

Yolo County Health Council

137 N. Cottonwood Street
Woodland, CA 95695
Michael Wilkes, MD, Chair
Leslie Hunter, Vice-Chair

HEALTH COUNCIL ANNUAL REPORT 2015-2016

EXECUTIVE SUMMARY

The Yolo County Health Council is an advisory body comprised of representatives from stakeholders from around the County including appointed community members from each supervisorial district, representatives of the County's major health systems (CommuniCare, Sutter, Kaiser, UC Davis, and Dignity), other stakeholder organizations, as well as patients and providers. The Council's primary purpose is to consider major health issues that impact Yolo County with the goal of advising and making recommendations to the Board of Supervisors and the Director of Public Health. Issues considered by the Health Council include the state of the health of our community, health risks, community services (existing and needed), and assessment of resources needed to improve the overall health outcomes in Yolo County. Additional advocacy and coordination roles include ensuring efficient use of existing and planned resources, fostering communication among stakeholders, and providing assistance to local, state and regional health services planning efforts and other planning councils and commissions.

During the 2015-2016 year the Health Council spent considerable time working to improve Health Council member engagement and attendance, and aligning Health Council activities with the strategic priorities, and monitoring health priorities.

ACCOMPLISHMENTS

This year, the Health Council focused on several priority issues that aligned with the Health Council's strategic priorities using data provided by Health & Human Services and presentations by local and regional experts. The issues included:

- **LEGISLATIVE ISSUES:** Medical Marijuana Regulation and Safety Act (AB 243, AB 266, SB 643)
- **POLICY ISSUES:** The Health Council is particularly focused on two vulnerable populations: refugees (primarily from the Middle East) and illicit drug users.

Many refugees arrive in the U.S. with significant medical conditions including traumatic injuries from war, communicable diseases, unmanaged chronic health conditions, and psychological distress.

Refugees arriving in California are entitled to a comprehensive health assessment which includes identification and treatment referral for significant medical conditions including communicable disease, chronic disease and mental health conditions. During the Fiscal Year 2016 roughly 2,200 refugees received health screening in Sacramento County. Beginning in October 2016 the area will receive many more refugees from the Middle East.

Standard RHAP services are limited to 90 days, and continuity of care for patients with chronic conditions is an ever-present challenge. There are a multitude of barriers faced by refugee patients when managing their health including a lack of transportation to medical appointments, language, challenges with medication and pharmacies, and insurance.

- **Illicit drug users**

- **OBESITY AND ITS CONSEQUENCES**

The Health Council is concerned about both short term and long term health consequences of obesity/diabetes. This is an important issue particularly focusing on health inequities across various race ethnic and socioeconomic groups. The Council is focused on exploring options to address this issue including:

- 1) to support making the default beverage for kids' meals to be water or milk,
- 2) support of Rethink Your Drink efforts, and
- 3) a soda tax.

A Health Council subcommittee is considering policy options for recommendation. On-going efforts in this area are summarized in the priorities and goals outlined in the Yolo County Community Health Improvement Plan (CHIP) related to chronic disease prevention/diabetes prevention.

- **INFECTIOUS DISEASES**

- **Immunizations**

YOLO COUNTY KINDERGARTEN CHILDREN IMMUNIZATION PROFILE, 2015-16

SCHOOL DISTRICT	# ENROLLED	# UTD*	CONDITIONAL ENTRY	ALL PBE**	% UTD*	% CON'T ENTRY	% PBE
DAVIS	639	602	17	19	94.2%	2.7%	3.0%
ESPARTO	78	78	0	0	100%	0.0%	0.0%
WASHINGTON (WEST SAC)	642	563	66	13	87.7%	10.3%	2.0%
WINTERS	151	147	2	2	97.4%	1.3%	1.3%
WOODLAND	902	868	20	14	96.2%	2.2%	1.6%
YOLO COUNTY OFFICE OF ED	60	22	4	34	36.7%	6.7%	56.7%
PRIVATE	253	220	19	13	87.0%	7.5%	5.1%
YOLO COUNTY	2725	2500	128	95	91.7%	4.7%	3.5%

*Up-to-Date

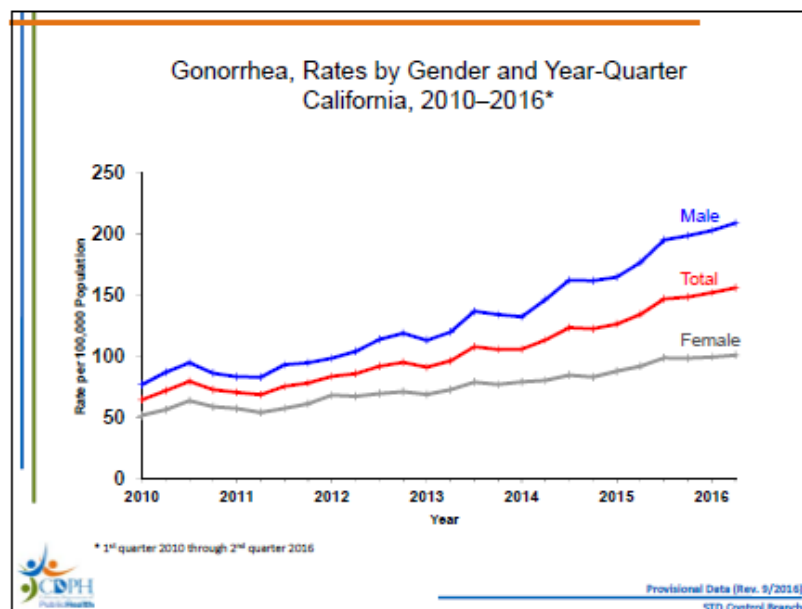
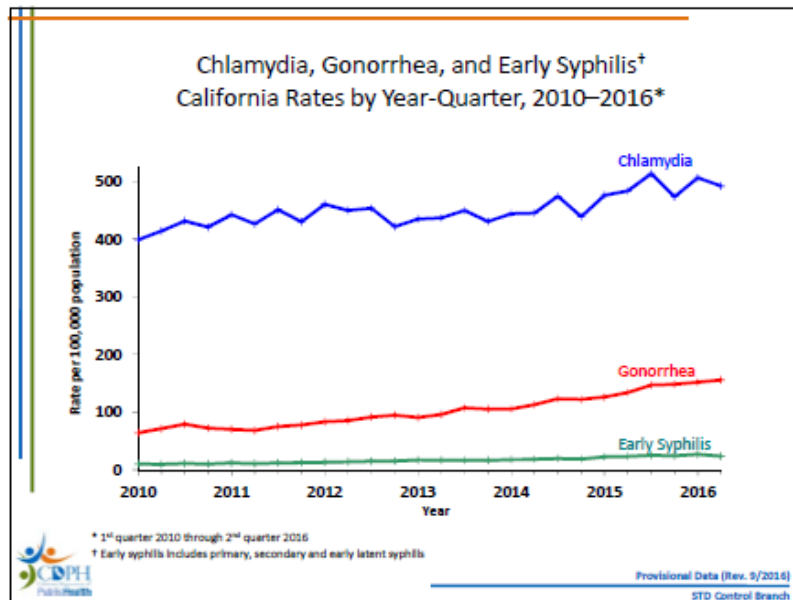
**Personal belief exemption

The other high risk group for immunizations is the elderly. Influenza vaccinations continue to be a problem in Yolo County. Influenza (flu) is the 8th leading cause of death in the US with most death occurring among vulnerable populations (the sick and elderly). Health care workers are a major source of transmission to co-workers and patients. The county (and State) has seen large increases in rates of health care worker immunization for influenza. However, still large percentages of the vulnerable population in Yolo County remain unimmunized. In 2001 67% of the elderly were immunized 2015 rates are below that. The Health Council was unable to examine access to many of the newer vaccinations (human papilloma, meningitis, herpes zoster) that have been shown to improve individual and population health. It would be useful to know overall vaccination rates, but even more important would be to find affordable methods to vaccinate those at risk for these infections.

○ **Sexually Transmitted Diseases**

Rates of chlamydia and gonorrhea in Yolo County (and around the State) are increasing across nearly all population subgroups. These trends are worrisome and suggest that more aggressive outreach is needed to high risk groups (e.g., 20-24 year olds, those with substance abuse problems, and women) to provide education, prevention (condoms), and early detection. Also important is to assure that identified infected persons obtain effective treatment as early as possible to limit harmful effects of the infection as well as onward contagion.

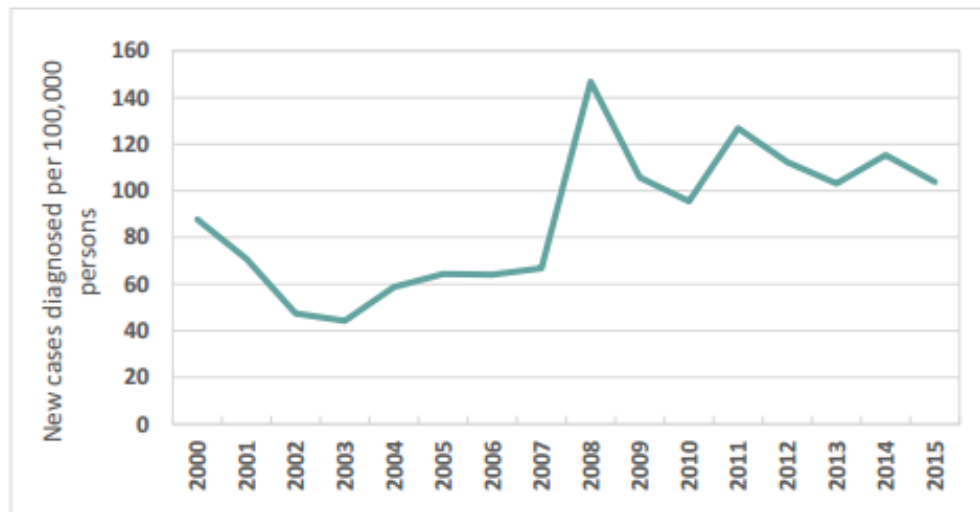
CHLAMYDIA AVERAGE CASES/ MONTH & YEAR	
2011	48
2012	53
2013	56
2014	61
2015	68
2016 YTD	79



○ **Other reportable infectious diseases**

- During the past year there were about half the number of pertussis cases compared to a year earlier.
- There has been an increase for West Nile virus.
- Tuberculosis has decreased a bit thus far in 2016.
- Hepatitis C infection is one of the most common chronic liver disease and accounts for 8000 to 13,000 deaths each year. The majority of liver transplants performed in the United States are for chronic HCV. Approximately 200 to 250 persons have been newly diagnosed with chronic hepatitis C virus (HCV) infection in Yolo County each year since 2008. 234 cases were diagnosed between August 31, 2015 and August 15, 2016. The disease is more common in men (3 men to each 2 women) and it does not impact all ethnicities equally. A higher proportion of persons of Non-Hispanic or other races were infected with chronic HCV. Similarly, HCV infection is higher in northern parts of the city of West Sacramento, in two census tracts on the north and west sides of Woodland, and in northern rural areas of the county than in other areas. HCV infection is correlated with current or past drug use.

HEPATITIS C

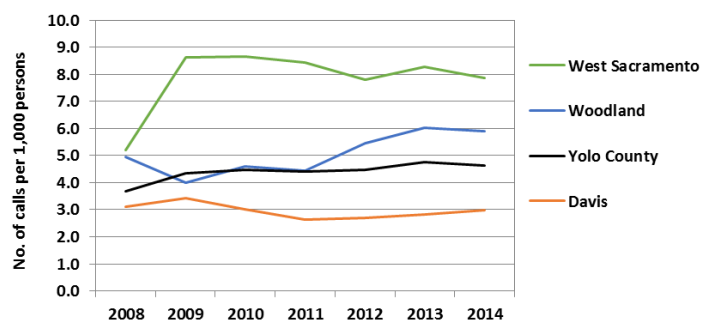


- Zika virus is the new kid on the block, with five cases reported in Yolo Country (none thought to be acquired locally).

● **DOMESTIC VIOLENCE (DV)**

Domestic violence remains a problem in the county. The data is “calls for assistance”. Additional data could be collected from hospitals (admissions for DV), police (arrests for DV), district attorney (prosecutions for DV), Department of Health (age, ethnicity, gender, involvement of drugs/alcohol).

Rate of Domestic Violence Calls for Assistance by City, 2008-2014



There is an opportunity to work across the community (educational institutions, hospitals, clinics, and police) to engage in greater awareness of DV and prevention. One area that is particularly ripe for development is health provider screening of women and other high risk groups for domestic violence. The two questions suggested by CDC takes no more than 60 seconds and is recommended by all medical groups including CDC, USPSTF, AMA, ACOG and others. For those at risk, or with an identified problem, linkages should be made with WEAVE, Empower Yolo and other organizations that can assist in developing safety plans.

Given the growing refugee population domestic violence is a potential area of great concern.

- **MONITORING** (areas for which there is a need for monitoring)
 - Refugee Health
 - Homelessness
 - Dental Health / Fluoridation
 - Trauma & Accidents (adult and child)
 - Mental Health (early intervention in schools, mental health care of the incarcerated)
 - Suicide and Self-Harm Prevention,
 - Elderly Falls, and Immunizations
 - Jail Medical
 - Foster Care
 - Nutrition / Weight Control / Diabetes prevention
 - Obesity and its consequences
 - Tobacco-use particularly among youth and support of tobacco and vape-free County buildings and properties

RECOMMENDATIONS FOR THE BOARD

- Provide continued support and resources for the work of communicable disease control team to mitigate spread of STDs and other serious infectious diseases including prevention, early detection, and treatment;
- The Health Council appreciates the Board for supporting the work of the Yolo County CHIP and including components of it in the County Strategic plan and we recommend that you continue doing so;
- Support policies that limits the access and exposure to tobacco products for youth;
- Consider sponsoring a forum on Refugees that brings together community agencies (health, education, social services, housing, police, religious community, etc.) to address and anticipate growth in this area. We should not forget our current community members who come from diverse backgrounds and may be equally needy.