.

New Environmental Health Director

I am pleased to announce that David Pomaville will assume the Environmental Health Director position with the Department of Public Health on December 12, 2011. David leaves the Fresno Metropolitan Flood Control District where he has worked since 2001. Please join me in welcoming David when he takes over management of the Environmental Health Division later this month.

I would also like to recognize Tim Casagrande for his many years of service as the Environmental Health Director. Tim has been a strong public health advocate and his expertise has been instrumental in maintaining a strong environmental health presence in this community. Tim is retiring after more than 30 years of service with Fresno County.

- Edward L. Moreno, MD, MPH Director and Health Officer

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Communicable Disease Report: Pertussis

Multiple factors contributed to new California legislation, Assembly Bill 354, “the Tdap Law”, which required all students entering 7th through 12th grades in school year 2011-2012 to have proof of a Tdap booster. These factors included: the persistence of cyclic pertussis outbreaks even after 50 years of routine pediatric vaccination against the disease; development and licensing of an adolescent and adult pertussis vaccine in 2005; and the most recent pertussis epidemic in 2010 during which 10 California infants died from complications of pertussis.

Pertussis Vaccine Development

Pertussis, also called whooping cough, has been documented as a cyclic disease in historical records as far back as the 16th century. The bacteria, *Bordetella pertussis*, was isolated in 1906 and the first pertussis vaccine was developed in the 1930s. In 1942, American scientist Pearl Kendrick, combined a whole-cell pertussis vaccine with diphtheria and tetanus toxoids for the first DTP vaccine for infants and young children. In 1991, an acellular version, DTaP, was licensed in the U.S. for use in children ages 6 weeks through 6 years. In 2005, another formulation, Tdap, was licensed as a pertussis booster vaccination for adolescents and adults.

The Cycle of Pertussis Outbreaks

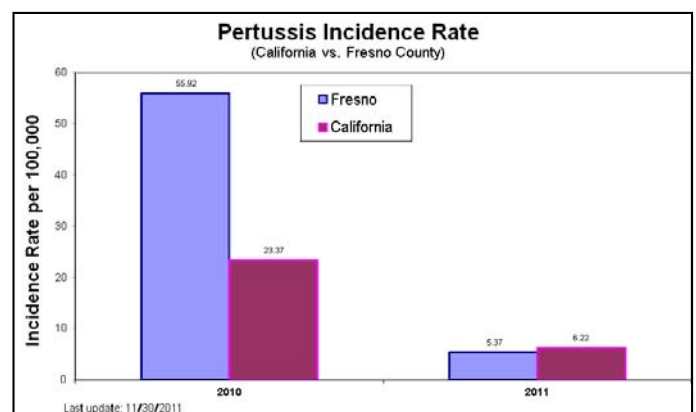
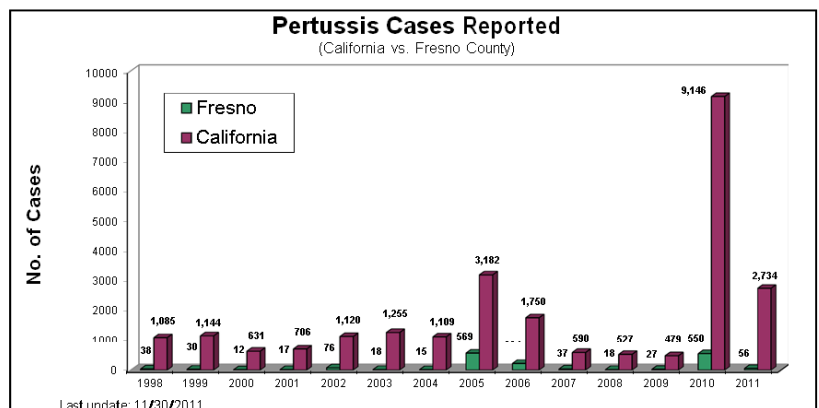
Pertussis outbreaks usually occur every three to five years with epidemics at less frequent intervals. A specific cause for the cyclic nature of the disease is not clear but may be influenced by: unvaccinated children born each year; waning vaccine immunity in older children; and an increasing number of parents who choose not to vaccinate their children. During the 1980s, the incidence of pertussis began to increase and has risen steadily with 25,616 cases seen nationwide in 2005. To address cyclic pertussis outbreaks, a 2004 UCLA study determined that the most effective plan would be to immunize adolescents 10 – 19 years of age throughout the nation with a Tdap booster. This approach is believed to have the potential to prevent 0.7–1.8 million pertussis cases and to save \$0.6–\$1.6 billion over a decade.

Pertussis Cases Peaked in 2010

In 2010, California was considered the epicenter of the nationwide pertussis epidemic. That year, 9,146 cases were reported to the California Department of Public Health (CDPH), for a state rate of 23.4 cases per 100,000 Californians. Fresno County had one of the highest incidence rates with 550 cases reported for a county rate of 55.92 cases per 100,000, twice the rate of California. In 2011, 2,734 cases have been reported to CDPH, a rate of 6.9 cases per 100,000. In 2011, 56 cases have been reported in Fresno County; the rate is 5.37 cases per 100,000.

A Public Health Partnership

With the passage of AB 354, vaccination of adolescents will significantly reduce risk of transmission to infants and young children who are most vulnerable to complications of pertussis infection, including hospitalization and death. Implementation of AB 354 was a monumental effort that involved health care providers; elected officials; state, regional and local education partners; public health professionals; and, of course, the families who sought to protect their children from pertussis, a vaccine-preventable disease.



National Community Transformation Grant Initiative

On September 27, 2011, the U.S. Department of Health and Human Services announced more than \$103 million in Community Transformation Grant funding to states and communities across the country to fight chronic disease, which is the leading cause of death in America.

Created by the Affordable Care Act, the Community Transformation Grant (CTG) initiative supports states and communities to address the root causes of poor health so that Americans can lead healthier, more productive lives. Grantees will use these funds to improve where Americans live, learn, work, and play to reduce chronic diseases, such as heart disease, stroke, and diabetes. By promoting healthy lifestyles, especially among population groups experiencing the highest rates of chronic disease, CTG will help improve health, reduce health disparities, and control health care spending.

The Cost of Chronic Disease

Chronic diseases are responsible for 75% of health care costs in the United States. The indirect costs of poor health—including absenteeism, disability, and reduced work output—may be several times higher than the direct medical costs. Unfortunately, in too many communities today, healthy choices are neither easy nor affordable. As a result, 7 out of 10 deaths among Americans each year are from chronic diseases, and almost 1 out of every 2 adults has at least one chronic illness.



Reducing the Burden of Chronic Disease

The CTG initiative will address the following priority areas: 1) tobacco-free living; 2) active living and healthy eating; and

3) quality clinical and other preventive services, with a focus on the prevention and control of high blood pressure and high cholesterol. Assessment, planning, and intervention activities will work to change local policies and environments to ensure that the healthy choice is the easy choice.

CTG Support for States and Communities

Through funds made available by the Affordable Care Act's Prevention and Public Health Fund, 61 communities and states serving approximately 120 million Americans have received CTG funding. Awards are distributed across 36 states, seven tribal organizations, and in one U.S. Territory. The grants are expected to run for five years.

Source: www.cdc.gov/communitytransformation/



Fresno County's Community Transformation Vision

Tobacco Free Living - tobacco will not be available around schools, playgrounds, and parks; secondhand smoke will be eliminated in multi-unit housing.

Active Living and Healthy Eating - drinkable water and locally grown fruits and vegetables will make up the meals and snacks offered to young children and students in child care settings and at schools; sugar sweetened beverages will no longer be offered.

Farm to Institution Food Financing Business – new traditional and non-traditional markets will provide consumers with locally grown and raised foods as well as economically viable business opportunities for local small farmers.

Increased Use of High Impact Quality Clinical Preventive Services - all hospitals will be designated as baby-friendly; safety net providers will adopt preventive service competencies to improve chronic disease management outcomes for the medically underserved.

Healthy and Safe Environments – youth will create healthy and safe environments to make “the healthy choice the easy choice” for years to come.

New Technology – health information systems will provide real-time data to inform public health efforts; interactive networking sites will connect partners and communities using green technology.

For more information call the
Department of Public Health at (559) 600-3200
or go to: www.fcdph.org

New Law Authorizes Landlords to Ban Smoking in Multi-Unit Housing

On September 6, 2011, Governor Brown signed Senate Bill 322 into law. The new law, which goes into effect on January 1, 2012, authorizes landlords of residential dwellings, (e.g. apartment buildings, condominiums, senior citizen residences, etc.) to prohibit the use of tobacco products on the property. Smoking may be prohibited in both the inside and outside areas of multi-unit housing units. No-smoking rules for apartments are similar to restrictions on pets, loud noise, and other nuisances.



The new law will encourage the passage of voluntary smoke-free multi-unit housing policies statewide, thus protecting thousands of Californians from the dangers of secondhand smoke (SHS).

The U.S. Surgeon General has concluded that there is no risk-free level of exposure to SHS. Even brief exposure can be harmful. SHS contains more than 250 chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide. Anyone exposed to SHS is inhaling many of the same cancer-causing substances and poisons as smokers do. In California, SHS is attributed to the deaths of more than 4,700 nonsmokers each year.

SHS is a serious public health hazard in multi-unit housing complexes. There are no limits to drifting SHS. It can drift through:

- Light fixtures
- Ceiling crawl spaces
- Open windows and doors
- Shared heat and air conditioning systems
- Electrical sockets
- Cracks in the wall



The Fresno County Tobacco Prevention Program aims to reduce exposure to SHS in multi-unit housing in Fresno County by working with landlords, management companies, and complex managers to adopt voluntary smoke-free policies. Currently 25% of housing units in Fresno County are in multi-unit structures.



For more information about SB 322 and smoke-free multi-unit housing, contact the Fresno County Tobacco Prevention Program at (559) 600-6449 or go to: www.fcdph.org

References:

1. The American Lung Association in California Center for Tobacco Policy and Organizing. Tobacco-Related Bills Bill Tracker: SB 332
2. California Department of Public Health. 2007. "Secondhand Smoke and Apartments, Condos, and Townhouses, What You Can Do About It." Booklet.
3. U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. The Health Consequences of Involuntary Exposure to Tobacco Smoke : A Report of the Surgeon General. Atlanta, Ga., 2006
4. U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

Health Impact Assessment - A Community Design Planning Tool

A health impact assessment (HIA) is one method that local communities can use to design and build healthy places.

Urban planning, community design, and transportation policies have the potential to impact health outcomes. HIAs can be used to review the potential positive or negative consequences that a policy, program, or project may have on the health of a population.

A traditional role of Public Health Departments is to assess possible hazardous conditions or the contamination of land, water, and air when housing, land use, and transportation projects are proposed.



Today, Public Health Departments also assess the impact of community development on social, cultural, economic, and natural resources which may positively or negatively impact a population's health. Health outcomes such as obesity, physical inactivity, asthma, injuries, and social equity can be considered using HIAs.

The U.S. Department of Health and Human Services recommends HIA as a planning resource for implementing [Healthy People 2020](#).

For more information on HIA, visit the Centers for Disease Control and Prevention's website: www.cdc.gov/healthyplaces/hia



Sources: World Health Organization, American Journal of Preventive Medicine, Volume 28, Number 4, and National Association of County & City Health Officials, Centers for Disease Control and Prevention

Health in All Policies

The health of California's population is largely determined by the physical, social, economic, and service environments in which we live, learn, work, and play. While medical care is vitally important, it contributes only a small portion to overall health and longevity. The health of a population must be considered when policies and programs are developed by both health agencies and non-health agencies alike.

California's Strategic Growth Council is a collaboration of state agencies working together to address the state's future. In February 2010, former Governor Schwarzenegger executed Executive Order S-04-10 directing the Strategic Growth Council to establish a Health in All Policies (HiAP) Task Force. The mandate of the HiAP Task Force is to identify priority programs, policies, and strategies to improve the health of Californians while advancing the Strategic Growth Council's goals.

The HiAP Task Force promotes the concept that the policies of non-health agencies significantly influence the physical, social, and economic environments that largely shape the health and well-being of California residents. The goal of HiAP is to ensure that health is considered in the development of all California policies.

For more information on the work of the HiAP Task Force, go to: www.sgc.ca.gov/hiap/

Strategic Growth Council Goals

- ◆ Improve air and water quality
- ◆ Protect natural resources and agricultural lands
- ◆ Increase affordable housing
- ◆ Improve infrastructure systems
- ◆ Promote public health
- ◆ Plan sustainable communities
- ◆ Meet the state's climate change goals

Rethink Your Drink - Sugar-Sweetened Beverages and Obesity Risk

Over the past 30 years, obesity rates have tripled among children and adolescents and have remained high. One in every nine California children, one in three teens, and over half of adults are already overweight or obese.

An analysis of food intake data from the National Health and Nutrition Examination Survey (NHANES) found that soft drinks are the single largest contributor of calorie intake in the United States. Mixed, but growing, evidence from scientific studies indicates that greater consumption of sugar-sweetened beverages is associated with increasing weight gain, diabetes, and obesity.

In California, 62 percent of adolescents aged 12-17 years and 41 percent of children aged 2-11 years drink at least one soda or other sugary beverage every day.

The *Rethink Your Drink* campaign teaches the public to recognize the amount of sugar in sodas, sport drinks, and other sweetened beverages and encourages consumers to choose healthier options, such as water.



22
PACKS

Amount of sugar in the average 20 oz. bottle of soda.

45
GALLONS

Amount of sugary beverages that the average person in the U.S. drank in 2009.

60%

Increase in a child's risk for obesity with every additional serving of sugary beverage.

For more information on the *Rethink Your Drink* campaign, visit the Department of Public Health's website at: www.cdph.org

Rethink Your Drink resources are also available at: www.californiaprojectlean.org

Sources: California Department of Public Health. California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today, 2010 and www.californiaprojectlean.org

California Assembly Bill 604 — Skinner Syringe Exchange

According to the Centers for Disease Control and Prevention, injection drug use accounts for approximately one-fifth of all HIV infections and most of the hepatitis C infections in the United States.

Injection drug users become infected and then transmit these diseases to others through sharing contaminated syringes and other drug injection equipment. In California, the use of shared syringes is the leading cause of hepatitis C infections and the second most common means of contracting HIV and hepatitis B.

Assembly Bill 604 gives authority to the California Department of Public Health, Office of AIDS to authorize local entities to provide syringe exchange services in any location where it is determined that the conditions exist for the rapid spread of HIV, viral hepatitis or any other potentially deadly or disabling infections that are spread through the sharing of used syringes. This bill goes into effect on January 1, 2012.



For more information, go to: www.cdph.ca.gov/AB604FactSheet/

Source: California Department of Public Health, Office of AIDS.

Public Health Yesterday

25 years ago.....

Childhood lead poisoning was recognized as a preventable environmental health problem

The Childhood Lead Poisoning Prevention Act of 1986 marked the initiation of federal, state, and local efforts to reduce childhood lead poisoning. The Act enabled the establishment of a California Childhood Lead Poisoning Prevention Program.



Lead poisoning is the number one preventable environmental health problem for children. The most common sources of lead are deteriorating lead-based paint from homes built and painted before 1978, as well as contaminated soil and dust.

Young children are most at risk for lead poisoning. Long-term effects of lead poisoning can include learning disabilities, behavior problems, seizures, coma, and death. Children should be tested at 12 and 24 months of age. Children up to the age of six, who have never been tested, are strongly encouraged to be tested.

The Department of Public Health's Childhood Lead Poisoning Prevention Program (CLPPP) publishes a **Quarterly Lead Recall Update** that lists recently recalled products found to be high in lead. To find the Recall Update and to learn more about CLPPP, visit www.fcdph.org and click on medical and health promotion services for children.

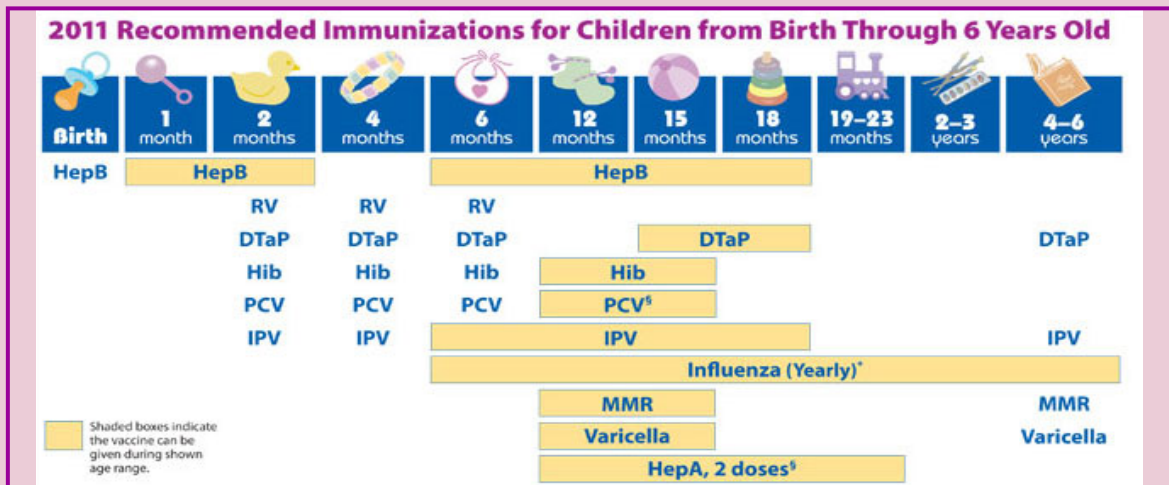
Sources: California Department of Public Health, Centers for Disease Control and Prevention, and Environmental Protection Agency

Events, Resources, and More...

National Infant Immunization Week — April 21- 28, 2012 Toddler Immunization Month — May 2012

These two observances highlight the importance of protecting infants and toddlers from diseases through immunizations. Timely immunizations are the best defense children can have against vaccine-preventable diseases such as pertussis and measles. Babies and infants need to receive vaccinations at **birth, 2, 4, 6, 12, 15, and 18 months of age**.

The chart below illustrates the age or age-range when specific immunizations are recommended for children from birth through six years of age.



For more information on immunizations, contact Fresno County Department of Public Health's Immunization Program at 559-600-3550 or visit the website at www.fcdph.org.

Events, Resources, and More...

Preteen
Vaccine
Week
2012

Preteen Vaccine Week is February 12-18, 2012



Preteen Vaccine Week promotes information about the importance of immunizations for preteens who are 11 and 12 years of age.



The Advisory Committee on Immunization Practices recommends pre-teens receive the following vaccines:

- ◆ **Tdap** vaccine to protect against tetanus, diphtheria and pertussis (whooping cough).
- NOTE: For the 2012-13 school year and beyond, all students entering 7th grade will need proof of a Tdap booster shot before starting school**
- ◆ **Meningococcal** vaccine to protect against meningitis.
 - ◆ **Seasonal Influenza** vaccine, annually, for protection from the flu.
 - ◆ **HPV** vaccine (3 dose series) to protect against some of the most common strains of HPV that can cause cervical cancer and genital warts. This vaccine is approved for both males and females.
 - ◆ **Varicella** vaccine, or a booster shot, to protect against chickenpox.

For more information, contact the Department of Public Health's Immunization Program at 559-600-3550 or visit the website at www.fcdph.org.

NEW Medically Indigent Services Program (MISP) Brochure and Fact Sheets

The Fresno County Medically Indigent Services Program (**MISP**) assists Fresno County residents to receive medical care if they do not qualify for Medi-Cal or do not have other health insurance.

<p>How Do You Apply?</p> <ul style="list-style-type: none"> • Make an appointment with one of the clinics at Community Regional Medical Center - CRMC • You must apply for MISP seven (7) days before your appointment <p>Do You Qualify?</p> <p>CRMC staff will tell you if:</p> <ul style="list-style-type: none"> • You do not qualify for MISP services • You qualify for MISP without a Share of Cost • You qualify for MISP with a Share of Cost <p>MISP recipients with Share of Cost must pay for some medical services and prescriptions each month.</p> <p>Written notice of your Share of Cost will be given to you.</p> <p>Can You Appeal?</p> <p>You can file an appeal with the Fair Hearing Office if your application for MISP was denied.</p>	<p>Do You Have Questions? Need Help?</p> <ul style="list-style-type: none"> • Call the CRMC clinic where you have your appointment. Clinic staff can help you with most of your questions. • MISP General Information Line at (559) 459-4323 • Call the MISP Office at (559) 459-3848 • Call CRMC Customer Service at (559) 459-2900  <p>Need A Translator?</p> <ul style="list-style-type: none"> • Ask CRMC staff for a translator <p>Need To Request A Fair Hearing?</p> <ul style="list-style-type: none"> • Call the Fair Hearing Office at (559) 600-6212 	<p>Medically Indigent Services Program (MISP)</p> <p><i>Need medical care?</i></p> <p><i>No health insurance?</i></p> <p><i>MISP may be able to help.</i></p>  <p>MISP Eligibility Office 2315 East Illinois Avenue Fresno, CA</p> <p><i>Look for the Trailer by the Hospital</i></p> <p>Department of Public Health www.fcdph.org</p> <p>09.27.11</p>	<p>The Department of Public Health, in collaboration with Community Regional Medical Centers and Fresno Metro Ministries, has created a brochure and fact sheets that provide information on MISP.</p> <p>The brochure includes information on who qualifies, required documents, and the application process for MISP. The supplementary fact sheets explain in more detail the application process, and action that can be taken as a result of a denial or for a complaint.</p> <p>A brochure and fact sheets are available in English, Spanish, and Hmong. To download these free resources, visit the Department's website at www.fcdph.org/MISP.</p>
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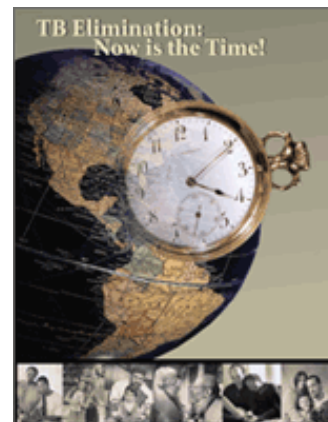
Events, Resources, and More...

World TB Day – March 24, 2012

Tuberculosis, or TB, is an infectious bacterial disease that is transmitted from person to person via droplets from the throat and lungs of people with active TB disease.

TB is one of the world's deadliest diseases:

- One third of the world's population is infected with TB.
- Each year, nearly 9 million people around the world become sick with TB.
- Each year, there are almost 2 million TB-related deaths worldwide.
- TB is the leading killer of people who are HIV infected.



World TB Day is a once-a-year worldwide call-to-action to raise awareness about the burden of TB and prevention and control efforts at the international, national, regional, and local levels.

For more TB information, statistics, and educational materials, contact the Fresno County Department of Public Health at 559-600-3413 or visit the website at www.fcdph.org.

TB Elimination: Now is the time!

Contact the Department of Public Health 559-600-3200

Birth & Death Certificates:	600-3310	Lead Testing for Children:	600-3590
Child Health & Disability Prevention:	600-3281	Moms and Kids Hotline:	1-800-640-0333
Chronic Disease Information:	600-6449	Public Health Nursing:	600-3330
Consumer Food Protection:	600-3357	Rabies/Animal Control:	600-3357
Hazardous Materials	600-3271	Services for Children with Physical Handicaps:	600-3300
HIV Testing:	600-3434	Substandard Housing Complaints:	600-3357
Immunizations for Children and Adults:	600-3550	Tuberculosis:	600-3413
Information for Pregnant Women:	600-3330	Tobacco Prevention:	600-6449

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