

PUBLIC HEALTH ANNUAL REPORT

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“Getting in Shape for the Future: Healthy Eating and Active Living”

Mary Maddux-González, MD, MPH, Health Officer

In the United States fifteen percent of children ages 6-19 years are overweight and this percentage continues to grow. At the same time that the prevalence of overweight children increases, we are seeing an increase in certain chronic diseases in children, such as type II diabetes, that historically were seen almost exclusively in adults. Being overweight is of concern, even for those children who don't experience weight-related health problems during childhood, because overweight children are at high risk of becoming overweight adults.

Overweight adults, in turn, are at risk for a number of chronic health problems, including heart disease, diabetes, high blood pressure, stroke, and some forms of cancer.

Read more inside on Public Health's activities for a safe and healthy Sonoma County...

Local data from physical examinations of a sample of low-income children in Sonoma County show that the prevalence of overweight children ages 0-17 years increased from 9.1% to 9.6% between 1996 and 1999. This compares to an increase of overweight children in all of California from 13.1% to 14.4% during the same time period.

Children become overweight for a variety of reasons. The most common causes are unhealthy eating patterns, lack of physical activity, genetic factors, or a combination of these factors. Certain “environmental” factors can contribute to decreased activity (i.e., lack of safe neighborhood areas for walking or other physical activity) and poor eating patterns (i.e., marketing of high calorie foods to children.) If you think your child is overweight, it is important to talk with your child's medical provider. Excess weight develops over time and cannot be solved overnight. The combination of regular physical activity and healthy eating habits is the most efficient and healthful way to control weight. Focus on the entire family, rather than just on the overweight child. Healthy role modeling increases your child's chances of success, and the whole family can benefit from improved eating habits and physical activity. Keep a variety of healthy foods available in the home. Reduce your child's ‘screen time’ - the time spent viewing television, video games, and computers. Become more active throughout your day and encourage your family to do so as well. One of the most important things that you can do for an overweight child is to let them know that they are okay whatever their weight. Adults can promote self-esteem in children by providing unconditional love and acceptance.

The Sonoma County Department of Health Services is working to address the issue of child overweight and obesity through our programs such as WIC (Women Infants and Children), which provides counseling and vouchers for healthy foods to low-income families, and the 5 a Day- Power Play! Campaign to increase consumption of vegetables and fruit among children

aged 9-11 years. In addition, we are collaborating with the community, with groups like the Family Nutrition Task Force, and with schools in seeking effective interventions to promote improved eating habits and physical activity, such as healthy food choices in school cafeterias and vending machines and increased physical activity in school curricula. We are also working with the Sonoma County Medical Association in the development of educational and referral resources for local physicians to assist them in the prevention and treatment of overweight children in their practices. We consider these efforts to be just the beginning of what needs to be a collaborative, multifaceted strategy to address this important public health issue in our community.

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Preventing Epidemics

Summary of findings prepared by Kathryn D. Scott, PhD, Epidemiologist



Every day Sonoma County Public Health Disease Control (SCPH-DC) receives information on known or suspected cases of disease and illness. Reporting disease information benefits our community in many ways, one of which is preventing epidemics. Last year's investigation of an illness outbreak at a youth camp illustrates this public health function.

After seeing a patient in the emergency room with fever, nausea, vomiting, and diarrhea, a physician notified SCPH-DC immediately of a possible food-borne illness (FBI). The patient had stated that 20 other staff members at camp had similar symptoms and that 400-500 campers were expected to arrive in two days. The Disease Control staff and epidemiologist began an investigation by traveling to the camp, taking food histories, and collecting stool samples. Environmental Health took water samples and examined the premises and the mechanisms for food preparation. The Public Health Laboratory provided testing on the water samples.

A case-control study was conducted to characterize the outbreak and identify the causative agent. Twenty-seven of the 140 staff members reported ill and two stool specimens were obtained from cases who reported that they were still symptomatic. The specimens were sent to the California Department of Health Services Viral and Rickettsial Disease Laboratory for viral testing using polymerase chain reaction. Both specimens were positive for calicivirus. Calicivirus is usually a self-limited,

mild to moderate disease that often occurs in outbreaks. The virus is found worldwide and transmitted through water, food, or person to person.

Contaminated drinking water was the suspected source of infection for this outbreak, although a direct link could not be made. A water system break with chlorine injector failure was not reported during the initial site visit but was discovered later. The onset and duration of symptoms and the incubation period based on the water system break, however, were in agreement with illness characteristics associated with calicivirus.

The appropriate changes were made to the water system and the other campers arrived and enjoyed the camp with no further illness reported.

2002 HIGHLIGHTS

- Disease Control responded to two calicivirus outbreaks, one water-borne and one food-borne, involving 49 cases of confirmed or suspected illness.
- 28 cases of pertussis were investigated, involving a total of 79 symptomatic contacts needing follow-up care.
- 22 incidents of Hepatitis A were investigated. There were 97 close contacts recommended for immune globulin while 28 others received Hepatitis A vaccine as a precautionary measure.
- Environmental Health inspected 39 organized camps.
- The AIDS Unit HIV outreach, counseling, and testing program provided 4,891 antibody tests.
- The AIDS Unit and Public Health Lab established HCV (Hepatitis C) screening and testing services in November 2001 and tested 1,859 persons in 2002.

Assuring the Quality and Accessibility of Health Services

Khatiba Grais, MA, Social Service Worker

2002 HIGHLIGHTS

- 18,538 CHDP well child exams were provided to children in Sonoma County.
- CCS helped 2,038 children with major medical problems needing specialized care.
- The Maternal Child Adolescent Health Program, in collaboration with the Teen Health Advocacy committee, published and distributed 25,000 teen health services resource cards—For Teenage Eyes—to more than 140 schools, youth-serving agencies, and adolescent health providers.
- The AIDS Clinic provided 511 persons living with HIV with 4,349 medical visits at the Center for HIV Prevention and Care.
- Riley Street Clinic: We are delighted to announce that the new satellite Public Health Clinic at 418 Riley Street opened January 13, 2003! Between January 13 and January 31, we saw 100 patients. We are doing outreach in schools and passing out our cards to teens in the vicinity. Services are available every afternoon for teens, for sexually transmitted disease care, and for family planning. Other clinics will be scheduled in the future, including immunizations. We are excited about the new space. Please let others know or call to visit the new site. For information or appointments, please call 565-4820.

It is often the case that different Public Health agencies serve the same families in providing a continuum of diagnosis and care. This collaborative work allows prevention of disability through early detection and linkage to prompt medical services. In the case of CHDP (Child Health and Disability Prevention) and CCS (California Children Services) both agencies serve children up to age 21. CHDP provides periodic well child physical exams to low-income and uninsured children, which includes a health assessment and appropriate tests and screens for identified health problems. CCS manages medical care for low-income children with catastrophic medical conditions in need of specialized medical care and rehabilitation and pays for medical services not covered by other insurance or Medi-Cal.

Take for example the case of Danielle (not her real name). This seemingly healthy seven-year-old child was seen at Southwest Community Clinic for a CHDP well child exam in June. She did not have Medi-Cal, Healthy Families, or other insurance coverage and her family's income was less than 200% of the federal income guidelines. During the course of the exam, a grade III/IV systolic heart murmur was heard, and a CCS referral was initiated.

Danielle was found to be financially and medically eligible for CCS services and her case was opened to treatment with CCS in July. She was referred to the cardiology department at Children's Hospital Oakland for evaluation. It was determined that the child had a large secundum atrial septal defect and right ventricular enlargement and it was recommended that she have surgery to close the defect.

Surgery was performed in September, and Danielle was hospitalized for five days with an excellent prognosis for full recovery. CCS Public Health Nurses have monitored Danielle's medical needs and have authorized medical services as needed throughout the course of treatment. A CCS Social Worker has helped the family with transportation, lodging, and meal costs during the time that Danielle was hospitalized so that the family could be present and supportive during this time.

Without the quality care and comprehensive services of CHDP and CCS, Danielle's heart condition could have gone undetected. Such a condition could have impeded her meeting her developmental milestones and could have affected her academic performance in school and her ability to stay physically active. Instead, today Danielle continues to do well with no specific symptoms. She is very active, has had no recent illnesses, and plays without tiring. This is the outcome that agencies working together can accomplish!



Responding to Disasters

Bruce H. Lee, BA, EMT-P, Regional EMS Administrator

Responding to the threat of disasters is nothing new for Public Health. In recent history, Public Health staff have supported public safety personnel with responding to floods and other natural hazards. The threat of epidemics is an old hazard facing local health officials. In this light, Public Health has already developed some response capabilities, such as disease surveillance, multi-casualty incident coordination, laboratory services, and mechanisms to disseminate emergency public information. Sadly, medical disaster preparedness has taken on a very new emphasis in local communities after the national tragedy of September 11, 2001.

Terrorist violence is not a new phenomenon; in fact, it has been a somewhat common occurrence throughout history. However, the tactic has assumed a new level of importance due to the amplification of risk and consequence from acts of bioterrorism.

During the past year, Sonoma County Public Health has geared-up with an aggressive effort to prepare our community for response to a bioterrorism event. Supported by State and Federal grant funds, Public Health has assumed the lead role in developing a county-wide Bioterrorism Response Plan. The plan, now in draft form, will provide guidance to emergency responders, health care professionals, volunteer groups, and other essential service providers during a response to an actual or perceived bioterrorism threat. The expertise of numerous community-based advisory groups is utilized to provide important input and guidance in the preparedness effort.

One of the important new advisory groups formed by Public Health and the Emergency Medical Services (EMS) Agency in 2002 is the Hospital Disaster Preparedness Forum. This group is comprised of representatives from all acute care hospitals in the county. Collectively, the group addresses issues such as community medical care capacity, infectious disease management, resource coordination, decontamination planning, and other key elements of preparedness.

2002 HIGHLIGHTS

- Public Health continued developing its bioterrorism response plan, including a plan for mass vaccination against smallpox.
- The Sonoma County Hospital Disaster Planning Forum was formed with active participation from all hospitals in the county.
- Sonoma County EMS revised and implemented the Multi-Casualty Incident (MCI) Response Plan.
- Public Health collaborated with community disaster responders in three tabletop exercises with bioterrorism-related scenarios to practice and test planning assumptions.

Another significant accomplishment last year was development of a new multi-casualty incident (MCI) management plan. This plan coordinates a multi-agency response to an incident with numerous patients, and assures an efficient application of resources and distribution of patients to hospitals.

In order to practice the procedures contained in the emergency response plans and to test planning assumptions, Public Health conducted a series of tabletop drills involving hazard scenarios that are of current concern, such as an anthrax release and a smallpox outbreak. In 2002, three tabletop exercises were conducted with the participation of various health and public safety organizations.

Clearly, Public Health has committed significant resources to assure that the community is adequately prepared for health-related disasters. This will continue to be a priority focus area for Public Health in the future.

Monitoring the Population's Health

(Excerpted from *Epidemiology of HIV/AIDS in Sonoma County*, Dawn McCusker, MPH. Sonoma County Public Health, June 2002, and updated with some year-end figures.)

In June 2002, Sonoma County's Department of Health Services published its semi-annual report, *Epidemiology of HIV/AIDS in Sonoma County*. The number of newly diagnosed AIDS cases per year has generally been on the decline since 1993. Thirty-eight AIDS cases were newly diagnosed in 2002, continuing the downward trend. This decline is likely due to improvements in treatments that have slowed progression of AIDS from HIV and to behavior changes resulting in fewer infections.

As of mid-year 2002, there were 628 adults/adolescents living with AIDS who were first diagnosed in Sonoma County. Of the males, 80% were in the gay/bisexual exposure category. Forty-six percent (46%) of females were in the heterosexual contact category and 39% were in the IDU exposure category. These figures represent an increasing number of people living with AIDS in Sonoma County. A survey of people living with AIDS sponsored by the Sonoma County Commission on AIDS indicates that the actual number of people living with AIDS locally may be even greater due to migration into Sonoma County after their diagnosis of AIDS elsewhere.

California's regulations for reporting HIV infection by Non-Name Code became effective July 1, 2002. All lab results and case reports are submitted to the Health Department utilizing a non-name code consisting of the following: Soundex of the last name, date of birth, gender, and last 4 digits of the social security number. Reporting information will be used to track the scope of and trends within the epidemic in Sonoma County and all of California, to target and evaluate HIV prevention efforts, to estimate needs for health care and other services, and to qualify for federal funds.

The epidemiology of HIV/AIDS report is an in-depth resource for anyone seeking information on the demographic occurrence of HIV/AIDS in Sonoma County; on specific trends, such as the year 2002 coincidence of syphilis in those who are also positive for HIV; and on the course of HIV/AIDS over time in our community.

2002 HIGHLIGHTS

- Public Health monitored local trends in HIV risk factors and health outcomes in HIV and AIDS.
- The center for HIV Prevention and Care implemented HIV reporting procedures.
- Maternal Child Adolescent Health monitored the percent of mothers receiving first trimester prenatal care, percent of mothers breastfeeding, birth weights, and age of gestation for approximately 5,600 births; 419 of these births were to teen mothers.

| Leading Reportable Diseases, Sonoma County, 2002 | | |
|---|---------------|-------------------------|
| Disease | Number | Ten-Year Average |
| Chlamydia | 762 | 563 |
| Hepatitis C, chronic | 206 | 287 ¹ |
| HIV | 142 | - - - ² |
| Campylobacteriosis | 115 | 150 |
| Gonorrhea | 85 | 62 |
| Hepatitis B, chronic | 81 | 73 |
| Salmonellosis | 47 | 58 |
| Giardiasis | 44 | 84 |
| AIDS | 38 | 99 |
| Pertussis | 30 | 40 |
| Shigellosis | 22 | 32 |
| Hepatitis A | 21 | 50 |

¹Eight-year average.
²HIV figures are only for July through December when the disease became reportable.

Source: County of Sonoma, Dept. of Health Services, Public Health Division.
 Automated Vital Statistics System (AVSS)

Protecting Against Environmental Hazards

Laura Barnthouse, REHS, ND, Community Outreach Specialist



Environmental Health is probably the least understood of all Public Health specialties. The veil surrounding Environmental Health is lifting, however, with the advent of instant communication, advanced technology, an informed public, and the newest ever-present public health concern: the threat of bioterrorism.

Simply stated, Environmental Health Specialists protect the public's health from a wide variety of environmental hazards, usually through enforcement of local, state, or federal regulations. These programs traditionally have been limited to the "Big Four:" Food (food facility permits, inspections, and plan checks), Solid Waste (trash complaints and landfill/transfer site permits and inspections), Liquid Waste (sewage disposal permits and inspections), and Water (well/water system permits and inspections and groundwater protection). As our world becomes more complex, so do the program areas of Environmental Health. Modern Environmental Health now includes such programs as air quality, electromagnetic radiation, and West Nile Virus. The 2002 highlights on this page enumerate just a few examples of Environmental Health working in partnership with citizens for the best possible health outcomes and prevention of disease.

2002 HIGHLIGHTS

Environmental Health Activities:

- Conducted 168 food-borne illness investigations.
- Inspected 4,972 food facilities and investigated 513 complaints.
- Inspected 1,931 pools and spas.
- Inspected 12 detention facilities.
- Conducted 525 dairy inspections, testing 860 milk samples and 367 water samples.
- Provided oversight for 288 active underground storage tanks.
- Removed 670 tons of garbage from an illegal dump site on Calistoga Road through a grant from the Integrated Waste Board.
- Instituted lead level evaluations for Section 8 housing tenants and rehabilitation loan applicants.
- Issued permits and inspected 74 water systems with 5-15 residential connections.
- Approved disposal methods for 900 medical waste generators (medical, dental, research facilities, etc.)
- Conducted 121 storm water pollution prevention inspections.

In 2002 the Environmental Health Division added a Community Outreach Specialist to its team. Resource materials, educational presentations, and factual information are essential ingredients to collaboration on the health issues that face our community. Toward these goals, the Outreach Specialist has worked with health officials, other agencies, and citizens in the community to provide health risk information and risk reduction strategies to neighborhoods affected by chemical contamination of well water. In response to emerging concerns around the effects of mold, the Outreach Specialist has developed a mold information packet and is collaborating on workshops for the medical community and the general public. For professionals, for students, for all community members, the Community Outreach Specialist (565-6511) is a great place to begin any inquiry on matters pertaining to environmental health.



Preventing Illness and Injury

Loretta Chuckrow, BSN, PHN, Childcare Health Consultant

Oral Health is a fundamental part of a child's overall well-being. Painful dental problems can hinder a child's ability to learn and enjoy life. Visible tooth decay can also affect a child's self-esteem. Dental disease is the most commonly documented new health problem identified through the Child Health and Disability Program in Sonoma County. By the age of eight, approximately 52% of children have decayed teeth. Dental problems are seen in a high percentage of poor children. In one low-income elementary school, the St. Joseph Mobile Dental Screening and Sealant Program found that over 50% of the children screened had either emergency or urgent dental needs.¹

Public Health's childcare health consultant, provides health and safety consultation to all childcare providers in Sonoma County through a grant from the state and local Families First Commission. The consultant works with health advocates to make onsite visits to childcare centers and family childcare providers. An ongoing project has been to provide education and equipment to implement toothbrushing in childcare settings throughout Sonoma County. Since so many children spend time in childcare, this is a natural setting to enhance the oral health of children. As part of this program, parents were also educated about the importance of preventative care for baby teeth, and encouraged to initiate toothbrushing at home.

The logistics of toothbrushing in childcare centers can be daunting. There are specific policies and procedures that must be followed to comply with National Health and Safety Standards. In addition, with class sizes of over 30 children, some serious thought had to be given about how to integrate this new activity into the children's day.

The toothbrushing program was first implemented in 8 childcare centers run by the 4Cs (Community Child Care Council), a local resource and referral agency, as well as the preschool at Sonoma State University. In all, about 370 children were reached. The Linkages Program of Families First provided the toothbrushes and toothbrush holders. Policies and procedures for the centers to follow.

The next step is to take this program to family childcare providers through the health advocates. Advocates will be visiting approximately 200 family childcare homes, reaching over 1100 children. The childcare providers will be given toothbrushing "kits" that include toothbrushes, toothpaste, timers, floss, and cups to use as holders. In addition they will be given sample policies and procedures were also developed as well as curriculum materials for their children.

Since dental problems are so common and are entirely preventable, initiating a toothbrushing program in childcare is a tangible way to ensure that children have their teeth brushed at least once a day. They will also start a habit that will hopefully lead to lifelong oral health.

2002 HIGHLIGHTS

- Teen Parent Connections distributed 47 infant car seats, 23 safety gates, and 100 thermometers to teen parents in the county.
- The HIV Center was selected to be one of 4 HIV clinical practices in the state to participate in a research trial of the LIFE Program, a 16-session health enhancement program aimed at improving health status of people living with HIV.
- Families First, Teen Parent Connections, Field Nursing, and WIC delivered hundreds of Parent Kits to new parents with information on preventing childhood injury.
- The Child Care Health Linkages Project and Public Health Nursing implemented tooth brushing in 9 childcare centers and 198 family child care homes, impacting 1460 children and their families.

¹"Children's Oral Health," *Sonoma County Realities*. Family Action of Sonoma County, Santa Rosa, 2001.

Promoting Healthy Behaviors

Betsy Egloff, MA, Social Service Worker

Corine (not her real name) was 14 when she entered the Adolescent Sibling Pregnancy Prevention Program (ASPPP) in August of 2000. She is from a family with a history of teen pregnancy, depression, eating disorders, and financial difficulties. In addition, Corine had severe learning disabilities and came into the program with a history of resistance to school and difficulties with teachers and peers.

Corine's case manager spent a lot of time in the first year building trust. Due to past problems with her peers, she was resistant to come on outings with the rest of the siblings. As a result, Corine's case manager met with her individually. This proved to be successful in building Corine's trust, and by the end of her first year in the program, she was beginning to confide in her case manager about issues involving her family and school. Her case manager was able to provide support for Corine's school difficulties, including helping her overcome some of the stigma she had about being a learning-disabled student. The case manager also worked with Corine on developing goals and imagining a future for herself that did not include teen pregnancy.

One area that Corine did not talk about was her history of dieting and problems with food. When discussing nutrition and issues with eating, Corine covered up the fact that she was constantly trying to lose weight. It soon became apparent, by Corine's rapid weight loss, that she was experiencing some physical difficulties. In talking with Corine, her mother, and her stepmother, it became apparent that she was trying to lose weight and was potentially sliding into anorexia. The case manager talked with the family about the different options available to them in treatment of this eating disorder.

Initially, both the family and Corine were resistant to treatment. Corine's case manager needed to be persistent in following up with everyone involved to get her into treatment. Finally, due to the case manager's constant prodding, Corine was admitted into a residential treatment program. Although her stay was limited due to the family's lack of health insurance coverage, she was able to use the time to confront her problem, including admitting that her anorexia was a form of suicidal behavior. After her release, she started to gain weight and, as of this writing, has returned to a healthy weight. She also started to attend regular therapy (another area of previous resistance) and worked with her family and case manager on setting up a school program that provided proper support for her learning disabilities. In addition, as her depression lifted, Corine began to show improved ability and interest in interacting with her peers.

Anorexia nervosa is the mental disorder most likely to result in death. In treating this disease, it is vital to catch it as soon as possible. The longer a patient with this disease persists in the weight loss routine, the harder it is to stop the disease. In Corine's case, both she and her family were extremely resistant to facing the facts of her eating disorder. Thanks to the interventions of her Teen Parent Connections case manager, Corine was able to get into treatment relatively early in the course of the disease, making it much easier to break the cycle of depression and dysfunctional behavior.

2002 HIGHLIGHTS

- 98.7% of the siblings of teen parents did not become pregnant.
- Over 93% of teen parents in TPC did not have a repeat pregnancy.
- 34 teen parents in the Teen Parent Connections (TPC) program graduated high school.
- The HIV Center for Prevention and Care provided 323 nutritional counsellings.
- There were 83,154 WIC voucher packets for milk, cereal, cheese, juice, peanut butter, beans, and other nutritious foods issued and 29,827 individual nutrition education counseling sessions provided to WIC Program women, infants, and children.

Public Health Champions

Public Health Champions are ordinary people who contribute extraordinary energy and devotion toward improvement of the health and well-being of those in our community. The Public Health Division recognizes that its own mission to improve health conditions county-wide is, above all, a collaborative effort. This year's Champions reflect public health values through their caring and committed actions. Honorees will receive a Gold Resolution from the Board of Supervisors on April 8, 2003 in recognition of their outstanding accomplishments. *(Photos courtesy of Marty Isom.)*

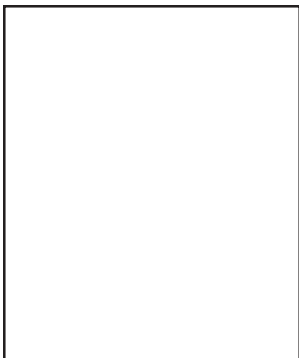
Preventing Epidemics

Dr. Gary Green

Dr. Gary Green is a Kaiser Permanente physician specializing in infectious diseases. He has provided significant assistance to the Public Health Division and worked tirelessly around bioterrorism preparedness, giving lectures throughout the county to health providers on smallpox, anthrax, and other diseases. In addition, he has participated on the Hepatitis C Taskforce. Dr. Green has made himself available for questions on infectious diseases and has helped many clinicians to be prepared for medical emergencies. Dr. Green's efforts contribute a unique expertise to the medical resources of our community.



Assuring the Quality and Accessibility of Health Services



Dr. Robin Lowitz

Dr. Robin Lowitz is the driving force behind the establishment of the Jewish Community Free Clinic. This clinic provides free, quality medical care to uninsured local families, is entirely run by volunteers, and operates on financial and equipment donations. Drop-in clinics focus on acute pediatric and adult medicine, with services in both English and Spanish. The clinic also assists clients with finding health coverage, such as Medi-Cal or private insurance for which they may be eligible and then linking clients to permanent health care providers. Dr. Lowitz has regularly set aside time to work in this free clinic because of her Jewish faith and the concept of "*tedakah*" or charity and "*tikkun olam*" which is her special way to repair the world.

Adolfo Molina

Adolfo Molina made a remarkable life-change and used his experiences to inspire his work in recovery programs for Latinos. Adolfo lived a childhood with alcoholic parents and became an early user, truant, and in prison by age 18 for gang activity and serious drug use. Helped by two individuals who believed in his abilities, he became clean and sober and served as a bilingual drug counselor. He became concerned with the absence of Latinos in drug recovery programs and the over-representation of Latino inmates with drug-offenses. Adolfo advocated for services and organized the first Board of Directors of the Sonoma County Latino Commission on Drug and Alcohol. His 18-bed program, Casa Calmecac has provided a tremendous contribution to the recovery and health of Latinos. He has now fulfilled another dream through the recent opening of Casa Teresa, a residential drug treatment program to serve Latinas and their children.



Dollar Drug



Frank Hench, Steve Smith (pictured), Gregg Kappes, and John O'Connell from Dollar Drug, in Santa Rosa, have protected the community from injury by their diligent work in collecting hypodermic needles from the public and disposing of them safely. Waste haulers and disposal workers in particular have been protected by these efforts, since there are a significant number of home-generated sharps due to the rise in home health care and injectable medications used by the elderly that would otherwise end up in home waste bins. Additional risks due to the transmission of blood-borne disease such as hepatitis B and C and HIV through needle sticks have been prevented. By their proactive strategy of accepting home-generated sharps and removing them for proper disposal by a licensed medical waste hauler at no expense to the public, these champions demonstrate an excellent example of private business exhibiting innovation and commitment in preventing illness and injuries.

Promoting and Encouraging Healthy Behaviors

Elisabeth Chicoine

Elisabeth Chicoine has served over a decade as an ardent advocate for medically underserved children. As a school nurse in the early 1990s she saw children performing poorly in school due to untreated illnesses, such as asthma and anemia. She secured resources and helped open the first elementary school-based health center in the county. Her resourcefulness led to a donated building, labor, and equipment and she developed many grants to fund the health care and prevention services needed. One of the most recent grants helps address the needs of anemic children. Roseland Children's Clinic has been open for over five years and, as a nurse practitioner, Elisabeth has helped provide services reaching over 2000 children. Elisabeth has hired bilingual, bicultural parents to work for the clinic and has supported their professional development. Elisabeth also participates in the Redwood Community Health Coalition and the Family Nutrition Task Force and she helped develop the Asthma Coalition, for which she has just been appointed chairperson.



Sue Bisbee

Sue Bisbee has spent the last two decades as a volunteer advocating for and teaching sexual abstinence education programs to adolescents. Fifteen years ago, she developed her Free-to-Be abstinence-based, non-sectarian program - - a program that is still taught today by peer educators in high schools - - and brought it under the umbrella of Catholic Charities services in 1993. She also developed a curriculum especially for middle schools, which focuses on building healthy relationships. Her programs have crossed county lines to neighboring counties and have just been introduced by Sue in Russia. More than 50,000 teens in Sonoma County have received abstinence education based on the model Sue created and implemented. She has met the diverse needs of teens by listening to them and incorporating their input into the programs and by using teens to present the curriculum. She has also worked on getting a healthy lifestyle curriculum into local high schools. Because of Sue, Free-to-Be is a model for peer-to-peer abstinence programs nationwide.

Special Achievement Award in Public Health

Dr. Harry Ackley

Dr. Harry Ackley has practiced pediatrics and neonatology locally for thirty-two years. In that time, he taught neonatology to other pediatricians, helped set up the first Neonatal Intensive Care Unit at Community Hospital (now Sutter Medical Center), served continually as Director of the unit, and helped develop a transport team for moving critically ill babies by helicopter and surface transport to specialized health care facilities. Throughout this he has continued with his busy pediatric practice and has provided services to many children with major medical disabilities through the California Children's Services program. As Clinical Professor of the University of California at San Francisco, Department of Family and Community Medicine, Dr. Ackley has taught hundreds of family practice residents, many of whom still practice locally. In addition, for ten years he has volunteered on the Child Death Review Team, bringing his medical expertise to the multidisciplinary group to prevent avoidable deaths and to improve the system of care for children throughout the community.



Health Status Profile, Sonoma County, 1991-2001¹

| Health Status Indicator | Sonoma County | California | National Objective ² |
|---|---------------------|---------------------|---------------------------------|
| Low birth weight rate ³ | 5.6 | 6.2 | 5.0 |
| Breastfeeding initiation (early postpartum) | 92.2 | 82.0 | 75.0 |
| Teen (15-19 yrs) birth rate ⁴ | 29.9 | 47.7 | N/E ² |
| AIDS incidence (age 13+) | 9.57 | 16.35 ⁶ | 1.0 |
| Chlamydia incidence | 118.67 ⁶ | 271.59 ⁶ | N/A |
| Cancer (all) death rate | 192.5 | 176.1 | 159.9 |
| Female breast cancer death rate | 28.7 | 24.5 | 22.3 |
| Diabetes death rate | 16.4 | 20.7 | N/A ⁵ |
| Suicide rate | 10.0 | 9.5 | 5.0 |
| Unintentional injury death rate | 28.2 | 27.2 | 17.5 |
| Heart disease death rate | 160.1 | 194.3 | 166.0 |
| Stroke death rate | 68.4 | 61.2 | 48.0 |
| Drug-related death rate | 9.2 | 8.4 | 1.0 |

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

²Healthy People 2010 Objectives: N/E=National Objective not established.

³Rate is per 100 births.

⁴Sonoma County and California rates are per 1,000 females age 15-19 years.

⁵N/A:Prevalence data is not available in California.

⁶Crude case rate, not age adjusted.

Source: California Department of Health Services, County Health Status Profile for 2003

Public Health Numbers

| | <u>PHONE</u> | <u>FAX</u> |
|---|----------------|------------|
| Public Health Information | 565-4400 | 565-4558 |
| California Children's Services | 565-4500 | 565-4520 |
| Child Health and Disability Prevention | 565-4460 | 565-4473 |
| Commission on AIDS | 565-4624 | 565-4637 |
| Disease Control | 565-4567 | 565-4565 |
| Families First Home Visiting | 565-4507 | 565-4558 |
| HIV Testing and Counseling | 565-4620 | 565-4637 |
| 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 | |
| Partners for Health | 565-4600 | 565-4605 |
| Program Support | 565-4401 | 565-4411 |
| Public Health Officer/Division Director | 565-4401 | 565-4411 |
| Teen Parent Connections | 565-4480 | 565-4499 |
| Vital Statistics - Birth/Death Certificates | 565-4407 | 565-4413 |

RETURN SERVICE REQUESTED

Santa Rosa, CA 95404-4428
625 Fifth Street

Public Health Division
DEPARTMENT OF HEALTH SERVICES
County of Sonoma



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