

BULLETIN

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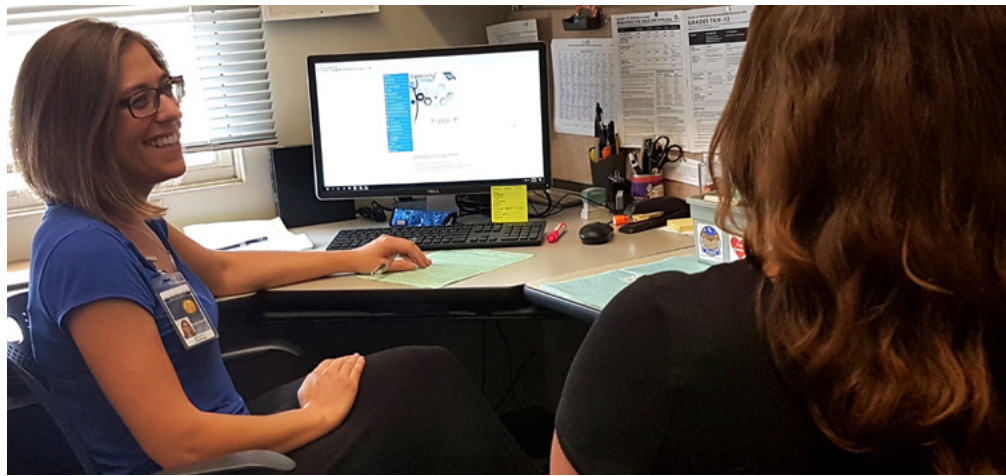
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Penny Borenstein, M.D., M.P.H.



EMBRACING THE PUBLIC HEALTH BENEFITS OF ELECTRONIC HEALTH RECORDS

This year, the Public Health Department is launching an Electronic Health Record (EHR) system for our clinics across San Luis Obispo County. This new system went live for public clinics in January, and will go live at the Law Enforcement Medical Clinic in October.

We're well aware that healthcare providers tend to have a love-hate relationship with EHRs and now we can honestly say, with experience and affection: we understand. While change can be difficult, the benefits are profound. I'm thrilled about the potential this brings to improve our healthcare delivery and our public health planning:

Healthcare delivery. The new Public Health EHR system, like the systems used by other healthcare providers, documents the services we provide to patients, such as immunizations or treatment for a disease. Features like electronic signatures, electronic prescriptions, and built-in label printing for lab tests make

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some processes less cumbersome for staff. At the County Jail and Juvenile Services Center, the EHR system gives us the ability to be more exacting in the medication services we provide.

Data-based health improvement planning. EHRs allow us to more effectively evaluate the quality and quantity of care we provide on a regular basis across all of our healthcare delivery channels. The transition to an EHR also marks an important first step in building a health information exchange for our region, a system that allows all healthcare providers to share and access relevant information to improve patient care and protect public health. A health information exchange provides vast benefits for patients and providers. From a public health perspective, it would open a window to accurate, real-time data on the health trends in our county and allow us to more quickly identify and address public health threats. For example, we can envision a day when it may be possible to definitively report the prevalence of Type 2 diabetes or asthma in our county, rather than relying on survey data that frequently is of too small a sample size as to have statistical significance. We have begun working with key partners, including hospital systems, to lay the groundwork for this type of system in our region.

I was pleased to learn from our IT team and clinical staff that the time and hard work they've invested in making the transition to the EHR has yielded benefits beyond these core goals. Looking closely at the systems we use and adapting them for the EHR environment uncovered opportunities to

adjust and standardize our processes, creating more efficiency and continuity across our system. In many cases, these systems are quite different from one program to the next within Public Health, because our range of programs is so diverse. I commend our IT team for successfully taking on the challenge of developing a system that works as effectively and naturally for a family planning appointment as it does for a travel vaccine consultation or a medical appointment at the County Jail.

Because we're implementing our EHR later than many other healthcare providers, we've had the benefit of learning from their experiences. Thanks to the generous input of our peers, including our own County Behavioral Health Department, we've been able to approach this change with a practical grasp of the work and resources it involves.

While we recognize that EHR systems are not perfect—computers break, systems require maintenance and data security demands more attention than ever—we are excited to be at this stage, and especially excited about the new system's long-term potential to inform public health planning and care delivery.

To our colleagues who have gone down this path before us: thank you for sharing your insight. We may be late to this party, but we couldn't be happier to be here. Wish us luck!

Thank you for your attention,



LEADERSHIP IN ADDRESSING WATER CONTAMINATION

The County's Environmental Health Services Division was recently recognized by the California CUPA Forum for outstanding leadership and innovation. A CUPA (Certified Unified Program Agency) is a local agency that has been certified by the California Environmental Protection Agency to coordinate consistent implementation of hazardous materials regulatory programs.

Environmental Health was presented with the CUPA Environmental and Safety Leadership Award for its leadership in partnering with the Regional Water Quality Control Board to investigate the extent of Trichloroethylene (TCE) contamination in private water wells in a San Luis Obispo neighborhood. TCE is a chemical solvent linked with health risks.

Environmental Health stepped in to test more than 50 domestic water wells when the Water Board, the state agency responsible for conducting an investigation, lacked funds to conduct initial water sampling tests. Environmental Health immediately notified the public and area residents about the TCE contamination, then developed and launched a public outreach campaign to educate water well owners throughout the county on how to test and maintain their wells. For resources to ensure private well water is safe, visit www.slopublichealth.org/wells. ■

WELCOME TO DR. CHRISTY MULKERIN, DEPUTY HEALTH OFFICER

We recently welcomed Christy Mulkerin, M.D., to the new role of Deputy Health Officer, a hands-on position with broad responsibility to the Public Health Department's mission.

In her work as a pediatrician in Santa Clara County, Christy Mulkerin focused on the individual patient: the young children in this medically underserved community who came to her clinic for care. At the same time, she couldn't look away from the big picture: patterns of recurring illness and system-level challenges that are difficult to solve at the individual level.

It's this dual perspective—a deep commitment to underserved patients and a focus on the big picture of our health system—that led Dr. Mulkerin to the new role of Deputy Health Officer.

“I've always had a passion for trying to improve health on a bigger scale,” she said. “I love thinking about problems in a big way and thinking about solutions that will better the health of a big population.”

As Deputy Health Officer, she brings this perspective to understanding and addressing the needs of vulnerable people in our county, from at-risk infants to people in custody and residents of rural areas with limited access to care.

“Everyone deserves the opportunity to live a healthy life. Yet many people in our county are facing real barriers to being healthy,” she said. “My work is grounded in a commitment to listening to the needs of these underserved groups in our community and doing everything we can to meet those needs. We have to do right by the people who need our services and advocacy the most.”

At the heart of this effort is collaboration—with colleagues in Public Health and other County agencies, community organizations, individuals, and families.

“The best part of the job is coming together with so many types of people to solve problems,” she said. “The field of public health draws a really committed group. Everyone has the same goal, which is to keep our residents as healthy as possible.”

The role demands a blend of clinical and system-level skills, the ability to seamlessly step from evaluating a young patient at Martha's Place to discussing strategy for rolling out an electronic health records system at the County Jail or



“Everyone deserves the opportunity to live a healthy life. Yet many people in our county are facing real barriers to being healthy ... We have to do right by the people who need our services and advocacy the most.”

investigating a disease outbreak. In each case, Dr. Mulkerin is guided by a commitment to making decisions based on proven effectiveness: “focusing on changes that evidence shows will make a difference.”

This connects directly to her core role supporting County Health Officer Penny Borenstein, M.D., M.P.H. in carrying out the mission of the Public Health Department.

Dr. Mulkerin took on the role of Deputy Health Officer in November 2016. Prior to this, she worked for seven years in clinical practice as a pediatrician and served as a clinical instructor for Stanford University School of Medicine. She completed her residency at the University of California, San Francisco Pediatric Residency Program and earned her M.D. from the University of California, Irvine School of Medicine. Dr. Mulkerin speaks Spanish fluently and has served as a volunteer physician in Ecuador.

She moved to San Luis Obispo with her husband and two sons, ages five and seven, when she accepted the role as Deputy Health Officer last year.

“I love this area,” she said. “I love the people, love the beach, love to hike. I'm really committed to this population. San Luis Obispo County is such a great place to live—and there is so much to do to make it even better.” ■

PASO ROBLES BANS SMOKING IN PUBLIC PLACES

The Paso Robles City Council has voted to ban smoking in outdoor public places.

The ordinance, which took effect March 23, bans smoking—tobacco and marijuana—and electronic cigarettes in any city park or playground, city sports facility, or city trail area; within 20 feet of the entrance or exit of any commercial establishment open to the general public; and in common areas of multi-unit residential buildings, including halls, lobbies, outdoor eating areas, play areas, and swimming areas.

While California was the first state to enact a statewide smoking ban in 1995, it only covered enclosed places, such as workplaces and restaurants. Bars were added in 1998. Before this ordinance, Paso Robles was the only city in San Luis Obispo County without some type of ordinance banning smoking in outdoor areas. The cities of Pismo Beach (2007), Arroyo Grande (2009), Grover Beach (2009), and Atascadero (2010) passed policies banning smoking in their recreational areas, and both San Luis Obispo (2010) and Morro Bay (2012) ban tobacco products in most areas of their cities, including parks, outdoor dining areas, and city sidewalks. The County also passed an ordinance in 2012 which banned smoking on County property, as well as most recreational areas in unincorporated areas.

When making his staff presentation to the City Council, Police Chief Robert Burton referenced more than 80 peer-reviewed studies showing that smoke-free policies for public places reduce tobacco use and exposure to secondhand smoke, increase the number of smokers who quit, and reduce tobacco-related illnesses and death.

Violations of the smoking ban are infractions. Chief Burton said when a complaint is received, or someone is observed smoking in prohibited spaces, the person will first be informed of the ordinance. Citations can be issued if there is no cooperation and the person continues to smoke or becomes belligerent.

Four members of the Daniel E. Lewis Middle School Leadership Club spoke to the Council, expressing their support for the policy and their concerns about the harmful effects of smoking and secondhand smoke. The club members and their teacher, Suzanne Hoier, said the club had been working on an anti-smoking campaign since March 2016. Jenelle Merzon, Health Education Specialist with the



Daniel E. Lewis Middle School Leadership Club members Jaiden Anguiano, Sasha Baer, Hanna Chambers, and Zoe Murphy, pictured with teacher Suzanne Hoier, addressed the City Council with their support of the smoking ordinance.

County Tobacco Control Program, began working with the middle school students as part of the outreach and prevention work that she does throughout the county. Jenelle said, “These girls took the concept and ran with it. They were articulate and well-organized, and their presentation to the Council was heartfelt.”

Congratulations to all! ■

KNOW SOMEONE WHO IS READY TO QUIT?

Cigarette smoking remains the leading cause of preventable death and disability in the U.S., despite a decline in the number of people who smoke.

The CDC reports that 7 of 10 adults who smoke want to quit. The Tobacco Control Program at the Public Health Department can help: classes and counseling are available free of charge to anyone who is ready to quit tobacco, and nicotine replacement therapy is available to qualifying participants free of charge. Counselors can help each individual determine the best way to begin or continue the process of quitting tobacco.

Call the Tobacco Control team at 805-781-5564 for details or to get started. ■

NEW DEVICES TO SUPPORT ROBUST EMS DATA COLLECTION

In 2016, ambulances responded to 26,221 requests and transported 15,736 people to hospitals in San Luis Obispo County. These responses are documented in detailed reports, which provide data to support system-wide improvements at the local, state, and national levels. While this data collection is inherently difficult—it's often completed in the back of a moving ambulance—local teams are about to get a major leg up: new, rugged equipment that will make the job infinitely easier.

The new devices, which come courtesy of a \$44,470 grant from the California Office of Traffic Safety, will replace the aging tablet computers currently in use. The transition will be guided by the County agency responsible for ambulance oversight, the Emergency Medical Services (EMS) division. EMS Manager, Vince Pierucci, couldn't be more thrilled with the news.



“By updating these devices,” he said, “more accurate data can be collected by the EMTs and paramedics, which will ultimately result in data-driven patient care being provided by EMS personnel.” The EMS Division will work with the county's two local ambulance providers, San Luis Ambulance and Cambria Community Healthcare District, to purchase the devices and provide training. For more information about the EMS division and their work with ambulance providers, visit www.sloemsa.org. ■

REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2016					YEAR 2017				
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year to Date
AIDS/HIV	1 4	1 2	1 5	0 5	3 16	1 0	0 7			1 7
Campylobacteriosis	1	17	20	12	50	9	19			28
Chlamydial Infections	291	273	283	295	1142	330	298			628
Coccidioidomycosis	37	28	69	123	257	37	37			74
Cryptosporidiosis	4	0	4	1	9	0	2			2
E. Coli	2	1	2	11	16	4	1			5
Giardiasis	5	1	4	2	12	2	3			5
Gonorrhea	53	59	54	65	231	57	34			91
Hepatitis A	0	1	0	1	2	0	1			1
Hepatitis B (Chronic)	6	11	8	1	26	14	7			21
Hepatitis C (Community)	68	65	61	57	251	66	63			129
Hepatitis C (Correctional)	39	33	26	40	138	21	21			42
Lyme Disease	2	0	1	0	3	1	0			1
Measles (Rubeola)	0	0	0	0	0	2	0			2
Meningitis (Bacterial)	1	0	1	2	4	3	3			6
Meningitis (Viral)	4	3	4	2	13	0	3			3
MRSA	0	0	0	0	0	0	0			0
Pertussis	8	12	5	2	27	4	4			8
Rubella	0	0	0	0	0	0	0			0
Salmonellosis	8	7	10	17	42	6	9			15
Shigellosis	1	0	1	0	2	1	1			2
Syphilis (Primary/Secondary)	4	3	6	5	18	4	5			9
Tuberculosis	0	0	1	0	1	1	1			2

For more information, please visit the SLO County Epidemiology Data and Publications website. Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Reported cases that do not meet the case definitions are not included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence. Case counts may change over time as cases currently under investigation are resolved and added to the totals.



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WHAT'S NEW AT PUBLIC HEALTH?

Whole Genome Sequencing has come to the SLO Public Health Laboratory. New technology and intensive training now allow the lab team to determine the full DNA of any microbe, to the level of 3-6 million nucleotide bases. Lab director Dr. James Beebe explains this technology equips the lab to provide precise identification of any microbe, "and use that for our purposes to protect the public's health."

Opioid prescriptions in SLO County have decreased for the first time since 2013, to their lowest point since 2009. 226,145 prescriptions were written for opioids in 2016 in SLO County, down from 242,260 in 2015. Interested in joining the effort to reduce the toll of opioid abuse locally? The SLO Opioid Safety Coalition invites clinicians and community members to join its action teams, including the Safe Prescribing team. Learn more at opioidsafetyslo.org.

Dr. Navid Fardanesh, Oral Health Program Manager for SLO County, was recognized with the Hands-On Heroes award for his work to ensure all children get the dental care they need. Dr. Fardanesh provides direct services to children and organizes the County's Children's Oral Health Coalition. "Growing up, I didn't have much access to dental care," he said. "I knew right there, that's something I want to do. I want to be a dentist, be able to help kids that are in need." Learn more at www.first5slo.org/hoh.

1,007 students gained new safety skills at 17 bike rodeos conducted across SLO County by the Public Health Injury Prevention team during the school year. "The main thing we want kids to remember when they leave a bike rodeo is that they are in control of their own safety," said Program Manager Hilary Gleske. These skills help keep students safe and boost their physical activity all year.

Communicating climate change as a public health issue is in focus for the summer webinar series hosted by the Public Health Department with sponsorship from Building Resistance Against Climate Effects (BRACE): Community of Practice for Communications and Engagement. National, state, and local leaders will share experiences and practical tips. Learn more and register at healslo.com/webinar.

EMS Director Vince Pierucci shared his experience with the PulsePoint app, which alerts users to nearby cardiac arrests so they can perform CPR until help arrives. "Within two minutes of the alert, two paramedics and a nurse were with the patient with two AEDs," he said. "While I have been a strong advocate of PulsePoint for several years, this was the first time I was alerted to a reported cardiac arrest. I'm very happy to report a very successful use of the app." See his full story at facebook.com/slopublichealth.org. You can download PulsePoint in the app store for iPhone or Android. ■