



# Health Commissioner / Medical Director Report

## Public Health - Dayton & Montgomery County

**January 6, 2016**

This report provides a monthly update for the Board of Health, staff and the community. Our key activities are listed for the seven pillars that support our vision for improving the health of our community.

- Prevent the spread of disease
  - Protect against health threats
  - Promote healthy behaviors
  - Reach out to vulnerable populations
  - Mobilize community action through partnerships
  - Prepare for and respond to public health emergencies
  - Serve as a public health information resource
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## Special items

### **Center for Alcoholism and Drug Addiction Services (CADAS) is now Addiction Services**

Effective January 1, 2016, Public Health changed the name of CADAS to Addiction Services. This is the fourth time in its 56-year history that CADAS has changed its name. CADAS initially began in 1960 as the Regional Alcohol Treatment Program (RATP). It later became the Bureau of Alcoholism Services (BAS). Then in 1991, the name was changed to Center for Alcoholism and Drug Addiction Services (CADAS) to reflect the evolving culture of substance abuse treatment.

Changing community needs have resulted in our change to Addiction Services. Addiction Services reflects an understanding of addiction as a brain disorder that includes not only substances, but also gambling and other compulsive behaviors. The name directly and more accurately conveys the services we offer to our community and allows for future flexibility as our specific programs grow or change.

We also wish to do a more effective job of branding Public Health and the services we provide. By simplifying the program name we can brand our services in a way that links more closely to Public Health. It is essential, due to the nature of our funding, that the public understand all our programs and services as part of Public Health. Since about half of our revenue comes from the Human Services Levy, it is necessary that everyone understand that parts of our organization that are sometimes perceived as stand-alone organizations are in fact part of Public Health. We want to be certain that individuals who benefit from services we provide also realize that the Human Services Levy is helping to pay for them. This gives them a personal reason to support the levy.

With addiction defined as a public health issue, Addiction Services allows Public Health to show the community our involvement in meeting these needs, and can help the public understand how our other Public Health services also serve individuals needing additional testing, care and follow-up.

Public Health Addiction Services include:

- Treatment and prevention for substance abuse
- Treatment and prevention for gambling problems

How can you get help?

- Walk in for immediate services or call to schedule an assessment for substance use or gambling at 461-5223.

Treatment Services include:

- Screening and Assessment
- Outpatient counseling
- Intensive outpatient counseling
- Family counseling

Prevention Services include:

- Celebrating Families – classroom and home-based education for children and their families
- Seasons – classroom and home-visit education for adults
- Risky Business – helping kids and their parents understand the dangers of risky behaviors

Specialty Care Groups include:

- Women’s Trauma Group – assists those who have experienced trauma
- Young Peoples’ Group – helps with the day-to-day challenges of coping with life
- Male Awareness Group – deals with substance issues unique to men
- MAT Awareness Group – helps those using Medication Assisted Treatment during recovery

## **Public Health Ethics**

The Public Health Accreditation Board Standard 11.1 requires health departments to document ethical issues and a deliberative process for resolution of those issues. Ethical issues may be related to programs, policies, interventions and/or employee relations. The purpose of Standard 11.1 is to assure that health departments develop and maintain the infrastructure to support a culture of ethics and ethical deliberation. We recognize that our mission of “...*achieving the goals of public health: prevention, promotion and protection.*” has inherent ethical challenges and requires adoption of ethical principles to support inclusive, transparent decision-making responsive to community needs.

The Wright State University Center for Global Health will be assisting Public Health in the development of this infrastructure. Activities will include adoption of a Public Health Code of Ethics, establishment of an Ethics Advisory Committee, adoption of policies and procedures and education and training for all employees.

## **Prevent the spread of diseases**

### **Local Investigations**

The increase in Pertussis cases continued in December; there were 10 probable/confirmed cases through December 18<sup>th</sup>. Ages of children ranged from 2 months to 16 years. Two of the children were cousins of a child diagnosed in late November.

A 2 month old child was diagnosed with infant botulism. The infant was hospitalized in late November with symptoms consistent with botulism (weakness/decreased feeding). Testing was done through ODH and was positive on December 7<sup>th</sup>. The infant was treated with botulism immune globulin (BabyBIG) with clinical improvement.

## Protect against health threats

### **Updates to the Ohio Uniform Food Safety Code Training**

Public Health hosted the Ohio Department of Agriculture and Ohio Department of Health's training on the updates to the Ohio Uniform Food Safety Code. This training took place at Dr. Charles R. Drew Health Center and was the only one offered in the Southwest Ohio region. Approximately 100 food safety Sanitarians from around the state attended the training. Topics of discussion included: changes to definitions of the Food Code, person-in-charge duties, facility layout, labeling changes and interpretations.

### **Residential Meth Lab Investigated**

On December 9, staff from Environmental Health's Nuisance Abatement and Private Water System programs responded to a request for assistance from the City of Riverside at the site of a drug bust. Methamphetamine "cooking" paraphernalia had been found at the residence and there was concern about possible meth waste contaminating the private wells in the area.

Although the home in question was connected to public water, old health department permit records showed that there had been a well in use in the 1960s. A search of the basement found the old well casing unsealed, uncapped and apparently open to the water table. The well was obviously no longer in use, and showed no overt signs of any waste being dumped or dropped into the casing. Sampling of the well was not practical due to obstructions in the casing pipe. As a precaution, samples were collected at an adjacent property where a private well is still used for domestic consumption. Lab results for analysis of solvents used in meth production are expected in several weeks.

An order has been issued directing the property owner to have the unused well sealed within 30 days per standards in the Ohio Administrative Code governing private water systems.

## Promote healthy behaviors

### **WIC Changing to Walk-in Based Program Services**

For the past 41 years, WIC participants have chosen their future appointments three and six months ahead of time. Once that time rolls around, many find that they are unable to keep the original appointment and need to reschedule due to many reasons, including work schedules, transportation, child illness, and other appointments. With so many reschedules, the schedule is often overbooked and future booked to a point where some participants experience an interruption in their benefits, as well as longer wait times in clinics. Beginning January 2016, all WIC services will be offered on a walk-in basis. Clinic hours are Monday through Thursday, 8 a.m. to 3 p.m. and Friday, 8 a.m. to 11 a.m. Participants have been notified in person, by mail and by phone, and are very supportive of the change. We will evaluate the impact of the open schedule concept on overall caseload, days and times of peak attendance, clinic flow, and participant satisfaction to determine if it is a good fit for Montgomery County.

## Prepare for and respond to PH emergencies

### **Ebola Virus Disease**

The most recently reported cases were in Liberia, with 3 confirmed cases from the same family identified November 19<sup>th</sup>. All contacts of these cases have completed the 21 day follow-up period. Travelers coming to the United States from Guinea (but not Liberia or Sierra Leone) are still subject to enhanced entry screening.

### **Influenza Activity**

The Centers for Disease Control and Prevention's (CDC) Influenza Division collects and analyzes surveillance data year-round and produces a weekly report on U.S. influenza activity from October through May. During December, overall influenza increased slightly but pneumonia and influenza mortality remained below the epidemic threshold. For week 50 (ending December 19, 2015), no states reported widespread influenza activity; Guam, Puerto Rico and 5 states reported regional influenza activity; 14 states reported local spread of influenza; 27 states (including Ohio) reported sporadic influenza activity; and 4 states reported no influenza activity. Regionally (Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren counties), there were 4 cases of influenza A and 6 cases of influenza B in December, with 5 influenza-related hospitalizations through week 49, ending December 18<sup>th</sup>.

## Serve as a public health information resource

### **New Cases of Diabetes on the Decline**

After decades of steady increases, the number of new cases of diabetes in the United States has finally started to decline. The rate of new cases fell by about a fifth from 2008 to 2014, according to researchers from the Centers for Disease Control and Prevention, the first sustained decline since the disease started to explode in this country about 25 years ago. The drop has been gradual and for a number of years was not big enough to be statistically meaningful, but data for 2014 released on Dec 1 serves as confirmation that the decline is real. There were 1.4 million new cases of diabetes in 2014, down from 1.7 million in 2008. There is growing evidence that eating habits, after decades of deterioration, have begun to improve. The amount of soda Americans drink has declined by about a quarter since the late 1990s, and the average number of daily calories children and adults consume also has fallen. Physical activity has started to rise, and rates of obesity (a major driver of Type 2 diabetes) have flattened. Researchers caution that the portion of Americans with diabetes is still more than double what it was in the early 1990s and the progress has been uneven. Rates for the less educated have flattened but not declined. The number of new cases for whites has shown a significant decline, but the change has not been statistically significant for blacks or Hispanics.

### **Mass Media Interactions**

During the past few weeks, we have had numerous contacts with TV, radio, and print.

The following are a few examples:

- Interviews with Chn 2, and Chn 7 and DDN on foodborne investigation at UD
- News Release on GetUp Healthy Child Care Award of Excellence
- News Release on AIDS and World Aids Day
- News Release about Martin Luther King Day
- Interview with Chn 2 regarding recently closed restaurant
- Interview with DDN on Public Health's use of translator services
- Interviews with DDN on statewide and local gambling data

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