



Concerning Our Health

Greetings from the Putnam County Department of Health

Public health has been center stage lately with the first cases of Ebola transmission here in the U.S. While the media attention has abated for now, any new imported cases could change that. Our health department and partnering agencies have reviewed preparation plans and are ready to respond should the need arise. Guidance has been distributed to physicians and is recapped on page 2.

Meanwhile, ongoing, more “routine” work continues. Chronic disease self-management is perhaps where public health can spur the greatest influence on the most people. Your referrals to this program can have a great impact on its success. Stories rounding out the issue are: the recent Public Health Summit, Putnam’s seventh identified case of Powassan virus, our presentation at the APHA’s international annual meeting, and two Board of Health openings.

—Allen Beals, MD, JD, Commissioner of Health



Free Workshops Available To Help Patients Live with Chronic Diseases

Patients who learn skills to manage their chronic conditions fare better in the long run.

Decades of peer-reviewed research show significant positive results with the chronic disease self-management program (CDSMP), developed at Stanford University Medical School in 1979. **It does not replace or conflict with medical treatment or educational programs**, but rather serves as a complement, helping patients deal with their conditions in a more proactive way. The purpose is to help patients enhance self-efficacy, and their ability to influence symptoms and how they impact their lives. This typically results in better adherence and receptivity to physician advice.

First launched in Putnam County in 2011, CDSMP workshops are free, 2.5 hour sessions, held weekly for six weeks. Known as “Living Well” workshops in the community, the groups are facilitated by two trained leaders,

For additional info or to make a referral:

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Public Health Summit IV Highlights Progress

More than 80 community partners from 37 different agencies and organizations attended the Public Health Summit IV on October 28 at Putnam Hospital Center.

This annual event, coordinated by the PCDOH, is an opportunity for community partners to review and discuss work on the county’s health priorities.

County Executive MaryEllen Odell opened the morning event pointing to the impact that illness can make, not only on quality of life, but also the finances of the county and community. She further commended the ongoing, collective,



Health Commissioner Allen Beals discussed countywide preparations for a possible Ebola case.

countywide efforts in the war against addiction. James Caldas, president of Putnam Hospital Center (PHC); Health Commissioner Allen Beals, MD, JD, and

Continued on page 2.

Why refer to CDSMP?

Patient improvement* in key areas:

- ▶ cognitive symptom management
- ▶ communication with physicians
- ▶ self-reported general health
- ▶ physical activity level
- ▶ coping with pain, fatigue and disability
- ▶ social activity limitations

*Based on results of a randomized, controlled trial with more than 1,000 participants (patients with heart disease, lung disease, stroke and arthritis), followed over five years.

Other findings include:

- ▶ 5% fewer emergency room visits**
- ▶ 3% fewer hospitalizations**
- ▶ fewer days in hospital
- ▶ reduction in outpatient visits

**Statistically significant

Source: Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitelaw N, Ory MG. The impact of chronic disease self-management programs: healthcare savings through a community-based intervention. *BMC Public Health*, 2013; 13:1141.

Full text available:
<http://www.biomedcentral.com/1471-2458/13/1141>

EBOLA Ambulatory Care Evaluation

The first Ebola scare in the U.S. has come and gone. Until it winds down in West Africa, the potential for more cases here continues. Protocols for screening travelers in the airport have been established, making it less likely that Putnam County physicians will encounter an Ebola Viral Disease (EVD) case. Nonetheless, in this unlikely event, all healthcare providers should be prepared. A blast fax went out to all Putnam County physicians at the end of October. Below are updated, detailed guidelines for ambulatory care evaluation of patients with possible EVD.

- 1 Identify travel and direct exposure history.** Has the patient lived in or traveled to a country with widespread Ebola virus transmission or had contact with an individual with confirmed EVD within the previous 21 days? (Currently Liberia, Sierra Leone, Mali and Guinea are the only four affected countries.)
- 2 Identify signs and symptoms.** Fever (subjective, or ≥ 100.4 degrees F or 38.0 degrees C) or any Ebola-compatible symptoms: fatigue, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage.
- 3 Isolate patient immediately. Avoid unnecessary direct contact.** Place patient in a private room or area, preferably enclosed with private bathroom or covered commode. If direct contact is necessary, personal protective equipment

(PPE) and dedicated equipment must be used to minimize transmission risk. If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, do not re-enter room until arrival of EMS personnel trained to transport a person under investigation for Ebola.

4 Patients seeking care by phone. Complete steps 1 & 2 above and advise them to minimize exposure of body fluids to household members or visitors and to **remain in place.**

5 Notify PCDOH—845-808-1390. Healthcare providers must call the PCDOH in all cases. If the individual is at home, provide the health department number, and he or she should call the health department as well. In emergency situations, call 911 and inform them about the patient's Ebola risk factors, so EMS will arrive at the location with the correct PPE.

Source: www.cdc.gov/vhf/ebola/

For additional info or guidance on PPE:

Rachel Gressel, RN, MS
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Health Summit, *continued from page 1.*



Strengthening community connections was an underlying theme at Public Health Summit IV. Top, County Executive MaryEllen Odell speaks with Undersheriff, Peter H. Convery. James Caldas, left, president of Putnam Hospital Center; Health Commissioner Allen Beals, MD, JD; Barbara Ilardi, supervising public health educator; greet Loretta Molinari, (back to camera), Visiting Nurse Services in Westchester, Putnam and Dutchess.

Report Card on Chronic Disease Prevention*	
Pilot worksite wellness (WW) at 3 sites	☆☆☆
Create website to share WW activities available from PCDOH	☆
Develop toolkit; Pilot child-care center garden program at 3 sites	☆☆☆
Survey PC child-care centers about gardening program	☆☆
Develop physical activity curriculum toolkit for elementary school classrooms	☆☆☆
Pilot toolkit with at least one interested classroom	☆
Identify partners and train the trainers to implement CDSMP	☆☆☆
Advocate for pharmacy ban of tobacco sale	☆☆☆
Hold symposium for providers regarding Opt-to-Quit and 5As screening	☆
Increase use of electronic medical record to increase 5A screening	☆☆

* Select items. Grades determined by progress reported at Live Healthy Putnam coalition meetings and subcommittees

Report Card on Mental Health Promotion*	
Create inventory of mental, emotional and behavioral (MEB) well-being resources in community	☆☆
Develop coalition of government, non-profits and educational institutions to focus on MEB and one to target suicide prevention specifically	☆☆☆
Determine prevalence of depression at County level	☆
Investigate best practices to decrease stigma against mental health illnesses	☆
Develop a system for educating residents, schools and community partners about MEB well-being resources	☆☆
Gather available data that measures suicide attempts and completions	☆☆
Promote <i>safeTALK</i> , <i>ASIST</i> , and <i>Project Connect</i> (suicide-prevention) trainings	☆☆

* Select items. Grades determined by progress reported at Mental Health Providers Group

KEY ☆☆☆=Most progress ☆☆☆=Moderate progress ☆=Little to no progress

Jay Conlon, DO, vice president of medical affairs, PHC, updated the audience on preparations related to the Ebola situation. The major topics of the day were the Community Health Assessment, Community Health Improvement Plan (CHIP), the Community Service Plan and “DSRIP,” short for the Delivery System Reform Incentive Payment program (a.k.a. Medicaid transformation).

Interim “report cards” on the two overarching CHIP priorities are presented above.

Powassan case uncovered by PCDOH nurse

The seemingly rare Powassan (POW) virus was uncovered in another Putnam resident, thanks to diligent detective work of the PCDOH's senior communicable disease nurse, Rachel Gressel, RN, MS.

Since the first Putnam case in 2007, Ms. Gressel has been reviewing and interpreting lab work on residents who are thought to have had the misfortune to experience a bite by a POW-infected tick. Armed with clinical intuition and her ever-advancing knowledge base, she is watchful with the laboratory results that cross her desk. Fortunately, the infection in people is still quite rare. With this latest instance, the count is now seven confirmed human cases in Putnam.

Ms. Gressel describes a pattern of worsening symptoms that emerges when an ill patient is admitted to the hospital. Intravenous antibiotics are usually the first line of defense, albeit ineffective with viral infections. Supportive care sustains the patient, allowing his or her own immune system to take over. The patient improves and is typically released to a rehabilitation center or home. The confirmation of Powassan only comes in the follow-up blood work, often done at Ms. Gressel's suggestion, when the patient is recuperating at home.

While the Powassan virus is rare, Putnam was found to have the highest

rate of infected ticks in seven Hudson Valley counties, with 3.84 percent of ticks carrying the disease. Powassan can be **transmitted in as little as 15 minutes** after a bite, whereas Lyme infection occurs typically after a tick has adhered for more than 36-48 hours. This faster transmission rate underscores the importance of a prevention focus with patients.



Rachel Gressel has been a public health nurse at the PCDOH for nine years.

Named after the town in Ontario, Canada, where it was first described in 1858, Powassan is potentially deadly, with a 10 to 15 percent fatality rate. The incubation period ranges from 8 to 34 days, but often the exact date of exposure is not known.

Prodrome may include headache, sore throat, drowsiness, lethargy, disorientation and some level of paralysis. Encephalitis typically follows, with vomiting, respiratory distress, possible convulsions and prolonged fever. In at least 50 percent of survivors, long-term, severe problems occur including hemiplegia, recurrent severe headaches, wasting and memory problems.

CDSMP, *continued from page 1.*

one of whom is a non-health professional with a chronic disease. The only charge is for a comprehensive manual (approximately \$20) that the patient keeps and can continue to use afterwards. To date more than 100 patients have reaped the benefits of the workshops. The Putnam County Office for Senior Resources (formerly Office for the Aging), the PCDOH, Putnam Hospital Center and the Visiting Nurse Association of Hudson Valley, continue to collaborate on this Community Health Improvement Plan (CHIP) initiative.

What does the curriculum cover?

- ▶ Techniques to deal with fatigue, pain, isolation and frustration
- ▶ Appropriate medication use
- ▶ Appropriate exercises for maintaining and improving strength and flexibility
- ▶ Nutrition
- ▶ Decision making
- ▶ Communicating effectively with family, friends and health professionals
- ▶ Information on how to evaluate new treatments

Patients with different types of chronic health conditions can all benefit from developing these and other cognitive self-management skills that can impact symptom development.

How was CDSMP developed?

The original self-help course was designed in 1979 for patients with arthritis. A five-year research grant to Stanford University, funded a randomized, controlled trial to develop and evaluate the program for a variety of chronic conditions. More than 1,000 patients were enrolled and the study finished in 1996.

CDSMP is supported by decades of federally funded research. Other disease-specific programs have been developed for diabetes, HIV and chronic pain. CDSMP is offered in 50 U.S. states and territories, and 25 countries.

PCDOH spotlighted again at Annual APHA Meeting New Orleans

For the second straight year, national attention went to the PCDOH at the annual meeting of the American Public Health Association (APHA). Staff member Barbara Ilardi, MPA, CDN, was invited to speak at the 142nd Annual Meeting and Exposition, held this year in New Orleans. Her presentation, "Coalition Building on a Shoestring Budget: How community partners and local health staff collaborate for policy change," highlighted the need for strong



community partnerships to move public health policy forward despite decreased funding on many levels. This local research was shared at the annual meeting with more than 10,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists and related health specialists.



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Carol Weber retires leaving vacancies open on Board of Health

Carol L. Weber, RN, has retired from her position as vice president of the Putnam County Board of Health (BOH), leaving an opening on the seven-member Board for a lay person. The board serves in an advisory capacity to the Health Commissioner Allen Beals, MD, JD, who has led the health department since 2012. The by-laws dictate that at least one Putnam County legislator and three physicians are members of the board. The remaining four are laypersons; all must be Putnam County residents. A second opening for a physician is anticipated at year's end.

Ms. Weber has been a BOH member since 1992. The ban on smoking in public places, the privatization of the County's homecare agency, the fight for increased funding, and the move to enlist a medical doctor as health commissioner were some of the important projects championed by Carol over the years.

The search for two candidates—a layperson and a physician—begins immediately. Board responsibilities include attendance at a monthly meeting, held from 6 to 7 p.m. on a Monday evening at the Health Department's main office at One Geneva Road in Brewster. Interested candidates should forward a letter of interest and resume or CV to: BOH Search, Health Department, One Geneva Road, Brewster, NY 10509. Alternatively materials may be emailed to: karen.yates@putnamcountyny.gov.



Carol Weber was presented with a certificate for decades of service to the Putnam County BOH by Commissioner Allen Beals, MD, left, and Daniel Doyle, DMD.

Other current BOH members include Daniel C. Doyle, DMD, president; Joseph Avanzato, MD, secretary; Louis Tartaro, alternate Legislator; Michael Gaesser, MD; Arthur McCormick, DVM, Michael Nesheiwat, MD, and Legislator Sam Oliverio, chairman of the Health and Safety Committee.