

**Medical Director's Report
Tompkins County Board of Health
April 2012**

Dental Health

The Center for Disease Control and Prevention has reported that for the first time in 40 years the number of preschoolers with cavities is showing an increase. This from a study finalized in the year 2006. Dentists nationwide say they are currently seeing more preschoolers, at all income levels, with 6-10 cavities or more. The factors behind this are the ones we have been talking about with regards to obesity and are comprised of the following:

- Endless snacking in the car and at home, in school, wherever, extensive drinking of juice, more than is nutritionally necessary (no more the 4 ounces per day is recommended – juices contain a lot of calories and sugar albeit the sugar is natural) soda, and other sweet drinks (such as power drinks, rehydration drinks, sports drinks) and finally giving children sweet drinks at bedtime. In areas where fluoridation is available the extensive use of bottled water rather than fluoridated tap water is also a factor. An additional factor is the lack of awareness amongst parents that infants should have a dental visit somewhere before the age of 3 to be assessed for future cavity risk, even though they may only have a few teeth and those being primary.

Surprisingly, parents are not enforcing tooth brushing. Some toddlers dislike it and parents don't want to "traumatize" their children. But, many dentists say they would rather have a child cry due to a soft toothbrush, then having to drill a cavity. The issues are not just about children in lower socio-economic groups, this problem transcends all income groups. In past decades it was non-negotiable, brushing a child's teeth was part of growing up and daily living. But Dr. Rochelle Lindemeyer states this is not true anymore. She quotes some parents as saying "he doesn't want his teeth brushed. We will wait until he is more emotionally mature".

Good advise to parents includes: less frequent snacks (and make those that are given nutritious) offer more water, do away with soda and other sugar sweetened beverages (except for rare treats), and only 4 ounces of juice per day and, of course, brush those teeth. I created a media piece that the department can distribute to area media on this subject.

Health Impact Assessment

Assemblywoman Lifton has promoted and is working to include in the State Budget a Health Impact Assessment regarding hydrofracking. This is in line with our position as a Board of Health and Health Department which called for a study on health issues prior to fracking, during fracking and continuing after fracking,

should fracking be permitted in New York State. A Formal bill language is not available to me at the time of this dictation and if it becomes available, I will include it in our packet. I believe this is a step forward in the process and should show benefit in informing our population in regards to this issue.

I was in Albany in early March meeting with members of the Assembly and Senate on behalf of the New York State Academy of Family Physicians. There were several issues that we were discussing with them which are important to public health.

Of course we discussed hydrofracking, particularly the lack of human health information with regard to being able to assure the public that human health issues will appropriately be mitigated by current mitigation measures being proposed and about the dearth of information on human health with regards to hydrofracking.

One other issue concerned expedited partner therapy. This is a law that was passed in 2008 and sunsets in 2014 which allows healthcare practitioners to prescribe antibiotic for the sexual partners of patients of theirs whom they diagnosis with Chlamydia. Chlamydia is a bacteria which can cause sterility in females and can cause a urethral infection in males. It is usually passed sexually, and it is very important to treat contacts. The law has been eminently successful in helping to decrease the spread of Chlamydia. Normally a physician can not prescribe a medication for someone they have not seen and evaluated. It is regarded as negligent medical practice to do so. This law creates a loophole which recognizes the public good done by treatment and also recognizes the low risk associated with prescribing an antibiotic in this setting. I would urge that the Board of Health go on record that this law should be extended. The Assembly needs to take action prior to January 1, 2014. Thus action should be taken by Assembly and Senate in the year 2013.

HIV

The treatment of HIV has undergone such a change that it now has become a chronic disease. Of importance is that it also affects our population of middle age and aged. This is true in two ways. One is that HIV is acquired by middle aged and older individuals because of their continued sexual activity and thus needs to be diagnosed and treated in these individuals. The second reason is that individuals with HIV are aging into the middle aged and aging population. Given that drug treatment allows this disease to become a chronic disease it is more important than ever for practitioners in all setting to be familiar with addressing the complications that can arise from HIV disease and see to the preventive healthcare needs of these people. Given that they are living so long, preventative healthcare and cancer prevention strategies need to be conducted for them just as for others. More and more information is appearing about this dynamic which is being publicized to the general healthcare community.