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Making Grim Decisions

As I said recently in a message to all CCHS staff, the County Administrator gave us a target of \$13.5 million to cut out of our budget. With a budget of \$788 million, county costs represent only 15%, but cutting that much is no easy feat. Some of you may be wondering how a department that provides such critical services goes about making that happen when this is the third consecutive year of draconian cuts and more are likely in the offing?

My guiding principles

During these very difficult times, I strive to keep my eye on the big picture. Ultimately what we know about the U.S. health care system is that it has been and still is acute care driven, focusing on the most urgent needs. If our country had a system that really worked, we would be concentrating our resources on chronic disease management, self-care and broad community health initiatives – and providing access to care for all who need it.

We've made progress in some areas, working to reduce health disparities, build partnerships with the community to reduce violence, improve the environment and involve residents and consumers in our work. I am not willing to dismantle our major prevention and health interventions efforts. They will be harder to rebuild when things improve — and I do believe things will get better. (If you read the Reducing Health Disparities page in this issue, you'll see a stark description of why we can't give up on our commitment to improve health outcomes in our most impacted communities.)

Rationing our resources

Ultimately, every time we have to cut our budget, we are faced with a question of "rationing" — how do we allocate the limited resources we have and which needs are most compelling.

Before I get into the details of how an agency that deals with human lives goes

about "rationing," let me say that I believe fervently that rationing health care is bad public policy and makes little sense.

Nonetheless, in this imperfect world, there are times when some of us are forced into that position. Several years ago when there was

a shortage of flu vaccine, the Centers for Disease Control and Prevention issued sketchy guidelines to help state and local health departments decide who should get the vaccine. But in the end, with not enough vaccine to meet even those priorities, we had to create our own ranking. I convened a committee to give me input and the group included Dr. Jon Stanger, chair of our Bioethics Committee. He described a number of principles and during our recent employee cost-saving ideas campaign, shared his thoughts about another lens to use when making decisions about rationing scarce resources.

He suggested the following criteria be considered (formulated by medical ethicist Dr. Edmund Pellegrino):

- True economic necessity for rationing exists.
- Alternatives to rationing have been exhausted. This includes efficient management of existing resources and efforts to ensure that "rational medicine" is being practiced. (i.e. eliminate unnecessary care, defensive medicine, etc.)
- There is an open, transparent public process for selection and disclosure of the rationing criteria.



Dr. Walker

Continued next page

DID YOU KNOW

Our Cost-Saving Ideas Campaign received more than **1,350** ideas. Visit iSITE for ideas on what we all can do.

- Budgeting priorities and rationing criteria reflect the organization's core values.
- Care providers remain advocates for their individual patients within the constraints of the openly chosen and socially sanctioned policy.

Jon also suggested asking whether we have equal responsibility to provide care for all individuals who have need for services and, if not, what criteria distinguish the "eligibles" from the "non-eligibles"? "This is a particularly important issue to address openly and directly because the answer to this question goes a long way to define the moral identity of a health care organization," said Jon, concluding, "And, I believe, the single greatest strength of CCHS is that we have always had a very strong moral identity."

Where the rubber meets the road

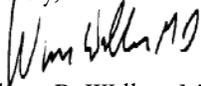
That last comment is particularly timely because the question of restricting eligibility is very painful. In the best of times, we are able to help all Contra Costans. But this is the worst of times: the health care system is collapsing and demand is increasing. I have a responsibility to safeguard what I can while we wait for federal help. The bottom line now is that the county dollars are gone and on top of that, we don't have enough access to meet demands. We are between a rock and hard place – and believe me – it doesn't feel good. Now we are trying to figure out how to cut and who gets access. It is, frankly, a grim decision for a physician dedicated to saving lives and improving health.

Being transparent

Because I share Jon Stanger's commitment to transparency, I intend to share with you and the community the proposals we are making this week to the Board of Supervisors. We will post on our website all relevant information, including the final plans, and provide for an input process. I know that no matter what decisions we make and how transparent our process, some of our services will be reduced and that is likely to hurt those at the bottom of the economic ladder. As a family practice doctor and the County's Health Officer, it pains me to see us taking these steps backwards. I wish we didn't have to do this and I hope for good news from Washington and Sacramento that will allow me to rebuild and strengthen the system that I've spent my entire career nurturing. I hope our partners in the community, including other health systems, community clinics and private practices doctors will step up and also help out.

 In the coming days, you can read more about our specific proposals and hear more of my thoughts on our website at <http://www.cchealth.org/>

Sincerely,



William B. Walker, MD

Preliminary Budget Calendar

County Departments Submit budget recommendations and County Administrator's Office develops budget recommendations	March 3-9
Budget Hearing, including Beilenson public hearing	March 17
Budget Adoption	March 31
Layoffs Effective	April 30

Annual Free Tax Preparation Underway

The 2009 Contra Costa "Earn It! Keep It! Save It!" (EKS) program is in full swing and runs through April 15 at locations throughout the county. The annual free tax preparation program helps low- to moderate-income residents file their taxes and claim refunds. Last tax season, EKS helped more than 2,449 families and individuals in Contra Costa receive more than \$2.7 million in tax refunds and credits, such as the federal Earned Income Tax Credit (EITC) and Child Tax Credit (CTC). To qualify, household incomes must have been less than \$45,000 in 2008. The tax services are provided by trained volunteers. EKS is sponsored by the Contra Costa Family Economic Security Partnership (FESP), a public, private and nonprofit collaboration.

 To find free tax preparation locations, call visit <http://www.earnitkeepitsaveit.org> or call 211. For information on the program in Contra Costa, contact EKS Program Manager Carol Perez with Community Housing Development Corporation of North Richmond at cperez@chdcnr.com or 510-412-9290 ext. 17.



From left to right, Andrea Menefee (CW&PP), Patricia Tanquary (CCHP), Patty Chan (Contra Costa Library), Beverly Clark (WIC), Mary Jane Kiefer (WIC), Dr. Diane Dooley (CCHP and CCRMC), Nancy Hill (FMCH), Dr. Francine Jolton (CCRMC).

CCHS Programs Recognized for Battling Childhood Obesity

Several of our programs and divisions were recently recognized for their efforts in fighting childhood obesity as part of the Healthy and Active Before 5 Initiative, a countywide collaborative working to reduce obesity rates in children up to 5 years old. Contra Costa Health Plan (CCHP); Public Health's Family, Maternal and Child Health Programs (FMCH) and the Community Wellness & Prevention Program (CW&PP); Contra Costa Regional Medical Center (CCRMC); and the Women, Infant and Children (WIC) supplemental nutritional program all were recognized last month for their work in Contra Costa, where one out of three low-income preschoolers is overweight or obese. They were honored at a special event at Kaiser Permanente in Martinez for 13 projects that will increase support to breastfeeding mothers, provide access to healthy foods, and identify and counsel overweight children and their families to prevent obesity and provide nutrition and physical activity education. The collaborative is a partnership of CCHS, First 5 Contra Costa, Contra Costa Child Care Council, the HEAL program and Kaiser Permanente.



For more information, contact Dr. Diane Dooley at ddooley@hsd.cccounty.us or 925-370-5123.

EMS Unveils Plan for Improving Pediatric Care

Our Emergency Medical Services (EMS) Division just completed its 2009 EMS for Children (EMSC) Plan. This plan builds on the EMSC program plan developed in 2000, with grant monies from the State EMS Authority, to ensure that children in Contra Costa get the best emergency care possible. EMSC Coordinator Patricia Frost said the Contra Costa EMSC Program has either met or exceeded all of its 2000 goals. The plan recognizes the accomplishments of all EMS stakeholders since 2000 and identifies opportunities to improve. Contra Costa EMSC experts will focus on education and training of our emergency providers in the areas of pediatric disaster preparedness and implementing the new national model for pediatric emergency assessment. The plan covers the continuum of pediatric emergency care in the field, in emergency departments and at trauma and tertiary care centers.



For information, contract Patricia Frost at pfrost@hsd.cccounty.us or 925-313-9554.

Visit <http://www.cchealth.org/groups/ems/emsc.php> to view the plan and supporting documents.



Bridges to Care Coordinator Sarah Roberts helped to create the toolkits for providers.

New Toolkit for Providers Caring for Pregnant Women Who Use Alcohol and Drugs

Our Family, Maternal and Child Health Programs (FMCH) recently launched a unique project, Bridges to Care, to help health care providers work more effectively with pregnant women who use alcohol and drugs. Funded by a grant from the March of Dimes, the project was developed after FMCH staff learned from interviews and focus groups that the main reason women who use alcohol and drugs avoid prenatal care is fear that they will be reported to Children and Family Services (CFS) and lose their children. FMCH worked with CFS, Alcohol and Other Drug Services, and prenatal care and Labor & Delivery providers to create toolkits for providers. FMCH is now training providers on how to use the toolkits, which contain CFS reporting guidelines related to alcohol and drug use during pregnancy and resources to help women stop or reduce their alcohol and drug use. A second phase of the project includes a community awareness campaign for pregnant women who use alcohol and drugs.



For more information, visit <http://www.cchealth.org/groups/psap/bridges.php> or contact Bridges to Care Coordinator Sarah Roberts at sroberts@hsd.cccounty.us or 925-313-6274.

The Director's Report RHD Page showcases 2008-09 Division strategies and activities to address four CCHS Reducing Health Disparities goals. The goals are: *Improving consumer/client/patient/customer experience; Engaging and Partnering with community and public entities; Improving staff respect, responsiveness and cultural sensitivity; and Creating systems that support and promote access and respectful delivery of services.* The complete CCHS RHD plan is available online at cchealth.org

Reducing Health Disparities

Spotlight
RHD

One CCHS program that supports CCHS' efforts to reduce health disparities is Community Health Assessment, Planning and Evaluation (CHAPE). CHAPE assists with the planning and evaluation of public health programs and projects such as nutrition education, homeless services, maternal and child health and health access. CHAPE also responds to health information requests from within CCHS and the community.

Health Disparities in Contra Costa

Health disparities are differences in health outcomes (illness, injury and death) in different groups of people. For example, the significant difference in cancer death rates between African American women and white women is considered a health disparity. Sometimes those differences are striking. A recent report on health

disparities in the Bay Area found that residents of Bay Point can expect on average to die 11 years sooner than people in Orinda.

Contra Costa communities with the highest percentage of low-income and non-white residents — San Pablo, Richmond, North Richmond and Pittsburg/Bay Point — experience higher death and disease rates than the county overall for many chronic and communicable diseases, injury, and maternal and child health issues.

Here is some data collected in recent years that highlights local health disparities (This data is from our Community Health Indicators Report available online at http://www.cchealth.org/health_data/hospital_council_2007/).

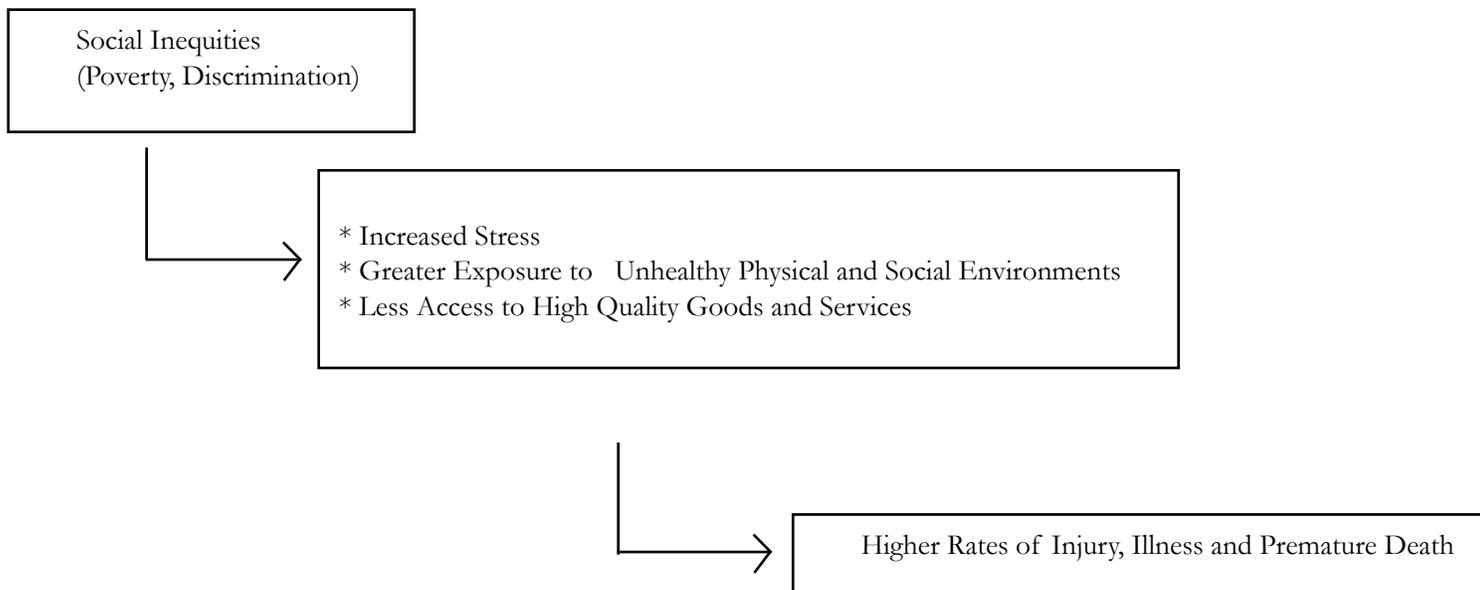
- In Contra Costa, the hospitalization rate for asthma among African American children (49 out of every 10,000) is more than four times that of white children (12 out of every 10,000).
- Latinas have a rate of births to teens (54.1 out of every 1,000) more than twice that of the county overall (23.8 out of every 1,000).
- Most of the homicide deaths in Contra Costa occurred among African Americans (129), followed by Hispanic/Latinos (47), whites (41), Asians (12), and other (4).
- People living in San Pablo, Oakley, Richmond, Antioch, Martinez and Pittsburg, as well as African Americans and men overall, are more likely to die from heart disease compared to the county overall.
- African Americans, as well as people living in San Pablo and Richmond, are more likely to die from diabetes compared to the county overall.



CHAPE Director Chuck McKetney and CHAPE health planners and evaluators Jennifer Lifshay, Debbie Casanova and Lisa Diemoz (left to right)

What Causes Health Disparities?

The root causes of most health disparities are the broader, long-term inequities that are in our society, including poverty and discrimination. Poverty and discrimination lead to stress, greater exposure to unhealthy physical and social environments and less access to high-quality goods and services, including education, health services, transportation, food and recreation. Health studies have shown that these “risk factors” are strongly related to higher rates of injury, illness and premature death.



Who Can Fix Health Disparities?

An integrated health care system like CCHS is an important part of the broader social safety net, which is vital to reducing health disparities. CCHS is committed to supporting the safety net services in California and to improving operations to better address health disparities directly. CCHS seeks to provide high-quality, culturally and linguistically appropriate health care services for all, with an emphasis on those with little or no resources. Working with other organizations and agencies to identify the relationship between their activities and health also is very important, including education, housing, transportation, community development and others. For example, decisions made in a city’s general plan about sidewalks impact whether people in that community walk, run and get the other physical activity they need to stay healthy. Quality education, sustained employment and the availability of affordable housing have major impacts on the health of communities. We use a spectrum of strategies from promoting policy to changing organizational practices to mobilizing neighborhoods and communities in order to change the environment to improve health.

Read “Health Disparities in Contra Costa: A Brief Overview of the Issue and Ongoing Efforts.”

http://cchealth.org/groups/rhdi/pdf/health_disparities_in_cc.pdf. Contact Chuck McKetney at cmcketney@hsd.cccounty.us or 925-313-6171.

For information about CCHS’ RHD efforts, contact Reducing Health Disparities Manager Concepcion James at cjames@hsd.cccounty.us or 925-957-5421.

GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Mitch Applegate, MD

Contra Costa Regional Medical Center

Carolyn Carlson

*Nursing Program Manager
Contra Costa Regional Medical Center*

For joining forces with other patient care managers at CCRMC to initiate a mutually enhancing communication system among all patient care colleagues so that care is provided by teams that understand and respect each other and the cultural diversity of patients.

—Nominated by Fran Trant

Annabelle Cadiz

*Senior Public Health Nutritionist
Public Health Division*

Martha Flores

*Community Health Worker II
Public Health Division*

For making the “We Can” pilot project a success and for dedication and compassion in teaching parents to help shape their children’s behavior, make smart food choices and be physically active—having a positive impact on families of overweight children.

—Nominated by Michelle Williams

Shawn Eyer

*Web Producer
Community Education and Information*

Juana Fon

*Medial Staff Coordinator
Hospital & Health Centers Division*

Terri Leider

*Administrative Services Assistant III
Contra Costa Health Plan*

SiuWing Tong

*Health Services Information Technology
Supervisor
Information Systems*

Jason Woodruff

*Administrative Analyst
Contra Costa Health Plan*

CCHP Member Services Test Team

Contra Costa Health Plan

For their support and skill in developing the CCHP Online Search Engine and bringing 21st century technology to CCHP.

—Nominated by Tracy Ann Ealy

Milestones

Congratulations to these employees who have given us long years of service: Tracey Rattray, Alan Siegel, Lois Lumpkin, Kathleen Avila, Diana Binney, Richard Rohland, Melvora Jackson, Gregory Garcia, Johnnie Friedman, Diangela Russell (10 years); Teresita Albinda, Lynn Bustos, Constance Pasion, Terry Eisentrout (15 years); Carol Durio, Barbara Morris, Florecita Richeson, Nancy Medlock, Philip Neibert, Judith Rodriguez, Irma Viquiera-Miller, Judith Palmieri, Daniel Bernardino, Kelly Edlund, Krista Farey (20 years); Paul Cardinet, Rosalyne Miller-Boyd (25 years); Cheryl Embrey, Jennice Hagen, Josefina Laparan, Kathy Rhodes (30 years); and Marcia Allen (35 years).

The Director’s Report is published monthly. Deadline for the April edition is March 13. Publicize your upcoming events and successes by sending information to Kate Fowlie at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, or email: kfowlie@hsd.cccounty.us The Director’s Report is available online at http://www.cchealth.org/groups/health_services/pdf/directors_report_current.pdf and on iSITE, our intranet, at cchs.

GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Michelle Edwards

*Institutional Services Worker - Generalist
Richmond Health Center*

For being a real “team player” on New Year’s Eve by exercising sound judgment in alerting me to a back up of patients. Her actions helped multiple patients and other staff get out on time on an evening when no one wanted to work late.

—Nominated by Dawn Marie Wadle

Diana Kato

*Supervising Environmental Health Specialist
Environmental Health Division*

For enthusiasm, determination and persistence in organizing the Environmental Health Food Facility and Public Pool plan review processes, guidelines and forms – resulting in the first-in-the-State interactive, online access for clients to get updates on the progress of their plans.

—Nominated by Sherman Quinlan

Pattie Lew

*Clerk – Senior Level
Hospital & Health Centers Division*

For her exceptional assistance on my budget preparation questions and for going above and beyond her job description performing duties with enthusiasm and dedication.

—Nominated by Elizabeth Balita

Jackie Peterson

*Secretary - Advanced Level
Office of the Director*

For calmly and professionally coordinating CCHS’ Charity Campaign, Holiday Food Drive and Cost-Saving Ideas Campaign

—Nominated by Julie Freestone

Klara Trubin, RN

Public Health Division

Sheilah Zarate, PHN

Public Health Division

For helping a family that was newly arrived to Contra Costa County get their child into school by providing needed vaccines.

—Nominated by Erika Jensen

Do you know someone who’s going the extra mile?

To recognize a CCHS employee, vendor or volunteer for outstanding Service Excellence performance, submit the “Going the Extra Mile” commendation form, available from every CCHS Division Director, or email your commendation to ServicEX@hsd.cccounty.us or fax it to 925-957-5401. The form can also be downloaded from the Internet (About Us page) or iSITE, our intranet. Nominations are subject to approval by Division Directors.

Health Services and Sheriff's Office Partner for Security Exercise

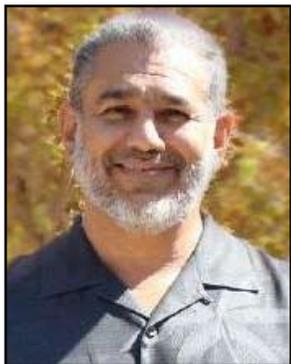
Our Public Health Division and the Sheriff's Office of Emergency Services recently collaborated on a full-scale exercise to test security plans for the Strategic National Stockpile (SNS). The SNS is a federal cache of medicines and supplies that are used in the event of a catastrophic health emergency. The Mutual Aid Mobile Field Force (MAMFF), which is comprised of dozens of local law enforcement personnel, practiced defending the supplies from would be rioters during simulated scenarios in which attempts were made to forcefully commandeer the cache. More than 200 people took part in the exercise, including staff from CCHS, the Sheriff's Office, General Services, MAMFF, members of Community Emergency Response Teams and volunteers from the public. About 15 representatives from other law enforcement jurisdictions throughout the state observed the exercise. Our Emergency Services Manager Kim Cox said the exercise, which was the first of its kind in Northern California, was a great learning experience for all agencies involved.



To find out more about upcoming Health Emergency drills and exercises, contact Kim Cox at kcox@hsd.cccounty.us or 925-313-6648.

Hazardous Materials Receives Award

Some of our Hazardous Materials Programs staff in the California Accidental Release Prevention Program recently received an award from the California CUPA Forum for outstanding work in accidental release prevention. CUPA is an association of agencies coordinating the consistent implementation of hazardous materials regulatory programs in the state of California. The Hazardous Materials Program is the Certified Unified Program Agency (CUPA) for all of Contra Costa County. Pictured clockwise from the left are: Cho Nai Cheung, Accidental Release Prevention Supervisor, Habib Amin, Michael Dossey, Don Nixon and Nicole Alaniz, Accidental Release Prevention Engineers. There have not been any severe hazardous materials incidents in Contra Costa in the past two years. For more information, see our Industrial Safety Ordinance report online at <http://www.cchealth.org/groups/hazmat/>



Cesar Court

Column Covers Depression in Older Adults

One of our recent Healthy Outlook columns published in the Contra Costa Times publications covers the importance of mental health screening to prevent depression in older adults. Cesar Court, our Program Manager of Older Adult Mental Health and Licensed Marriage and Family Therapist, wrote in the column about how depression can surface as people age and why it is important to get treatment. Cesar said that retirement often brings increased time spent alone and a lack of structure, as well as feelings of being unproductive, unneeded and lonely. If symptoms do arise, Cesar noted, early diagnosis and intervention help with the overall treatment process.



To read more of this and other Healthy Outlook columns, visit <http://www.cchealth.org/topics/column/index.php> and click on the Healthy Outlook link in Items of Interest or on the Publications page.

Mental Health Streamlines MHSA Planning by Consolidating Workgroups

Our Mental Health Division's Mental Health Services Act (MHSA) Program has just formed its Consolidated Planning Advisory Workgroup (CPAW). This new group replaces all previous MHSA stakeholder groups. Program Manager Sherry Bradley said CPAW will streamline planning by acting as the sole advisory workgroup for MHSA efforts. CPAW will help plan future MHSA efforts and will advise the Mental Health Division on how to integrate MHSA principles and practices. Additionally, two MHSA draft plans – Prevention & Early Intervention, and Workforce Education & Training – were submitted in February to the State Department of Mental Health. Mental Health has also started the bidding process for Prevention & Early Intervention Projects. Requests for proposals were sent out last month and a bidders' conference will be held March 2.



To find out more about MHSA (http://www.cchealth.org/services/mental_health/prop63/), contact Sherry Bradley at sbradley@hsd.cccounty.us or 925-313-5150.