

PUBLIC HEALTH ANNUAL REPORT 2009

County of Sonoma, Department of Health Services,
Public Health Division, April 2009

A Message from the Health Officer

Mary Maddux-González, MD, MPH

It's pretty amazing to think that half of all increases in life expectancy in recorded history occurred over the course of the twentieth century. In fact, most of this increase occurred in the first half of the century, before the introduction of modern drugs and medical care. In 1900, the average American lived 47 years. By the end of the 20th century, average life expectancy had increased to 78 years. The major gains in health that translate into this remarkable increase in life expectancy are largely attributable to the impact of public health improvements rather than to medical interventions. Community-based public health prevention and environmental interventions – such as clean water systems, safe waste disposal, disease control, improved housing standards, better nutrition and education – all have substantially improved the duration and quality of life of our population.



Local Public Health is responsible for specific core public health functions and essential services. These core functions and essential services have been identified and endorsed by the Centers for Disease Control and Prevention (CDC), the Institute of Medicine, the National Association of City and County Health Officials, the California Department of Public Health, and other key organizations. While Public Health is ultimately responsible for effectively addressing these core functions and essential services, we do so as part of a larger public health system that includes community, non-profit and local, and State and Federal government partners. I would like to share a couple of examples that illustrate how these essential services are provided here in Sonoma County.

Our Public Health Teen Parent Connections (TPC) program links pregnant teens to medical and social services and helps empower and educate teen mothers to assume the daunting responsibilities of pregnancy, parenthood, their own education, and frequently their own financial support. One of our TPC social workers shared the fol-

lowing story about one of her clients, whose name I have changed to Jessica to protect confidentiality. Jessica was referred to TPC just prior to her release from Juvenile Hall. She was 16 and a high school drop-out with a long history of violence, gang involvement, and drug use. Her boyfriend had just broken up with her, her parents refused to let her return home, and she had just discovered that she was pregnant. Her TPC social worker connected her with prenatal care, Medi-Cal, and WIC. She also connected Jessica with a counselor from Social Advocates for Youth and a supportive high school teacher, both of whom played significant roles in her recovery over the next two years. When her healthy baby boy was born, Jessica continued high school with her child in the school daycare. Her TPC social worker followed the baby's growth and development, immunizations, and well child visits. She referred Jessica to a summer job program so she could support herself while completing three years of high school in only two years. Jessica performed community

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A Message from the Health Officer—cont'd

Mary Maddux-González, MD, MPH

service to have her gang tattoos removed and went on to be the first member of her family to complete high school and attend college.

As you can see from this story, the Public Health TPC program had an enormous impact on this individual, but what about the overall impact of this program? Thanks to the skill and dedication of the TPC staff and our partners in education, the outcomes for this program are outstanding. Only 3% of Sonoma County TPC clients experience a subsequent teen birth compared to 23% of teen mothers statewide. 75% of Sonoma County TPC clients enrolled in CalSAFE (California School Age Family Education) complete high school compared to only 33% of teen parents nationwide.

My second example of Sonoma County Public Health in action involves the essential public health function of mobilizing community partnerships to identify and solve health problems. One of the most significant health problems that we are facing locally and nationally is the epidemic of obesity and the associated increases in chronic diseases. This problem is of such health significance that, unless we turn this obesity epidemic around, today's children will be the first generation to live fewer years than their parents.

I want to mention two key community partnerships that have been mobilized to address the issue of the obesity and chronic disease epidemic. The Healthy by Design Committee (HDC) was convened by the DHS Prevention and Planning Division. It includes Public Health, Environmental Health, the Leadership Institute for Ecology and the Economy, the Area Agency on Aging, City and County Planning, Parks and Recreation, Transportation and Public Works, the Bike Coalition, the Climate Protection Campaign, the Sonoma County Medical Association Alliance, the Asthma Coalition, and others. The HDC is working to improve the design of our communities in a manner that will increase safety, physical activity, and the availability of healthy foods in all neighborhoods and areas throughout our county.

The second example of mobilizing community partnerships is Health Action. The Sonoma County Board of Supervisors together with the Department of Health Services brought together a group of community leaders in Health Action to improve health and health care delivery in our community. This dynamic group has been analyzing local health data, reviewing best practices, convening stakeholders, and designing local solutions to improve

the health of our community. This month Health Action selected a group of innovative, community-wide interventions that will be implemented to reduce obesity and chronic disease through healthy eating, increased physical activity, and access to prevention-focused primary care for all residents of Sonoma County.

The Public Health Annual Report 2008 includes additional examples of the critical public health work done by our Department of Health Services thanks to our excellent Sonoma County Public Health staff and our remarkable community partners, who work collaboratively to improve the health of all in Sonoma County.

Core Public Health Functions and the Essential Public Health Services

Assessment

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.

Policy Development

- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems.

Assurance

- Link people to personal health services and assure the provision of health care.
- Assure a competent public health and personal health care workforce.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.

Combating Emerging Infections

The Infectious Disease Task Force

Lucinda Gardner, Public Health Epidemiologist
Mark Netherda, MD, Deputy Health Officer

Following the terrorist bombings, anthrax exposures, and subsequent deaths in the United States in 2001, the United States Government called upon state and local Health Departments to convene groups of medical experts and stakeholders to address and develop systems of response to potential bioterrorism activities. Hence, the “Bioterrorism Working Group for Sonoma County” was born in 2002. The group was eventually renamed the “Infectious Disease Task Force” (IDTF) following the realization that a community-wide, organized approach to responding to emerging, naturally occurring, infectious agents – like Avian Influenza and West Nile Virus – was also needed.

The IDTF is composed of Infection Control Practitioners from all seven Sonoma County hospitals, Infectious Disease and Emergency Medicine physicians, Disease Control Public Health Nurses, Public Health Preparedness personnel, Public Health epidemiologists, the directors of the Public Health Laboratory, representatives from Sonoma County Environmental Health, and representatives from the California Department of Public Health, the Blood Bank of the Redwoods, the Marin/Sonoma Mosquito and Vector Control District, Sonoma State University, and Santa Rosa Junior College, among other key stakeholders from a variety of other health-related services within Sonoma County. The task force meets regularly to discuss relevant infectious disease topics and collaborates to develop countywide guidelines about responding to communicable disease threats in Sonoma County. A major contribution of the IDTF was providing medical guidance for the development of the Sonoma County Public Health Preparedness Plan – a 700+ page document which establishes policies and procedures and assigns responsibilities to ensure the effective management of emergency operations during a bioterrorism event or other public health emergency in Sonoma County.

In 2008, the IDTF developed local guidelines to assist medical practitioners in the management and treatment of community-acquired, methicillin-resistant *Staphylococcal aureus* (CA-MRSA, or often just MRSA) infections. These skin infections usually produce large, painful abscesses which require incision and drainage, followed by antibiotics, and can take weeks to heal. Local hospitals noticed a disturbing increase in the proportion of *S. aureus* isolates that were methicillin-resistant – meaning that standard antibiotic treatments were ineffective. By 2007, over 50% of all *S. aureus* infections isolated in

Sonoma County were due to MRSA. At the same time, a national study of purulent skin infections presenting to emergency rooms found 75% to be culture-positive for *S. aureus*, and 78% of these to be MRSA (Moran 2006).

Brief discussion among IDTF members revealed that divergent approaches to the management of community-acquired, purulent infections had created some confusion among doctors and patients about what treatments to use. The IDTF developed a set of guidelines for health care providers and the public. These guidelines cover the epidemiology, diagnosis, management, and antibiotic treatment for community-acquired, methicillin-resistant *S. aureus* (MRSA). Another set of guidelines was developed to manage asymptomatic carriers of the organism. These guidelines help standardize treatment of this severe infection throughout Sonoma County. Both sets of guidelines were distributed to all local hospitals. Both sets of guidelines as well as additional information about MRSA for the general public are readily available on the Sonoma County Department of Health website: <http://www.sonoma-county.org/health/ph/diseasecontrol/mrsa/index.htm>.

Promoting Public and Private Partnerships for Healthy Communities

Health Action Launches Countywide Walking Initiative: iWalk Sonoma

Ellen Jones Bauer, PhD, MPP, DHS Manager, Health Action

Health Action is a council of community leaders established by the Board of Supervisors in August 2007 with the goal of improving the all-around health of our community. To achieve this mission, Health Action is addressing the dual focus of improving the health of the residents of Sonoma County and improving our local health care delivery system.

Since its inception in 2007, Health Action has assessed data on health issues impacting Sonoma County, created a shared vision for community health improvement that is based on the multiple determinants of health, developed criteria for focusing its efforts, developed an initial set of health improvement strategies, received input on these strategies from the community, and begun the process of developing implementation plans. Health Action's initial action agenda is focused on the following 3 goals:

- Increasing consumption of healthy food.
- Increasing physical activity for all residents.
- Connecting all residents with a trusted source of prevention-focused primary care and community resources to support healthy living.

Health Action members and partners engaged through the planning and community outreach process will work together to secure the resources necessary to implement specific projects beginning in the spring and summer of 2009.

Health Action will launch its first project in May 2009 – a countywide walking initiative called iWALK Sonoma. iWALK is the first of several Health Action initiatives and will be complemented by future projects featuring other physical activities, healthy eating, and preventive medical care.

The goals of iWALK are to mobilize significant numbers of people to join existing walking groups or form new ones, increase the availability of walking groups in Sonoma County communities, and increase the walkability of communities all over the County.

iWALK will officially launch countywide on May 16th. Residents will be able to visit the website (www.iwalksonoma.org) to obtain information about existing walking groups in their communities and resources to help individuals, employers, and others create walking programs and get started walking. The website will be expanded to become a platform for walking group contests and challenges as well as a clearinghouse for both maps of local walks and hikes and links to other physical activity opportunities.

The message of iWALK is simple: Join a walking group or form a walking group, and start walking today!

For more information about Health Action and to read its Action Plan, please visit the website at: www.sonomahealthaction.org.



Ensuring Access to Quality Health Services

The Healthy Kids Program + Sonoma County Schools = Good Health for Children

Alison Lobb, Public Health Analyst, Access Unit
Sandra Sakwa, Healthy Kids

Healthy Kids Sonoma County, a collaborative effort of several local agencies, strives to ensure that all children in our community have health care coverage. Since the beginning of our program in mid-2005, we have assisted over 30,000 children and pregnant women with applications to health care programs or renewals of health insurance. Since our inception, well over 9,000 children have been added to the rosters of health insurance programs for low- and middle-income families. The vast majority of uninsured children in our County qualify for State programs, and when they don't, Healthy Kids Sonoma County subsidizes private coverage for the kids of low-income families. A key role of Healthy Kids is working with community partners to locate uninsured children and enroll them in the appropriate health insurance program.

In Sonoma County, schools provide a vital link between uninsured children and health care coverage. School nurses refer uninsured children from low-income families to Healthy Kids Sonoma County. The Healthy Kids program then assigns a Certified Application Assistant (CAA) to contact the parents. The Healthy Kids CAAs set up meetings with the parents at which they determine the appropriate affordable or free health insurance program for the children, assist with the application process, and provide basic education on using and retaining the coverage. Since the beginning of this school year, the Healthy Kids program has received over 300 referrals from Sonoma County Schools.

Here is an illustrative case of how Healthy Kids Sonoma County helped a single mom who wanted to obtain the Healthy Families Program coverage for her daughter. She had unsuccessfully applied to the program in the past, but the requirements were confusing, and she gave up in frustration. We were able to simplify the process and give her information that helped her make good choices for health, dental, and vision plans that would work best for her family.

In another case, parents had applied in the past, but had not been able to properly document their income. The parents, who were small-business owners, did not understand what documentation was needed to prove their income so they could qualify for one of the low-cost programs. A CAA showed the parents how to complete a 3-month profit-and-loss statement to properly document their income. The children qualified for the program.

Then there was the family that came into our office the very same day our CAA had called them. The father had just been laid off from his job, which had provided health insurance for his four children. His income from unemployment insurance and the mother's income from a part-time job were not enough for them to afford COBRA health coverage. They were relieved to learn that all four of their children qualified for the Healthy Families Program, and that the coverage they will obtain from Healthy Families will allow them to continue with the same doctor their children had been seeing since birth. This family did not know that programs like the Healthy Families Program exist and certainly never dreamed they could get assistance. They were happy to hear that their tax money was being used to help children in this way.

Many families in our community need the help that Healthy Kids Sonoma County can offer them. We are grateful that our schools, local clinics, and other community partners are helping us find them! Anyone can directly contact Healthy Kids Sonoma County at the toll-free number: 1-800-427-8982.

Promoting Healthy Behaviors

Perinatal and Other Drugs Action Team

Rebecca Munger, PHN, CNM, Maternal Child Adolescent Health Coordinator

Approximately 600 babies in Sonoma County are exposed to alcohol and other drugs in-utero each year. The most commonly abused substances used by pregnant women are alcohol, tobacco, marijuana, and methamphetamines. Non-therapeutic drug use during pregnancy is linked to poor obstetrical outcomes such as premature birth, low birth weight, placental abruption, pre-eclampsia, birth defects, and death. After a birth, parental alcohol and drug dependency can compromise the family environment, making the home unstable and unsafe. Beyond the human costs, perinatal exposure is expensive to our community, increasing the cost of medical care and increasing the utilization of child welfare, education, and criminal justice services.

The Sonoma County Perinatal Alcohol and Other Drug Action Team has been working since 2003 to reduce perinatal exposure to tobacco, alcohol, and other drugs. With funding from First Five, the California Endowment, and the Federal Title V Block grant, representatives from the Public Health Division and the Alcohol and Other Drugs Division of the Department of Health Services as well as representatives from the Human Services Department have partnered with community stakeholders to build a sustainable system of care, known as the Drug Free Babies Program. The following are key components of the program:

- Training based on best practices is provided to prenatal care providers to screen pregnant woman for tobacco, alcohol, and other drug use.
- A drug abuse counselor specializing in the needs of pregnant women is available by referral to assess at-risk women and link them with treatment.
- Technical assistance is available to delivery hospitals in Sonoma County to implement required newborn assessment and referral protocols.
- Ongoing advocacy ensures that treatment services are available for all women who need them.
- Ongoing quality improvement review is conducted to ensure that gaps in the system are identified and addressed in a timely manner.
- The Northern California Center for Well-Being through its Smoke Free Babies program assists families with quitting smoking and creating a smoke-free environment.

- The Public Health Field Nursing program provides individual support, health education, and case management services to improve the likelihood of a healthy pregnancy resulting in a healthy baby. Public Health nurses work closely with the perinatal drug abuse counselor and often play a key role in persuading women to accept treatment.

The “Helping Mothers, Saving Babies” report released in February 2008 documents the effectiveness of this collaborative approach to reducing perinatal exposure to alcohol and other drugs. This report can be found online at http://www.sonoma-county.org/health/aods/pdf/drug_free_babies_report_forweb.pdf.

Responding to Disasters

Preparing for a Flu Pandemic

Kim Caldewey, Planning Analyst, Public Health Preparedness
Christine Love, Planning Analyst, Public Health Preparedness

Since 1999, over 400 laboratory-confirmed human cases of H5N1 influenza (aka avian flu or bird flu) from 15 countries on 3 continents have been reported to the World Health Organization (WHO). More than 250 (>60%) of these individuals died from the infection. So far, H5N1 virus is not easily transmitted from human to human, but with just a few genetic mutations, the virus could become more contagious and a worldwide human epidemic, or pandemic, would result. The US Centers for Disease Control and Sonoma County Public Health estimate that as many as 153,000 Sonoma County residents could become ill over an 18-month period during a pandemic influenza event.

The global public health community has been working in an unprecedented collaborative effort to mount a worldwide effort to mitigate the impact of this deadly virus. Read more from the WHO on pandemic flu at www.PandemicFlu.gov.

Sonoma County Public Health and local healthcare community partners are working together to develop a plan that will help us respond quickly and effectively to a pandemic event. Accomplishments from 2008 include:

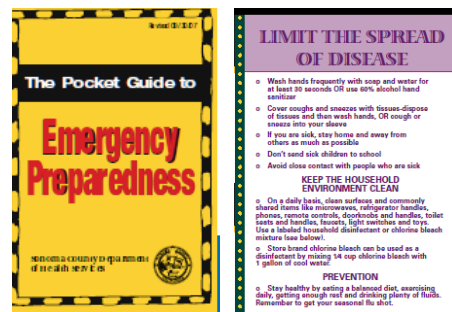
1. Planning with local healthcare partners for the management of a surge of flu patients through:
 - Cooperative agreements to share staff, equipment, space, and expertise.
 - Training and exercising together to align our plans and response systems.
 - Identification of three potential, government-authorized pandemic flu care sites, to be used when hospitals are filled to capacity.
2. Establishment of emergency notification systems:
 - California Health Alert Network (CAHAN) – 100% of hospitals and clinics and 20% of skilled nursing facilities (SNFs) are signed up to date.
 - Ham Radio Network – 27 ham radios were purchased for backup communication for hospitals, clinics, and SNFs, and trainings were provided to 60 new ham radio operators. Monthly ham radio drills were initiated in October 2008.
3. Training for clinicians on the use of personal protective equipment needed to respond to a flu pandemic.

4. Enhancement of Public Health's Medical Reserve Corps (MRC):
 - Current enrollment includes 312 Health professionals, 48 MH professionals, and 41 Support staff.
 - MRC Hospital auxiliary teams were established for two rural hospitals.

You can view Sonoma County's current Pandemic Influenza Plan at <http://www.sonoma-county.org/health/ph/phpreparedness/influenza/>.

Individuals can also take significant steps to prepare for a flu pandemic by doing the following:

1. Stay informed on pandemic flu and emergency response. Read Sonoma County's Pocket Guide to Emergency Preparedness Guides (English/Spanish), newly revised to include Pan Flu information at <http://www.sonoma-county.org/health/ph/phpreparedness/community/>.



2. Consider joining a local community response effort such as any of the following:

Santa Rosa's Citizens Organized to Prepare for Emergencies (COPE): <http://ci.santa-rosa.ca.us/departments/adminservices/emergencyprep/Pages/>

Community Emergency Response Teams (CERT): <http://www.sonomacert.com/>

Public Health MRC: <http://www.sonoma-county.org/health/ph/phpreparedness/mrc/>

Sonoma County Public Health continues to watch globally and work locally to be as prepared as possible to respond to a flu pandemic and many other health-related disasters which could strike our community.

Protecting Against Environmental Hazards

Healthy Homes – Working to Make the Indoor Environment Healthier

Jim Tyler, REHS, Supervising Environmental Health Specialist

When one ponders what “healthy homes” means, homes that are designed, constructed, maintained, or rehabilitated in a manner that supports the health of residents comes to mind. Growing evidence links substandard housing conditions to poor health outcomes such as asthma, lead poisoning, lung cancer, and unintentional injuries. Studies show that young children spend nearly 80-90% of their time indoors. The Department of Health Services is making progress to ensure that outdoor environments are conducive to healthy living and is sharpening its focus on health and safety aspects of indoor environments. Any home may contain health hazards, and creating healthier housing promotes the growth and development of our children while substantially reducing health care costs.

The Environmental Health Division (EHD) of the Sonoma County Department of Health Services is involved in improving substandard housing conditions so that residents can live in healthy home environments. The EHD receives numerous citizen tips and complaints concerning substandard housing conditions such as mold, peeling lead-based paint, garbage accumulation, and rodent infestation. The EHD working in partnership with the County and city code enforcement officials provides education and assistance to correct substandard housing conditions. The EHD is increasing its capacity to share information via pamphlets and its website in order to increase knowledge and awareness of healthy homes principles.

The grant-funded Childhood Lead Poisoning Prevention Program (CLPPP) enables the EHD to reduce lead exposures in the indoor home environment. The EHD assesses home environments where children have high lead levels to determine whether lead-based paint or other home lead sources are present. The EHD then ensures that the lead hazard is removed or covered. Outreach for the CLPPP is provided to health care providers, childcare providers, and the public in collaboration with the Public Health Division.

The EHD has also partnered with the Sonoma County Asthma Coalition (SCAC) to improve indoor air quality related to asthma triggers, such as mold, through outreach and information provided to code enforcement officials, organizations who provide in-home visits, and the public.

In 2009, the EDH in partnership with SCAC will do the following:

- Provide a 1-day training to code enforcement officials on healthy homes principles with an emphasis on indoor air asthma triggers, like mold, and childhood lead poisoning prevention.
- Provide a 2-day training on healthy homes principles to organizations with staff who provide in-home visits.
- Create a webpage for the EHD website regarding indoor air quality issues.

By collaborating with the Public Health Division, code enforcement officials, and other organizations, and by providing outreach and information to the public, the Environmental Health Division is doing its part to improve the indoor environment so that the citizens of Sonoma County can live long and thrive in healthy homes.

Monitoring Health Status

How Healthy is Sonoma County?

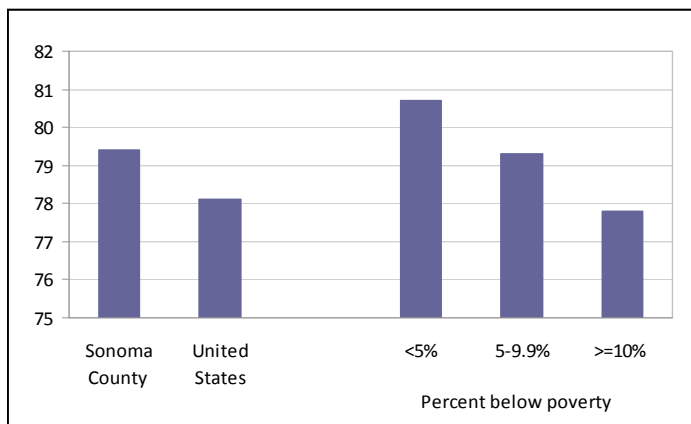
Lynn Scuri, MPH, Manager, Planning & Access Unit

What is the measure of a county's health? How do you take the temperature of a county of over 1,500 square miles with a population composed of multiple ethnic groups, ages, cultures, and communities? One way is by taking a look at yourself.

If you are like 57% of the adults in Sonoma County, you are currently overweight or obese. If you are like 24% of the adults, your blood pressure is too high. If you are like 14% of the adults, you are still smoking in spite of the known health risks. If you are like 44% of the adults, you join the ranks of tens of thousands who eat too few fruits and vegetables each day. And what you do eat, you don't burn off, if you are like 62% of the adults and do not exercise regularly. More troubling is the high prevalence of poor eating habits, inactivity, obesity, and teen smoking among our children that is leading to increased rates of chronic disease.¹

These startling statistics form a snapshot of the health of Sonoma County. Another troubling finding is that life expectancy in Sonoma County, as in the nation, conforms to a pattern called the "social gradient", in which the more income and wealth people enjoy, the more likely they are to live longer, while people with less income and wealth can expect to live comparatively shorter lives. (See Figure 1.)

Figure 1. Life Expectancy at Birth by Neighborhood Poverty Level, Sonoma County



Source: BARHII Health Inequities Report, 2008 and NCHS, Deaths: Preliminary data 2006

Studies suggest that much of poorer health in poorer neighborhoods is driven by what is often missing from these neighborhoods, such as easy access to affordable, nutritious foods, safe routes to walk or ride to school or work, and clean, healthy environments in which to live, work, and play. This wealth-driven disparity in health is a major concern for Public Health leaders in Sonoma County and across the nation.

Sonoma County Public Health plays an important role in monitoring the health status of our community. Public Health collects data and monitors multiple indicators of health, like those shown here and in documents like the Sonoma County Health Status Report (see page 13). But measuring health status is only the beginning. Working together with individuals, community groups, and health systems, Public Health looks for opportunities to improve the health and well-being of all Sonoma County residents. We know that, over time, we can improve the health of Sonoma County by educating individuals to adopt healthier lifestyles, working in partnership with community leaders to address the root causes of health disparities, and working as a community to promote policies and environmental changes that affect our overall health status.

¹Excerpt modified from A. Parks, "American's Health Check-up", Time Magazine, November 20, 2008.

Public Health Division Profiles

Mark A. Netherda, MD

Dr. Netherda is internationally recognized for his work as a physician specializing in care to persons with HIV disease. Beginning as a private practice physician in Monterey, California, Mark specialized exclusively in HIV care. In 1995, he became the Medical Director of Sonoma County's Center for HIV Prevention and Care. He has provided training on HIV care to clinicians locally, nationally, and internationally. In 2006, Mark took his family on a yearlong sabbatical to serve as a Technical Advisor to the Ministry of Health and Social Services in the African country of Namibia, where he developed, implemented, and managed HIV training programs for medical personnel.

Dr. Netherda received his medical degree from George Washington University and completed his Family Medicine Residency through the University of California, San Francisco-affiliated program in Fresno. He is Board Certified in Family Medicine and HIV Medicine. As the current Deputy Public Health Officer, Mark brings to all his work a passion for family medicine, a specialty in which the physician provides care over the life of the individual and his/her fam-

ily. This specialty requires a broad range of training as well as a deep understanding of community resources. His holistic approach to care mirrors Public Health's current efforts to expand the public's idea of



health from preventing illness to promoting wellness.

As the Deputy Health Officer, Dr. Netherda oversees the following programs:

- Disease Control Unit – Manages tuberculosis control, immunization

assistance, epidemiology and disease surveillance, sexually transmitted and other communicable diseases, and vital statistics.

- Public Health Preparedness – Plans, coordinates, and implements the Public Health Division's preparation for public health emergencies, including bioterrorism and infectious diseases such as pandemic flu, SARS, and West Nile Virus.
- Public Health Laboratory – Provides individual testing for the diagnosis of communicable diseases as well as testing of substances that affect the entire community, such as drinking water sources, local milk suppliers, and ocean shellfish. The lab serves Sonoma County and several neighboring counties. The laboratory is also a Regional Reference Laboratory – part of a network of laboratories equipped to respond quickly to emerging infectious diseases, acts of biological and chemical terrorism, and other public health threats and emergencies.

Leigh Hall, MD

As a marathon runner, Dr. Leigh Hall brought the concept of "planning for the long run" to both his personal and professional life. For over 30 years, he has made notable contributions to the health of our community. Starting in 1976, not long after completing his Family Practice Residency at San Francisco General Hospital, Leigh moved to Glen Ellen, where he established a solo practice in family medicine. By 1985, Leigh joined the faculty of the Santa Rosa Family

Practice Residency Program as Director of Outpatient Education and Medical Director of the Family Practice Center.

Dr. Hall began his work at Public Health as the Medical Director of the Sonoma County Managed Care Medi-Cal Pilot Project. He served as our first Deputy Health Officer from 2001 until his retirement in 2008, a period during which the mission of public health expanded greatly in re-

sponse to bioterrorism threats as well as emerging and re-emerging infectious diseases. Dr. Hall played a critical leadership role in developing local resources to meet these concerns by encouraging community involvement in public health planning. His efforts led to the creation of our Public Health Preparedness plan, the establishment of our local Infectious Disease Task Force, the creation of the Medical Reserve Corps to assist in emergencies, the development of

Public Health Division Profiles

the disaster planning forum, and the expansion of our Public Health Laboratory into a Regional Reference Lab.

Dr. Hall was honored by the Sonoma County Medical Association, receiving the 2006 award for Outstanding Contribution to Sonoma County Medicine. We wish to add our thanks to Leigh; the roles and responsibilities of the Deputy Health Officer were literally defined during his tenure. He continues to be active in local, national, and international health causes, and we expect to benefit from his steady efforts for many years to come.



Elisabeth Chicoine, PHN, MS, PNP

Elisabeth Chicoine has an impressive record of success in creating new health resources for medically underserved children. After noticing that many school children had untreated illnesses such as asthma and anemia, she helped to open the County's first elementary school-based health center – the Roseland Children's Health Center – and served as its Clinic Director. She also served as the Director of Health Programs for Community Action Partnership (CAP) and managed school nursing for 10 local schools, the Kid's Net referral network for immediate health and dental care for uninsured children, and health care services for Early Start/Head Start and School Readiness Programs. Elisabeth is known for her advocacy for children's health through her work on several local committees and coalitions.

Ms. Chicoine received her Bachelor's and Master's nursing degrees and Pediatric Nurse Practitioner Certification at UC, San Francisco. The combination of her education, solid core of ethical values, enthusiastic dedication to improving health care and healthy outcomes for children, and her skills in mobilizing community resources to meet those needs made

Elisabeth the ideal choice for Public Health Nursing Director.



She oversees these programs:

- **Teen Parent Connections** – Provides comprehensive case management for pregnant and parenting teens.
- **Families First** – Offers home-based health information and referral to first-time parents.
- **Public Health Field Nursing** – Provides home-based health edu-

cation, resource connections, and case management to high-risk pregnant women and young children.

- **Child Health Disability Prevention** – Provides resources and referrals for community-based primary care for low-income children and youth.
- **California Children's Services** – Offers case management and support to families with children who have major medical conditions. The CCS MTU provides occupational and physical therapy to children in school settings.
- **Women, Infants and Children Program** – Provides nutrition education and supplemental foods to pregnant and breastfeeding women and to children from birth to age five.
- **Maternal, Child, Adolescent Health Programs** – Provides leadership and coordination for community-based MCAH programming, including the comprehensive Perinatal Services Program (CPSP).

Public Health Division Profiles

Norma Doyle, BSN, RN, MPH

Norma Doyle came to Sonoma County from Placer County, where she worked both as a Public Health Nurse (PHN) and then Nursing Director. She joined the Sonoma County Public Health Division in 1992, assuming the roles of Sonoma County Director of Nursing as well as Community Health Services (CHS) Section Manager. This dual position had oversight of and responsibility for the missions of Children's Medical Services; Maternal, Child and Adolescent Health; and the Women, Infants, and Children units as well as the 100+ staff of nurses, social workers, therapists, nutritionists, and support personnel who deliver these services. Throughout her tenure, Norma provided energy, vision, leadership, and acumen both within the CHS Section and across the County, developing partnerships within the Department of Health Services and via outreach efforts to community-based organizations. Norma's mantra was to "find the common ground", and this she consistently achieved with her high-energy, community-minded approach over the 15 years of her tenure, until her retirement in 2007.

Norma was always at the forefront of examining exemplary or innovative practices and figuring out how those practices could be incorporated into the Public Health mission – both on a micro and a macro level. Here are some examples:

- Worked with community health partners to bring to the County Brazelton's Touchpoints, which provides training for professionals and parents alike.
- Promoted breastfeeding with the Positive Images of Breastfeeding Photo Contest and Calendar.
- Ceaselessly applied for innumerable grants to improve the health and well-being of Sonoma County

residents, successfully implementing Families First, Community Challenge, and the Consolidated Drug Free Babies Grants, to name just a few.

- Masterminded the Public Health Champions concept and selection, incorporating Public Health goals and community partnerships to reflect the Public Health mission in practice throughout Sonoma County.



On the County business side, Norma unflaggingly promoted increasing the capacity of CHS. She worked with State and Federal agencies to maximize funding for public health programs in Sonoma County, ensuring the provision of priority services for the maternal, child, and adolescent health populations. At the same time, she translated the role of the PHN in all its various forms. For example, PHNs were placed in a variety of community-based organizations to assist with chronic disease prevention.

Whether it was funding laptops for field applications, promoting healthy behaviors through campaigns, emphasizing the importance of collecting data to measure outcomes, or simply

supporting staff day to day, Norma never lost sight of the primary focus of CHS and the many benefits that these programs deliver countywide. In the year since her departure, Norma has continued to generously extend support by orienting and mentoring several members of the incoming management team. Her wealth of experience and talent for problem solving have been essential factors in providing a smooth transition.

In many ways, Norma was ahead of the curve in her big-picture approach to understanding the social determinants of health and the importance of developing programs in partnership with our community at all levels. With her inclusive leadership style of "finding the common ground" and unremitting commitment to setting health priorities, Norma significantly advanced the Public Health mission to protect and promote the health of Sonoma County residents. We wish to recognize and thank her for her many contributions to the health of our community.

Sonoma County Health Status Report (2005–2007)

Health Status Indicator ¹	Sonoma County	California	National Objective ²
Low birth weight rate ³	5.8	6.9	5.0
Breastfeeding initiation ³	95.3	86.5	75.0
Late or no prenatal care ³	16.6	14.9	10.0
Adequate/adequate plus ³ prenatal care	71.6	78.5	90.0
Teen (15-19 yrs) birth rate ⁴	24.1	37.3	N/E ²
AIDS incidence (13+ yrs) ⁵	11.4	12.1	1.0
Chlamydia incidence ⁵	167.2	364.1	N/A ⁶
Cancer (all) death rate	184.0	159.3	158.6
Female breast cancer death rate	22.8	21.7	21.3
Lung cancer	48.7	39.2	43.3
Diabetes death rate	18.4	21.9	N/A ⁷
Suicide death rate	10.4	9.0	4.8
Unintentional injury death rate	33.6	30.4	17.1
Firearm-related death rate	6.0	8.9	3.6
Coronary heart disease death rate	122.9	145.2	162.0
Stroke death rate	55.8	43.5	50.0
Drug-induced death rate	11.4	10.5	1.2

¹ Rates are per 100,000 population and age-adjusted unless otherwise noted

² Healthy People 2010: N/E National objective not established

³ Rate is per 100 births

⁴ Rate is per 1,000 females age 15-19 years

⁵ Crude case rate; not age adjusted

⁶ N/A: Prevalence data not available in California

⁷ N/A: National objective data not comparable with California data

Source: California Department of Health Services, County Health Status Profiles for 2007

Public Health Phone Numbers

Public Health Entity	Phone	Fax
Public Health Information	565-4400	565-4411
California Children's Services	565-4500	565-4520
Child Health and Disability Prevention	565-4460	565-4473
Commission on AIDS	565-6683	565-6619
Disease Control and Surveillance	565-4567	565-4565
Environmental Health	565-6565	565-6525
Families First Home Visiting	565-4507	565-4558
Healthy Kids Sonoma County	565-4419	565-4628
HIV Testing and Counseling	565-4620	565-4637
Immunization Registry	565-4618	
Maternal Child Adolescent Health Coordination	565-4552	565-4550
Maternal Child Health Field Nursing	565-4440	565-4430
MCH Toll Free Line	1-800-427-8982	
Program Support	565-4401	565-4411
Public Health Clinic	565-4820	565-4842
Public Health Officer/Division Director	565-4401	565-4411
Public Health Preparedness	565-4496	565-4411
Teen Parent Connections	565-4480	565-4499
Vital Statistics—Birth/Death Certificates	565-4407	565-4413
Medical Marijuana ID Cards	565-4442	565-4413
Women, Infants, Children (WIC)	565-6590	565-6524