Prevention is Key

The holiday season often reminds me of growing up in Grand Junction, Colorado. It’s been on my mind anyway during the current discussion about health reform.

For my whole childhood, my family doctor was Dr. Parker—he delivered babies, fixed fractures and performed surgery. (A model not that much different from our family practice approach.) He took care of my father for all three of his heart attacks. Access to care wasn’t a factor in those days. We had health insurance provided by the U.S. Postal Service—my father’s employer. And there was no shortage of providers.

But Grand Junction, despite the ready access to care, wasn’t a healthy community. My father, a smoker, was told after his first heart attack to go home to bed—not to eat better and get exercise—and not to stop smoking. He died at 58 of heart disease. Even though fresh fruits and vegetables were often available, our community had poor nutrition and began to eat packaged foods, which we now know contain many things that aren’t actually food and aren’t good for us. And although I rode my bike to school, exercise wasn’t perceived as a health measure. Many houses in the town were built on foundations made of uranium tailings, which probably accounts for the town’s high rate of lung cancer.

How things have changed

A number of things have changed since my youth, most especially the kind of diseases health systems like ours are concerned about. Until recently, we were focused primarily with communicable diseases like tuberculosis, polio and childhood diseases. Despite our current preoccupation with H1N1 flu, much attention now has turned to the area where 75% of healthcare costs are: chronic diseases like hypertension, obesity and diabetes. By 2020—only a decade away—half of the U.S. population will have at least one chronic disease.

It should be clear that this is a growing problem that we can’t ignore and that simply treating the diseases in the usual medical model way isn’t going to solve the problem.

Did You Know?

More than 60% of children ages 12 to 17 drink one or more sugar-sweetened beverages a day. That’s 39 pounds of sugar a year.
Good things on the horizon

The best news about this is that, like communicable diseases, there is much that we can do to improve health outcomes. Recently, Kaiser conducted a summit on chronic diseases for health leaders in Contra Costa. The Centers for Disease Control and Prevention has an announcement out to allow public health agencies to compete for up to $20 million for a two-year prevention initiative to fight obesity. Across the country, health systems like ours are also looking at ways we can deliver care more effectively and in different ways.

Decades ago, health care providers in Grand Junction agreed to a system that paid the same rate to every provider regardless of what kind of insurance or lack of insurance the patient had. They took collective responsibility for improving the health of every person in Grand Junction. They now have the lowest Medicare rates and highest quality care in the country. Many health systems are designing new approaches that are less physician-oriented. They’ve created physician extenders and peer workers who help patients manage their diseases. They’ve created care teams, online medical records and automatic systems for reminding patients to take their medications. They are looking at high consumers of care to try to find ways to work more effectively with these patients. And employers are also getting into the prevention game, offering incentives to their employees to stop smoking, exercise and change eating habits.

It’s about prevention

The fact is, improved health for our population isn’t primarily about access to care—although we certainly need a way for every American to be able to get quality care when they need it. I know what I do with my patients in my practice is important. They tell me so and I see it in their individual outcomes. But the most effective interventions don’t happen in a physician’s office. They happen in the patient’s home, in the community, on the streets, in the corner store.

Prevention is the real key at every stage—beginning with young children, even earlier generations—and early intervention and screening.

The things that have improved population health have been all about prevention. Tobacco control efforts launched in 1988 brought smoking rates to unheard of lows and mortality from tobacco-related causes dropped dramatically when we banned smoking in workplaces. Those efforts involved doctors counseling their patient to stop smoking, social marketing that countered the tobacco industry’s efforts to glamorize smoking and the work of city councils fighting big tobacco interest to protect workers from carcinogenic secondhand smoke.

We must work together

Although I work strenuously nearly every day now for health reform, I know it won’t fix our population’s health anytime soon. To make that happen, we have to work together locally to tailor prevention measures that will turn around our communities’ ability and will to get and eat a healthier diet and to live in communities where exercise is safe and accessible.

We have many excellent prevention programs underway now to build on. We will be applying for the CDC obesity grant, which will bring together a broad range of stakeholders to work on systems changes that will address the obesity issue (see our website: http://www.cchealth.org/topics/obesity/). That effort could help us continue the journey and create a model for how we can work together for change. With or without the funding, we need to think collaboratively and knit together all of the wonderful things we already do individually into a coherent system that will forever change the population’s health in Contra Costa. Together, we can do that

Sincerely,

William B. Walker, MD.
Doctors Protest Physicians Group Partnership with Coca-Cola
More than 20 doctors joined Contra Costa Health Services Director Dr. William Walker on October 28 at the Contra Costa Regional Medical Center in Martinez to protest the new partnership between the American Academy of Family Physicians and the Coca-Cola Company. Dr. Walker, a 25-year member of the AAFP, resigned from the organization saying he could not support an organization that claims to promote public health while joining forces with a company that promotes products that put our children at risk for obesity, heart disease and early death.

To see video from the protest and other information visit www.cchealth.org/groups/health_services/aafp_protest.php

H1N1 (swine) flu Vaccine Arrives in Contra Costa
Shipments of H1N1 (swine) flu vaccine have arrived and as of November 1 there are about 80,000 doses available in Contra Costa. Much of the vaccine is being distributed by the state directly to health care providers who signed up to administer it to their patients. Our Public Health Division is distributing some of the vaccine to children at 50 school-based clinics around the county. Both H1N1 and seasonal flu vaccine also will be available for priority groups depending on availability at our four free community drive-through flu clinics scheduled for Saturdays in November (the first one is November 7 at Hilltop Mall in Richmond). It is expected that eventually there will be enough vaccine for everyone who wants it and patience is appreciated during this enormous undertaking. Everyone, including CCHS employees, should contact their health care provider first for the vaccine. A very limited number of at-risk CCHS staff is currently receiving the vaccine.

For info on H1N1 and clinics, in both Spanish and English, visit: www.cchealth.org/topics/swine_flu/ or call 1-888-959-9911.

CCHS Communications Unit Receives Award
Our Community Education and Information Unit (CEI) has been awarded the National Public Health Information Coalition’s (NPHIC) 2009 gold medal for Excellence in Public Health Communication for “Using New Media for H1N1 (flu) Communications.” CEI uses online communications and social-networking tools, such as podcasts, Facebook and Twitter, to disseminate important health information to the public, media, partners and staff. NPHIC is an independent organization of public health communication professionals that works with the Centers for Disease Control and Prevention and other agencies to promote health.

For info, visit: www.cchealth.org/topics/social_media/ or contact Kate Fowlie at kfowlie@hsd.cccounty.us or 925-313-6268.

CEI (left to right): Kate Fowlie, Andi Bivens, Vicky Balladare, Oliver Symonds and Shawn Eyer.
RHD SPOTLIGHT  This month the RHD page highlights information that was shared at the October Pride launch to begin the development of a Plan of Action to reduce disparities in the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQQI) community.

CCHS Pride Initiative Launched

Responding to concerns from CCHS staff about health disparities and barriers to care in the LGBTQQI community, CCHS formally launched its new Pride Initiative in October with a half-day learning and sharing event. The launch, attended by more than 75 employees, provided education tools and discussions about positive and negative behavior staff have observed when LGBT community members interface with Health Services. Stories were shared and the group brainstormed recommendations for an Action Plan and how to continue involving employees. “Make no mistake,” said CCHS Director Dr. William Walker in his welcoming statement, “I view this effort in the same way as our other priorities of patient safety, quality and improving technology. It’s about delivering care and services with respect and responsiveness— which includes making CCHS more welcoming to LGBTQQI patients/clients/consumers and employees.”

“I DIDN’T NEED LOCAL DATA TO CONVINCE ME THAT WE NEED STRATEGIES AND IMPROVED COMPETENCY FOR WORKING WITH THE LGBT COMMUNITY. FOR THOSE OF YOU WHO ASK, ‘WHERE ARE THE LGBTQ CLIENTS IN MY PROGRAM OR CLINIC?’ I URGE YOU TO CONSIDER WHY THEY AREN’T VISIBLE.”

– DR. WILLIAM WALKER

Stories shared at the Pride Launch will be posted shortly on iSITE RHD Pride page. To share a story, contact Concepcion James at cjames@hsd.cccounty.us

Health Services Staff Outline Internal Efforts

Three CCHS staff members described their efforts to help Health Services improve services to the LGBT community and enhance employees’ experience. Joanne Genet, Manager of the Lead Poisoning Prevention Project and staff to the Public and Environmental Health Advisory Board, explained her initial efforts almost a decade ago, beginning with a “Lavender Lunch” group, working with unions to have the County recognize domestic partners and finally becoming a member of the new RHD Pride Initiative. Dr. Ann Harvey, a family doctor at our Richmond and Martinez Health Centers and a faculty member in our residency program, outlined a new project to get feedback from patients to medical residents. An LGBT focus group will determine how to make patients feel more comfortable and identify what system-wide education might be useful. Tony Sanders, Care Management Unit and Access Line Program Manager with Mental Health, described work his Division has done as part of its RHD efforts to make it easier for the LGBT community to find welcoming and appropriate resources for their needs.

Visit www.cchealth.org/topics/lgbtq/ to see the resource list developed by Mental Health.
Unequal Treatment Leads to Significant Disparities

There are many ways an organization can make LGBTQQI patients/clients/consumers feel welcome and according to James Beaudreau from the Gay and Lesbian Medical Association, many health facilities are a long way from achieving that goal. He listed a number of strategies, including using appropriate language, posting a non-discrimination policy in the waiting room, using welcoming visual cues and training staff. Speaking at the Pride Launch, Beaudreau said, “Don’t be paralyzed about asking a question that might be helpful.” Too few questions are asked in health care settings and many of the 8.8 million adults members of the LGBTQ community avoid or delay care because of physicians’ attitudes or unwelcoming or discriminatory behavior. Beaudreau pointed out that stigma and stress, delayed pap smears and mammograms, depression and anxiety and substance abuse all lead to significant health disparities. “This is not about tolerance, it’s about acceptance,” he said.

For a brochure on creating a welcoming environment and a statement on being welcoming and inclusive, visit www.glma.org

Family Attitudes Key to LGBT Youths’ Health

There were few dry eyes at the Pride Launch when Caitlin Ryan, director of the Family Acceptance Project, finished her presentation, including a compelling video, about the roles families play in helping LGBT youths deal with gender and sexual orientation issues. She pointed out that often the youths are thought of only in terms of their sexuality and not the other aspects of their lives. Her Family Acceptance Project based in San Francisco is conducting research, education, public policy work and interventions around the topic. Explaining that family acceptance/rejection is closely linked to health outcomes, Ryan said young people in rejecting families are twice as likely to have suicidal thoughts and more than three times as likely to have high-risk behavior. “We can empower their families,” she told Health Services staff. Her compelling video, Always My Son, brought that belief to life, following a U.S. Marine father and mother on their journey from rejection to support and advocacy for their gay son.

For more information, contact the Family Acceptance Project at fap@sfsu.edu.

What Happens Next

The Pride Launch in October was a beginning. A committee will take the stories that were shared, recommendations made and problems identified and develop an Action Plan for improving CCHS’ work with the LGBT community. Reducing Health Disparities manager Concepcion James describes a number of ways CCHS employees can get involved, including joining the committee, which meets the fourth Thursday of each month; getting information on the RHD/Pride iSITE page and signing up to be on a group mailing list.

Contact Connie James at 925-957-5421 or cjamess@hsd.cccounty.us for information or to sign up.
Andi Bivens
Graphic Designer
Community Education & Information
For lending WIC her expertise in producing a PowerPoint program. She was so helpful we could not have made our program deadline without her outstanding service.

♦ Nominated by Mary Jane Kiefer

Frances Crockett
Clerk – Senior Level
California Children’s Services
For demonstrating teamwork with a professional attitude and for her willingness to assist with the orientation of new clerical staff, yet manage a large caseload of her own.

♦ Nominated by Elizabeth Faulkner

Emergency Department
Contra Costa Regional Medical Center
For an excellent experience in the Emergency Department and courteous and competent professionals who went beyond a persistent cough to diagnose a congestive heart condition.

♦ Nominated by a family member

Do you know someone who’s going the extra mile?
Service Excellence nomination forms are available at www.cchealth.org and http://cchs/ from any CCHS computer.

Pat Erickson, PHN
Child Health & Disability Prevention Program
For the amazing compassionate and emotional support given to two families with high-risk children needing to access health care. For providing excellent case coordination, support and guidance for an infant with Down syndrome and to a child with Sickle cell anemia.

♦ Nominated by Michelle Williams

Esther Gutierrez
Luisa Petite
Community Health Worker Specialist/Prenatal Care Guidance Program
For braving bed bug infestations, dangerous neighborhoods and emotionally wrenching situations to support healthy pregnancies and family environments for women in Contra Costa County and for being courageous, dedicated, skilled and intelligent.

♦ Nominated by Linda Wise

Brandy Kirchner
Athena Sanchez
Priscilla Richardson
Clerks – Beginning Level
CCRMC Medical Records Department
For their persistence, professionalism and dedication in locating medical records resulting in providers having the information they need to deliver informed care to patients.

♦ Nominated by Linda Wise

The Martinez Healthy Start Prenatal Clinic staff
Contra Costa Regional Medical Center
For keeping a positive attitude and remaining resourceful, demonstrating cultural sensitivity and teamwork and for continuing to maintain a patient-centered attitude even with high-risk patients.

♦ Nominated by Linda Wise

Constance Nguy
Patient Financial Services Specialist/Financial Counseling
For helping a patient obtain Medi-Cal in a record six days, resulting in the patient being eligible for referral to a center that can possibly cure his rare cancer. She may very well have just saved a life.

♦ Nominated by Steve Tremain

Dale Miller
Network Administrator I
Information Systems
For helping managers negotiate sometimes-difficult HIPPA regulations and other systems requirements to get things done and for always having a helpful and friendly attitude.

♦ Nominated by Paul Kraintz
Milestones Congratulations to these employees who have given us long years of service: Jon K. Beauchamp, Leani S. Lejano, Robert L. Telles Jr., Hawa A. Suah, Lucille M. Figueroa, Beverly A. Fuhrman, Jay M. Kuo, Roger D. Case, Timothy L. Ellsworth, Dale G. Miller, Roberto Rodriguez, Lori L. Varner (10 years); Amor N. Ignacio, Joni Dongallo, Yolanda G. Leyva, Laura Dejesus, Teresa Schreeder, Lowell D. Cervantes, Bertha A. De La Paz (15 years); Raul M. Garro, Sonia M. Bermudez, Renita R. Kincade (20 years); Steven A. Cloutier, Flordeliza Eaton, Donna Johnson (25 years); Hazel A. Maldonado, James R. Tysell and Nancy M. McKim (30 years).

Honor Roll
GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Padmini Parthasarathy
Senior Health Education Specialist
Family, Maternal & Child Health Program
For her exemplary work on all aspects of the Life Course Initiative, as well as her creativity, energy and commitment to achieving health equity for families and children in Contra Costa County.
♦ Nominated by Cheri Pies

Rita Perez
Community Health Worker II
California Children’s Service
For her hard work and willingness to take on any new task requested of her and for her tremendous compassion and dedication to CCS clients served in the Medical Therapy Units and the CCS Administrative office.
♦ Nominated by Elizabeth Faulkner

Marietta Ramos
Institutional Services Aide
CCRMC Labor and Delivery
For thoroughly cleaning, immediately doing important tasks, for having rooms ready when needed and for always going the extra mile.
♦ Nominated by Maggie Ewing & Pattie Stewart

Diana Kato Named New Assistant Director of EH
On Oct. 13, Diana Kato joined Richard Lee as the second assistant director of EH. Diana has worked in EH since 1991 as a Senior EH Specialist and as a Supervising EH Specialist.

Cassandra Kolto
Patients’ Rights Provider of the Year
Congratulations to Cassandra Kolto of our Mental Health Division. Cassandra was recently honored as the “Patients’ Rights Provider of the Year” by the California Association of Mental Health Patients’ Rights. Cassandra has worked in Mental Health’s Financial Counseling Department for five years.
Environmental Health Hosts Refresher on Emergency Response

Our Environmental Health Division teamed up with the California Department of Public Health to host a training course on emergency response. The course focused on environmental health workers and their critical roles during an emergency. Topics ranged from food safety and wastewater to vector control and solid waste. More than 60 people from various agencies and locales attended the training, which was held at the Shell Refinery in Martinez. Speakers from cchs included Environmental Health Specialist II Michele DiMaggio, Environmental Health Specialist II Timothy Ellsworth, Hazardous Materials Specialist II Jerry Yoshioka and Environmental Health Specialist II Lori Braunesreither and Emergency Services Manager Kim Cox from Public Health. Michele said the course taught participants the basic knowledge and skills to address environmental health concerns that result from emergencies and disasters.

To find out more about Environmental Health emergency response, contact Michele DiMaggio at mdimaggio@hsd.cccounty.us or 925-692-2534.

Hospital’s Medication Error Reduction Plan Passes with No Deficiencies

An evaluation by the California Department of Public Health last month showed our Regional Medical Center is not lacking in any area when it comes to reducing medication errors. This was the first survey of ccrmc’s Medication Error Reduction Plan. The survey looked at all medication error reduction policies, practices, assessment, and plans at the hospital. Our Pharmacy, Nursing, Safety and Performance Improvement, and Internal Medicine units have been working closely for years to fully implement this plan. One of our strengths highlighted by the surveyor was the unique placement of pharmacy services in each unit. Pharmacy Services Director Shideh Ataii, Pharm.D., said the glowing report is even more proof cchs is dedicated to focusing on patient safety and patient care.

To find out more about our medication error reduction practices, contact Dr. Ataii at sataii@hsd.cccounty.us or 925-370-5601.

New Development Will House MHSA Clients

A new development to be built in Richmond will house some of our Mental Health clients. The Lillie Mae Jones Plaza is the third housing development in Contra Costa to receive funding from the Mental Health Services Act. Eight of the Plaza’s 26 units will serve people with serious mental illness at risk of homelessness. An on-site coordinator will assist tenants with services ranging from substance abuse to mental health. The project is expected to be complete by early 2011.

For more information, contact Victor Montoyta at 925-957-5116.