

Public Health Views... and News

A Newsletter for Regional Health Professionals

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*From the Desk of
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Joseph Community Health
Agency**

Trans-fat: The Public Health Risk

Trans-fat is a type of partially hydrogenated fatty acid that is not present in natural plant oils, but can be manufactured. The process of artificial hydrogenation of fatty acids was invented in the late 1800's and trans-fat became widely used in food preparation during the 20th century. Trans-fat was felt beneficial because it could be made semi-solid (Crisco, margarine) and had less tendency to turn rancid with storage. Initially it was thought that trans-fat might be less of a health risk compared to saturated fats like butter or lard. Trans-fat has been used for frying and baking food and has been consumed in large quantities by our "fast food" society.

Unfortunately, mounting evidence indicates that consumption of trans-fat is

associated with significant increased risk for coronary heart disease. A review of studies on trans-fat by the New England Journal of Medicine (NEJM) in 2006 strongly suggested a causal connection between increasing intake and coronary heart disease. Each 2% increase in trans-fat intake doubled the rate of coronary disease in the large Nurses Health Study. This study has followed 120,000 nurses since 1976. Trans-fat raised LDL (bad cholesterol) and decreased HDL (good cholesterol). High trans-fat intake increased C-reactive protein. This protein is a risk marker for coronary artery disease. The NEJM report concludes "from a nutritional standpoint, the consumption of trans fatty acids results in considerable potential harm but no apparent benefit." The National Academy of Science warned the public in 2002 that trans-fat consumption is more dangerous than consumption of saturated fat. The Academy also stated that "trans fatty acids are not essential and provide no known benefit to human health".

Other related facts to note:

- Monosaturated and polyunsaturated fats both help lower cholesterol when used in place of saturated and trans-fat. These foods consist of fish, nuts, vegetable oil and avocados. All fats should be used in moderation
- The human body can manufacture all the fatty acids needed for hormone production with the exception of linoleic acid (LA) and alpha-linolenic acid (LNA). These are the “essential fatty acids” needed in our diet. These are available in the beneficial Omega-3 oil from fish and also from many plant sources. Trans-fats, again, are NOT essential
- Trans-fats are secreted in the breast milk in an amount roughly proportional to the intake of this fat by the mother
- A small source of naturally occurring trans-fat comes from the milk and fat of animals that chew grains (cows and sheep). This accounts for 2-4% of the fat in these sources and is not felt to be a significant public health risk.
- There is no conclusive evidence thus far that eating trans-fat is the cause of obesity, diabetes, or cancer. There may be a link to infertility in women who consume large amounts of trans-fat.

The World Health Organization has recommended in 2003 that trans-fat account for less than 1%

of overall energy intake (<2 grams of Trans-fat/day).

Banning trans-fat completely from the food supply would mean banning cow’s milk, beef and veal and would be counter-productive to a healthy diet. The National Academy of Science therefore has “recommended that trans fatty acid consumption be as low as possible while consuming a nutritionally adequate diet”.

Many countries have begun regulating the amount of trans-fats allowable in food. Since 2003 the FDA has mandated labeling the trans-fat content present in food products, but has allowed 0.5 grams/serving or less of trans-fat to be considered as zero grams. Even with this liberal ruling, the FDA expects 1000 fewer cases of coronary disease by 2009. Several cities have mandated significant limitation of trans-fat use in restaurants (New York, Philadelphia-both in 2007). Most food chains are reducing trans-fat use either under legal pressure or voluntarily. Arby’s was the first fast food chain to eliminate trans-fat from its’ menu. KFC, Burger King, McDonald’s, Wendy’s and Taco Bell will all be phasing out trans-fat use soon. Crisco and several brands of margarine are now being manufactured in a way that produces the safer “cis” (rather than “trans”) hydrogenated fat in the product.

In summary, the large worldwide consumption of trans-fat has been a significant and preventable public health risk. International efforts to bar manufactured trans-fat from the food chain should result in fewer deaths from vascular disease. Obesity is another diet related problem of major concern that is most related to excessive total

caloric intake. Since fats in the form of hydrogenated fatty acids have a high caloric density and generally taste good, reduction of consumption is recommended to prevent obesity. Hopefully the food industry will assist not only by eliminating trans-fat, but also by promoting smaller portions of fat-containing menu items and promoting healthy other food choices. The public needs to be educated in regard to the consequences of consuming excess fat (Trans-fat is a particularly dangerous form) and urged to change overeating behaviors in themselves and their children.

The Branch-Hillsdale-St. Joseph County Health Plan Recently Kicked off A new Prescription Benefit Program (PDP). The following is a Question and Answer session to get you up to speed.

Q. What is the PDP?

A. The PDP is a way for people without prescription coverage to purchase prescription drugs at lower prices at their pharmacy.

Q. Who is eligible?

A. Any resident of Branch, Hillsdale, or St. Joseph county who does not have other drug coverage.

Q. How much of a ‘discount’ will I get on my medicines?

A. Members who present a PDP card at a participating pharmacy can expect to save about 25 percent off the retail price. Savings will typically be between 5 and 25 percent. Savings

depend on the kind of medicines prescribed, where you shop and if the pharmacy is already



having a sale on medicine.

Q. How does it work?

A. Take your prescription and your PDP card to your pharmacy. All pharmacies in the area, as well as national chain pharmacies participate. Give the pharmacist your PDP card and prescription. The pharmacist will fill the prescription and you will get the discount price. Always show your card for refills to be sure you get your discount.

Q. Are all drugs covered?

A. All prescription drugs are covered. Over-the-counter drugs and experimental medications are not covered.

Q. Does it cost anything to get the card?

A. No.

Q. Who is sponsoring this program?

A. This program is being sponsored by the Branch-Hillsdale-St. Joseph County Health Plan.

Q. How can I apply for the program?

A: You apply for the Discount Prescription Card at your local Health Department office or online. We have 4 offices in the tri-county area and their addresses and phone numbers are listed below. Once the application is completed and processed, the card will be mailed in two to three weeks.

Branch County Office:

570 N Marshall Rd.
Coldwater
Phone: 279-9561 Ext. 132

Hillsdale County Office:

20 Care Drive, Hillsdale
Phone: 437-7395 Ext. 121

St. Joseph County:

Sturgis - 209 West Hatch Street, Sturgis
Phone: 659-4013 ext. 108

Three Rivers - 1110 Hill

St, Three Rivers
Phone: 273-2161 Ext.207

**Electronic Prescriptions:
Are They the Answer?**

Doctors are famous (or infamous) for sloppy scribbling and handwritten prescriptions which lead to thousands of medication errors each year.

Electronics to the rescue: U.S. hospitals that switched to computerized physician order entry systems saw a 66 percent drop in prescription errors, according to a new review of studies.

Illegible handwriting and transcription errors are responsible for as much as 61 percent of medication errors in hospitals. A simple mistake such as putting the decimal point in the wrong place can have serious consequences because a patient's dosage could be 10 times the recommended amount.

The University of Minnesota researchers looked at 12 studies that compared medication errors with handwritten and computerized prescriptions from in-hospital doctors. Nearly a quarter of all hospital patients experience medication errors, a rate that has increased from 5 percent in 1992, according to the study.

Medication errors include prescribing the wrong drug or incorrect dosage or administering



a drug at the wrong time or not at all. In addition to improving patient safety, computerized systems make life easier for pharmacists. "They don't have to decipher the chicken scratch," said Karl Gumpper, director of the pharmacy informatics and technology section of the American Society of Health-System Pharmacists, based in Bethesda, Md. Pharmacists frequently have to call the prescribing doctor or interview the patient because of problems in deciphering handwriting.

Currently, only about 9 percent of hospitals have computerized prescription systems. Some hospitals have stand-alone systems, while others have computerized prescriptions as part of an electronic medical record system.

Each year, more health systems implement computerized order entry systems and more will do so as electronic medical records become more common. "It's a growth industry," Kane said.

It takes 12 to 36 months to implement a computerized prescribing system. Currently, no industry standard system exists. Some hospitals use systems created in-house, while others use commercial products created by companies such as Epic Systems, based in Verona, Wis. or McKesson Corp., based in San Francisco.

Some systems guide doctors through the prescription process, asking questions that might help avoid errors. Some even use voice recognition.

There are two reasons why more hospitals have not switched to electronic prescription systems, says Arthur Levin, director of the Center for Medical Consumers in New York. First, "Physicians,

like most of us, don't like change," he said. In addition, electronic prescription systems are costly and difficult to integrate into the complex, sometimes chaotic hospital structure.

Regardless, in hospitals with a computerized prescription system, the number of medication errors dropped, especially among adult patients. However, the rate of one type of error -prescribing the wrong drug- did not decrease, and in five studies, the number of adverse events from drug errors did not decrease.

Each year, more than one-half million patients sustain injuries or die in hospitals from adverse events, according to the study.

In hospitals with a higher number of medication errors - more than 12 percent - computerized systems made the biggest improvement, the researchers found.

Family Planning Services Transitioning to Planned Parenthood

The Title X Family program that has been provided through the Community Health Agency since the 1980's will undergo a significant change beginning October 1, 2008. The Michigan Department of Community Health bid out this grant program in the winter of 2006 to determine if other providers were interested in providing these services in our community. The Community Health Agency, for a variety of reasons, chose not to bid to provide those services. The contract for 2007/08 was subsequently awarded to Planned Parenthood of Southwest Michigan. The Community

Health Agency is currently negotiating with Planned Parenthood to provide existing clinic space within our facilities so that these services can be provided in an effective and convenient manner for clients who have historically received these services through the Health Department. The services to be provided by Planned Parenthood will be the SAME services that were previously provided by the Community Health Agency. The requirements of the Title X grant are virtually the same, only the provider of those services will change. The Community Health Agency and Planned Parenthood are working together to assure that family planning clients will experience little, if any, interruption of service. Family Planning services, including pregnancy testing, counseling, contraception, literature regarding a variety of methods of family planning, and referrals to other providers for services not available through the Title X clinic will all still be available. The Community Health Agency hopes that this transition will be smooth and seamless to clients so that these necessary services will continue to be available in our community.

Diabetes Network and Tobacco Coalition at risk of elimination

The Southern Michigan Diabetes Outreach Network, serving a 10 county area from Jackson/Lenawee to the Lake Michigan shoreline, and who provides information, training and education for health professionals is slated to be eliminated in the 2008 budget process unless it is restored by the Michigan Legislature. Our region will lose a valuable resource for a disease that Michigan is near the bottom of

the heap in 13th nationally in 2005 in the rate of diabetes for our citizens – 7.9/100 adults versus a national rate of 7.0 for adults.

In addition to the SODON project being slated for elimination, the Tobacco Reduction Action Coalition funding also comes to our region through the Healthy Michigan fund. This funding will also be eliminated in our district. These dollars have funded a 2 county coalition that has worked tirelessly on cessation programs for pregnant moms, worked with business and government organizations to assist them in going smoke-free and has written numerous grants, bringing in thousands of advertising dollars to raise awareness about the dangers of smoking and second-hand smoke.

Without the restoration of the Healthy Michigan Fund, a statewide fund set up specifically to fund promotion and prevention health programs, these excellent resources will no longer be available in our tri-county area.

Rabies Alert



With the significant increase in rabies reports in both Michigan and our tri-county region, the Branch-Hillsdale-St. Joseph Community Health Agency has put together resources that may assist you and your patients in learning about rabies, animal and human protocols for exposure, and how to deal with the critters who carry this disease (bats, raccoons, skunks and foxes). **To view these resources, visit our website at:**

WWW.BHSJ.ORG