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HSC 315: Public Health 7/1/19

AGENDA

Course Logistics

- Update on Attendance Scores (Blackboard)
- Review of Assessment of Assignment #1: Population Fact Sheet
- Concerns about CATME Team Member Assessments

Eightfold Path for Policy Analysis (Bardach 2015)

- **Defining the Problem**
- Assembling Evidence
- Constructing Alternatives
- **Selecting Criteria**

EVALUATION OF ATTENDANCE:
Introduction & Module 1

Lecture Attendance scores posted on Blackboard

- Full attendance during class session is reported as a “1”; otherwise, score earned is “0” (partial attendance = no credit)
- Students who have excused absences will not have that Lecture session counted in their attendance score (i.e., max is lower)
- This is a reminder that this requirement counts as 25% of grade
- It is important to exhibit behaviors of professionalism when encountering unanticipated or expected absences

Assessment of ASSIGNMENT #1

Grades for Population Fact Sheets available on Blackboard

- Assignment #1 scores were reviewed by assigned Tutorial Instructors to arrive at consensus for final score
- Key observations
  - Groups were able to articulate infectious disease process although some did not provide relevant details to understand data presented
  - Graphics were generally appropriate to highlight key points
  - Behavioral and environmental risks did not often translate to identification and characterization of relevant population groups
  - There were challenges with grammar, APA formatting, and ability to follow directions with respect to formatting
- Each team is encouraged to meet with Prof. Mukherjea if they wish to understand how ASSIGNMENT 1 was scored for substantive assessment of final product and/or discussion of ASSIGNMENT 2
  - This meeting is not meant to adjudicate issues with team dynamics

Concerns about **CATME Scores**

Survey 1 used to determine Individual Contribution Score

- Most groups functioned well, based on quantitative scores, although there were inconsistent qualitative reports
- Range of individual contributions, relative to team function, were between 0.49 – 1.05 (lower limit: 0.75; upper limit: 1.25)
- Most self-assessments consistent with those of others in team
- Impact on overall score minimal given 10% relative value
  - Groups are reminded that 25% of ASSIGNMENT 2 Final Score is based on Individual Contribution Scores
- For some groups, there were clearly extremes in some team member assessments of specific individuals
  - Prof. Mukherjea will be meeting with those groups and individuals to determine what core issue is in terms of team functioning
  - If such patterns continue for certain groups, those individuals will be required to meet with Prof. Mukherjea to substantiate scores

THE ZIKA VIRUS

IMPLICATIONS AND RECOMMENDATIONS FOR AN EFFECTIVE PREVENTION STRATEGY

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Zika is a virus that is transmitted to humans through the bite of a mosquito[1] and between humans through sexual activity[2] or via perinatal transmission between a pregnant person and the fetus.[3]

Symptoms: Common symptoms of Zika infection include fever, rash, headache, joint pain, muscle pain, and notably, conjunctivitis.[3] A person that is infected with Zika may experience mild symptoms for about 7 days, but many experience no symptoms at all and may be unaware of being infected.

Prevention: Prevention primarily depends on reducing or impeding the possibility of becoming bitten by mosquitos (i.e. wearing long-sleeved clothing, reducing time outdoors, removing pools of standing water, using repellants, and/or refraining from traveling to areas with Zika epidemics). Prevention also depends on using latex condoms/barriers to reduce the risk of transmission between an infected and uninfected sexual partner.

Highlight: *Prevention recommendations do not take into account economic realities of consumers.* Repellants may be costly or prohibitively expensive for low-income individuals and families.
Implications for Latinos: Research has not been conducted to determine if racial/ethnic groups and/or immigrant groups may differ in perceptions of utility versus toxicity of repellants to influence uptake of repellants.

Vaccination: There currently is no vaccine for the Zika virus; scientists at the National Institutes of Health (NIH) are implementing clinical trials to develop a vaccine.

Immunity: Once someone has been infected with Zika, it is very likely they will be protected from future infection.

Why do we need to be concerned about Zika?

Although persons infected with Zika may experience little to no symptoms and/or relatively minimal discomfort, many may not be aware of being infected. This is of concern, as Zika is a virus that can seriously affect pregnancy and a developing fetus, as well as individuals with compromised immune systems. Although less well established, research has also linked Zika to Guillain-Barré Syndrome (GBS).[1]

Between mosquito and human

Between humans: pregnancy and sex

TRANSMISSION ROUTES OF THE ZIKA VIRUS

34,202 NUMBER OF ZIKA VIRUS CASES REPORTED IN THE US AND TERRITORIES AS OF NOVEMBER 2, 2016.

THERE IS NO VACCINE AGAINST THE ZIKA VIRUS ALTHOUGH THERE ARE DEVELOPMENTS IN STAGE TRIALS.

1. The Zika virus is transmitted to humans through the bite of a mosquito (*Aedes aegypti and Aedes albopictus*) that is carrying the virus. It is known as a *flavivirus* that is "anthropod-borne" (arbovirus). As a mosquito-borne virus, it is similar to dengue and chikungunya.
2. Sexual activity is defined as sexual contact (anal, vaginal, and oral as well as shared sex toys). American Sexual Health Association.
3. Centers for Disease Control. http://www.cdc.gov/zika/transmission/index.html. Accessed August 30th, 2016.

ASSIGNMENT 2: POLICY ACTION PLAN

The **Policy Action Plan** is an Issue Brief based on the Eightfold Path for Policy Analysis (Bardach 2015)

Emphasis of ASSIGNMENT #2 is on first four steps:

- **Define the Problem**
- **Assemble Some Evidence**
- **Construct the Alternatives**
- **Select the Criteria**
- Project the Outcomes
- Confront the Trade-offs
- Stop, Focus, Narrow, Deepen, Decide!
- Tell Your Story

Define the Problem

Distinctions between Policies & Authority/Guidelines

- Policies (Laws) are drafted and passed by governments (Congress, State Legislatures, County Supervisors, City Councils); laws are passed via representative democracy
- Departments are granted authority by statute to promptly enact functions for protection of constituent populations
- Zika has not been a major public health problem in the U.S. (as of yet) so it is unlikely there are disease-specific protocols that are in place or have been implemented
- Groups should find analogies of departmental authority/guidelines that are relevant, for which improvements or enhancements can be recommended
- Analogies can be drawn from regulations governing similar outcomes or at-risk population subgroups

Define the Problem

MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION
MCAH Program Policies and Procedures for Local Health Jurisdictions

Introduction

These Policies and Procedures are to be followed for all issues pertaining to the Allocation Agreement between the Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) and the local health jurisdictions (LHJs). These Policies and Procedures may be amended at any time. The Policies and Procedures Manual is available on the MCAH Division Web site (www.cdph.ca.gov/MCAH) under Local Health Jurisdiction MCAH Program, Program Documents for Local Business Partners.

These Policies and Procedures apply to LHJ Programs funded through the CDPH MCAH Division, and include the local MCAH Program, Adolescent Family Life Program* (AFLP), Comprehensive Perinatal Services Program* (CPSP), Black Infant Health* (BIH) Program, Fetal Infant Mortality Review* (FIMR) Program and Sudden Infant Death Syndrome (SIDS) Program.

(*These Programs also have program-specific Policies and Procedures.)

Define the Problem

CYSHCN is defined by HRSA/MCHB as follows:

Children with Special Health Care Needs is defined as
Children who have health problems that require more than routine or basic care, which includes children with or at risk of diabetes; chronic illnesses and conditions; and health-related education and behavioral problems. For budgetary purposes, CSHCN are infants and children from birth through the 21st year who have special health care needs and for whom the State has elected to provide with services that are funded through Title V. For planning and systems development, CSHCN are children who have or are at increased risk for a chronic physical, developmental, behavioral, or

CDPH MCAH Title V Program selected two objectives to improve the health of all children, including CYSHCN. The two objectives chosen are listed in the Title V Report/Application and summarized with required and suggested activities in the local MCAH SOW as follows:

1. Increase the rate of developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 18 months and 30 months American Academy of Pediatrics (AAP) guidelines
2. All children, including CYSHCN, receive a yearly preventive medical visit
    - Required Activities:
        - Promote regular preventive medical visits for all children as per Bright Futures/AAP, including CYSHCN
        - Adopt protocols/policies to screen, refer, and link all children in MCAH HV or CM Programs
        - Develop quality assurance (QA) activities to ensure children in MCAH programs are screened, referred and linked
    - Suggested activities:
        - Promote the use of Birth to 5; Watch Me Thrive or other screening materials consistent with AAP guidelines
        - Participate in Help Me Grow (HMG) or programs that promote the core components of HMG
        - Increase understanding of the specific barriers to referral and evaluation by early intervention or pediatric specialists (including mental/behavioral health)
        - Work with health plans (HPs), including MCPs, to identify and address barriers to screening, referral, linkage and to assist the HPs in increasing developmental screening for their members, per AAP guidelines, though education, provider feedback, incentives, quality improvement, or other methods.
        - Identify methods to measure and monitor rates of developmental screening and referrals in your jurisdiction.
        - Outreach and education to providers to promote developmental screening, referral and linkages

The required and suggested activities listed in the MCAH SOW align with State Title V Action Plans. LHJs are encouraged to determine their priorities, capacity and levels of activities performed and build on or join existing efforts or collaboratives. LHJs should continue to conduct ongoing review and revisions of local Action Plans to inform their yearly MCAH SOW.

For detailed information on the State Action Plan, priorities, objectives and strategies, please see the MCAH Title V Report/Application located at: Title V Application Report

Select the Criteria

Criteria for Policy Recommendations should be linked to desired outcome and emphasis on public health impact

- Specify measures linked to policy recommendations
  - Is focus on public health domains of prevention, screening, or treatment? What data would suggest success?
  - Recommendations can address multiple domains but there should be a primary focus of policy intervention
- Avoid issues of cost and budgets
- Consider issues of fairness (equal protection of health of all populations) vs. freedom (individual rights for self-determination and autonomy without restriction)
- Process values for implementation of policy options should be discussed; for instance, recommending balance between:
  - Democratic process of review and approval
  - Need for immediate and prompt action to reduce consequences