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Advancing Inland

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POSTER PRESENTATION

Sustaining the Nurse-Family Partnership Program through creative funding, community collaborations and nursing passion.

Presented May 3, 2015 at the Association of Public Health Nurses Annual Conference, Manchester, NH.

Stephanie Bryant, RN, PHN, MSN

Background. The County of Riverside is one of the fastest growing counties in the country with a diverse population of over 2 million and a vast geography consisting of urban, rural and desert communities. For over 13 years, Riverside County has successfully implemented the Nurse-Family Partnership (NFP) Program for its diverse populations. In those years, Riverside County's NFP program has made a difference in the lives of many families, and

is a program that is celebrated in the communities served.

Methods. The Nurse-Family Partnership Program is an evidence-based home visitation program for low-income first-time mothers. Program goals include improving pregnancy outcomes, improving child health and developmental outcomes, and improving the economic self-sufficiency of mothers and families. Mothers may enroll in the program between 16 and 28 weeks gestation and are case managed by a Public Health Nurse (PHN) from pregnancy until the child reaches two years of age. Mothers enrolled in the program receive home visits by a PHN who conducts health assessments and screenings to *(continued on page 2)*

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determine health and educational needs of both the mother and child. The PHN provides a range of services from teaching health education topics on maternal-child health issues to providing resources and referrals to needed community services such as health insurance or WIC. The PHN also offers support while helping families obtain employment and education or to achieve their “hearts’ desires.”

Program governance is collaborative. In 2008, the County of Riverside established a Community Advisory Board (CAB) consisting of partners from a variety of agencies including mental health, law enforcement, medical providers and other community agencies. The CAB meets quarterly and offers guidance and direction for program growth, allows agencies and stakeholders to share best practices and resources, and supports agencies and stakeholders as they address issues impacting the maternal, child and adolescent populations.

Sustaining an NFP program can be a challenge and through our 13-year program history, Riverside County’s NFP program has seen changes in its funding and staffing patterns. Our program is currently funded through several sources allowing the program to grow and remain in the community including Title XIX Medi-Cal and local funds, HRSA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal funding and the California Wellness Foundation Grant.

Results. The percentage of mothers initiating breastfeeding at birth and continuing at 6 months in the Riverside County NFP program is higher than the state and national rates. In 2014, 97.7% breastfed at birth, compared to 96.6% statewide and 86.4% nationally; at six months, 57.8% still did so, compared to 45.6% statewide and 35.5% nationally. Furthermore, breastfeeding rates are twice the national and state averages at 12 months: in the Riverside County program, 54.5% still did so, compared to 33.0% statewide and 22.7% nationally.

Conclusion. The “nurse-family” relationship is one of the key reasons the NFP program is successful in achieving its many positive outcomes in the maternal/child health populations. PHNs in the NFP program often

express their passion for the program because they see firsthand how clients and families benefit from the program through healthy birth outcomes, strong bonded parent-child relationships, healthier children, personal goal attainment and mothers’ greater independence and self-sufficiency.

The NFP program, founded by Dr. David Olds, continues to be a premiere home visitation program impacting the lives of families and making a difference for residents throughout the County of Riverside. ❖

POSTER PRESENTATION

Tuberculosis verrucosa cutis: a case report.

Presented April 20, 2015 at the California Tuberculosis Controllers Association Annual Meeting, Sacramento, CA.

Cameron Kaiser, MD * Barbara Cole, RN, PHN, MSN * Jim Saunders, RN, PHN * Noriko Cuaron, RN, MPH, PHN * Irene Hastings, RN, PHN * Julie Pham, RN, PHN * Donna Bedney, RN, PHN

Introduction. Cutaneous manifestations of *Mycobacterium tuberculosis* infection are highly unusual, even in the context of disseminated disease;¹ nevertheless, they can be an important part of the differential diagnosis for skin lesions refractory to conventional management. While lupus vulgaris is the most common manifestation of TB infection of the skin,² other presentations can be as numerous as they are exotic. We present a case of *tuberculosis verrucosa cutis* (TBVC), one of these less common presentations, as a diagnostic consideration to compare its morphology with other forms of skin TB.

Case. Upon presentation, the individual was a 36 year old Filipino male with no significant prior medical history. Upon immigration to the USA, he had a positive TB skin test which he attributed to BCG, and received no treatment for. He presented to his American primary care physician complaining of a slow-growing plaque on the dorsal surface of his left foot which had been present for “years” (at least prior to his arrival in the USA). A full-thickness skin biopsy performed by the consulting dermatologist showed granulomatous infiltration of the skin with AFB+ organisms; culture was positive for pansensitive *M.tb*. Chest X-ray was negative.

He was referred to the county TB clinic, where the lesion was evaluated by the public health officer. A purplish-brown warty plaque with central clearing was well-demonstrated. There was no pus, no internal extension, and only a small number of dark superficial nodules that did not demonstrate the “apple jelly” sign on diascopy. He was

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offered and declined an HIV test, but did consent to treatment with a standard four-drug regimen which was well-tolerated. Over the six month course the lesion flattened and partially regressed, and no longer demonstrated its prior slow spread. Permanent scarring was, however, noted at end of therapy. The patient was satisfied with the result and completed treatment without complication.

Discussion. Despite the overall rarity of cutaneous TB in general, even including incidental cutaneous foci from disseminated disease and less exotic presentations such as cellulitis and gumma formation, it is important to distinguish the various forms as some are more rapidly progressive. Lupus vulgaris is the most common form,² classically (but not necessarily) appearing on the face with nodules that resemble apple jelly upon diascopy. Its name may derive as much from its rapacious ulcerative and disfiguring course as from its resemblance to systemic lupus erythematosus. Scrofuloderma (or tuberculosis cutis colliquativa) is generally caused by direct extension from underlying scrofulous lymph nodes or other infected tissues, appearing as firm, often painless lesions that eventually ulcerate.³

In contrast, tuberculosis verrucosa cutis may also start with a nodular lesion, presumably at the point of inoculation, although this particular patient did not report such a lesion as such. However, after initial inoculation the lesion can later progress to purplish plaques⁴ or brown-red warty growths,⁵ most often on knees, elbows, hands and feet (as in this case) where direct contact has presumably occurred. These lesions may slowly progress for years⁶ and the more indolent course may reflect lower bacterial load.⁷ Psoriasiform, colloidal, crusted, exudative, sporotrichoid, destructive, tumorous and exuberant granulomatous forms are described in the literature,^{8,9} and may be confused with lichen planus hypertrophicus, lichen simplex chronicus, blastomycosis and other fungal and mycobacterial infections.¹⁰ These diverse clinical presentations, however, contrast with relatively homogeneous treatment recommendations; like most forms of extrapulmonary TB, a standard 6-month multidrug regimen is considered acceptable for uncomplicated cutaneous disease.¹¹

These kinds of infective foci must also be distinguished from the tuberculides, which include erythema induratum (“of Bazin,” a separate entity from erythema nodosum), papulonecrotic tuberculid and lichen scrofulosorum. While they may appear in patients with moderate or high degrees of immunity to TB because of a previous infection, and may have no identifiable foci of TB, they often also benefit from being treated with a multidrug regimen¹² and like true cutaneous forms may be important markers of undetected disease.

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POSTER PRESENTATION

The public health nurse and the Wraparound Program.

Presented November 4, 2014 at the Southern California Public Health Association Annual Meeting, Los Angeles, CA.

Angie Enwedo, RN, PHN * Joyce Preston, RN, PHN * Chenise Cole, RN, PHN

Background. The Wraparound Program is a strength-based, needs-driven, family-centered planning process for creating individualized services and supports for children

and their families. Children on formal probation or with mental health diagnoses remain at home and receive intensive services designed to improve behavior and promote healthy family functioning.

For several years, public health nurses working throughout Riverside County have been an integral part of the Wraparound Program. Collaborating with mental health and juvenile probation professionals, nurses provide medical assessments, health education, counseling and referral services to family members participating in the program.

Program Operation. A family facilitator/therapist, behavioral health specialist (BHS), parent and/or partner and public health nurse (PHN), as well as other family members and the probation officer (if a child is on probation), meet weekly as a team in the client's home. Goals are developed and a plan of care is made and implemented, all of which is directed toward transitioning the family out of formal Wraparound to a mix of formal and natural supports in the community. When a health goal is selected by the family, the PHN participates in every aspect of the program.

The PHN considers the physical, emotional, psychosocial, spiritual and cultural factors that impact the clients that are served. PHNs in the program perform and complete an individual medical assessment on family members with identified health concerns, develop a plan of care with input and agreement by the assessed individual, provide case management throughout participation in the program, provide health promotion activities at family team meetings, and offer health presentations monthly to co-workers as an integral part of staff meetings.

Impact. The Wraparound Program is one of the most successful and fulfilling mental health programs for public health nurses to be involved in. Public health nurses have the opportunity to engage with individual family members to promote health, prevent disease, and stabilize health conditions. It is a well-known fact that poor physical health can have a negative impact on mental health, and nurses have the knowledge to assist clients and families in achieving optimal health as they participate in Wraparound. Riverside County is the only county in the United States that includes public health nurses in the Wraparound Program. ❖

POSTER PRESENTATION

Bottom-up, top-down and peer-to-peer:

behind the scenes on policy development.

Presented April 22, 2015 at the Randall Lewis Health Policy Fellowship, Rancho Cucamonga, CA.

Daniel Pagán, MA, MPH(c)

Introduction. The County of Riverside Department of Public Health (DOPH) is charged with promoting and protecting the health of all county residents. Projects precepted by DOPH with the Randal Lewis Health Policy Fellows addressed health from different approaches and required interactions with branch chiefs, department heads, line staff, community members and professors, addressing county initiatives focused on nutrition, food access, internships and national accreditation, with the connecting point to each of these projects being policy development and advocacy.

Project: Expanding Internship Opportunities. This project developed out of a need to improve the capacity of DOPH to produce advertising materials that rival those created by larger health entities and, more importantly, modern streams of media that often support less than healthy behavior. The ability to compete with these organizations without a full-time staff member trained in the creative arts and familiar with the “tools of the trade” is difficult, if not impossible. Therefore, policy was developed to recruit students from local colleges and universities that are majoring in these fields to assist in the creation of advertising products. For this project, a needs assessment was conducted, relationships were built with colleges and universities and an organizational policy was established, with the aims of improving public health exposure and cultivating the future public health workforce.

Project: Addressing Childhood Obesity. A policy brief was developed to review and share DOPH activities aimed at decreasing childhood obesity. Programs focused on improving access to fresh food, health education, and policy advocacy, such as “market make-overs,” the NAP-SACC program (Nutrition & Physical Activity Self-Assessment for Child Care), “Rethink Your Drink,” supporting cities (CX²) and multiple school programs.

For this project, childhood obesity trends in Riverside County and nationwide were researched, unstructured interviews were conducted with program staff and a policy brief was developed. Best practices are explored while suggesting connections between program activities and program outcomes and effects on Riverside County community members. The brief is intended to share success stories of DOPH with similar health entities, city officials and interested partners in the county and

elsewhere to maximize the impact on childhood obesity.

Project: The Accreditation Process. Riverside County has officially begun the process of national accreditation through the Public Health Accreditation Board (PHAB) in 2014, and is now completing its first-ever county-wide Community Health Assessment involving community outreach throughout the 28 cities through conducting surveys, focus groups and community forums. Accreditation allows DOPH to demonstrate how they achieve the ten essential functions of public health ending with an external review from PHAB, ultimately ensuring county residents are receiving public health services that meet national standards of quality. For this project, the community assessment survey tool was reviewed, community meeting agendas were formalized, an accreditation team was coordinated and a procedure developed for the submission of accreditation materials, with the aims of ensuring quality improvement of community health services and optimizing collection of accreditation materials.

Conclusion. The overlap of these projects takes place in their ability to address most of the essential services of public health. The brief is a medium to circulate best practices from DOPH case studies, tapping multiple essential services and furthering the reach of programs targeting them. Taken together, these projects can be used to demonstrate the achievement of DOPH according to the national standards. Overall, the work put into these projects produced overlapping, usable parts which raised awareness of critical health concerns, but also helped DOPH move closer to reaching their organizational goals. ❖

POSTER PRESENTATION

Community engagement in the Healthy Riverside County Initiative.

Presented April 22, 2015 at the Randall Lewis Health Policy Fellowship, Rancho Cucamonga, CA.

Dede Kossiwa Tetch, MPH, CHES

Introduction. Community engagement is a cornerstone of effective public health practice. The Centers for Disease Control and Prevention suggests several principles for effective community engagement efforts, and the County of Riverside Department of Public Health (DOPH) and Randall

Lewis Health Policy Fellowship 2014-2015 activities have exemplified the following:

* Principle 1: Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage.

* Principle 2: Become knowledgeable about the community in terms of its economic conditions, political structures, norms and values, demographic trends, history and experience with engagement efforts.

* Principle 3: Go into the community, establish relationships, build trust, work with formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.

Methods. We used a policy brief format to communicate with decision-makers, a stand-alone document to present findings and/or recommendations focused on a single topic, such as our “Connecting Coachella Valley Health Impact Assessment” which presented a health-benefits approach for decision-makers.

For academic institutions, we initiated an internship program for undergraduate students receiving graphic design, visual arts and/or marketing training to assist in DOPH message development. A dialogue with a colleague identifies a messaging gap and a marketing initiative proposal idea; an organizational needs assessment is then conducted via in-depth interviews with branch chiefs to assess proposal need. Branch chiefs were enthusiastic and willing to host these interns with design, art and/or marketing experience. The marketing initiative proposal was presented to DOPH leadership and approved; next steps included contacting respective institutions, amending of existing contracts and internship development processes.

For faith-based communities, we initiated collaboration efforts with Healthy Heritage Movement’s faith-based community partners and DOPH to help in the building of the Strategic Health Alliance Pursuing Equity (SHAPE) framework. Faith-based communities in Riverside County who have completed SHAPE surveys include 2nd Chance Ministries, Rubidoux Missionary Baptist Church, Ghanaian Seventh-Day Adventist Church, End Time Ministries of Moreno Valley, Quinn African Methodist Episcopal Church and Mt. Rubidoux Seventh-Day Adventist Church.

Conclusion. The County of Riverside Department of Public Health is committed to making Riverside County a healthier place live, work, worship, learn, and play through the efforts of the Healthy Riverside County Initiative. In partnership with the Randall Lewis Health Policy Fellowship, additional opportunities to engage residents, policy makers and academic institutions were developed. These are exciting times for Riverside County and public health prevention efforts. ❖

Information for Disease Reporters

All case reporting forms and information for the County of Riverside Department of Public Health are available from our website at www.rivcoph.org.

Communicable Disease Reporting

Please refer to our on-line list of reportable conditions, including those to be reported immediately by telephone, within one day of identification and within seven calendar days. All forms are available from <http://www.rivco-diseasecontrol.org/>

Telephone Reporting: For STD reporting, please call 951 358 7820. For all other conditions, call 951 358 5107; for urgent reports after hours, call 951 782 2974 and request the Public Health second call duty officer.

Fax Reporting: Please use the appropriate form for the condition. STD reports should be faxed to 951 358 6007 and all other reports to 951 358 5102. Please note that HIV/AIDS reports must be securely sent *by mail*. Please see our website for specific instructions.

Non-Communicable Disease Reporting

Certain non-communicable diseases are reportable under state and local statute. These conditions include, but are not limited to, pesticide exposure and DMV reportable conditions such as disorders characterized by lapses of consciousness. Please refer to our on-line list of reportable conditions for more information.

Animal Bites

Animal bites must be reported to both the Department of Public Health and the Department of Animal Services. For more information, please call 951 358 7387 during business hours.

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