Mercury Exposure Among Women in a Private OB/GYN Practice



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Acknowledgements

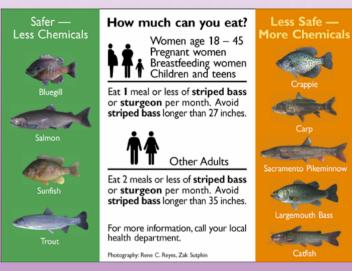
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- Funders:
 - Delta Tributaries Mercury Council of the Sacramento River Watershed Program
 - State Water Resources Control Board
 - CALFED Bay-Delta Program

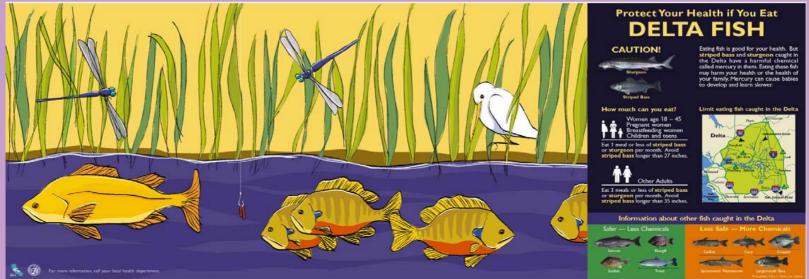
National Perspective

- Fish consumption is believed to be the primary source of mercury exposure in the general population.
- 6% of women of childbearing age have blood mercury levels of potential health concern (>5.8 mg/L; MMWR 2004).
- Among Asian, Pacific Islander, Native American, and multiracial women, this percentage is much higher (16.59 ± 4.0%; Hightower et al. 2006).

Advisories

 Sacramento has numerous nearby water bodies with sport fish consumption advisories due to mercury contamination.





Principal Objectives

- I. Characterize mercury exposure in clinic population.
- 2. Assess the feasibility of incorporating blood mercury test into clinical practice, and the extent to which Medi-Cal and other health insurance providers will pay for these tests.
- 3. Through training and education, increase knowledge among Dr. Brode's office staff and patients about health risks and benefits of fish and ways to reduce exposure to mercury.

Study Partner & CPSP

- Sacramento office of Dr.
 James Brode, M.D., FACOG.
- Serves primarily low-income women of color.
- A Comprehensive Perinatal Services Program (CPSP) provider, a statewide program administered through Medi-Cal and the CDHS' MCH Branch



Comprehensive Perinatal Services Program (CPSP)

- Goal improve pregnancy outcomes and lower health care costs
- Available to all Medi-Cal pregnant women enrolled in Medi-Cal managed care plan
- Prenatal, delivery, and postpartum care
- Health education, nutrition and psychosocial services

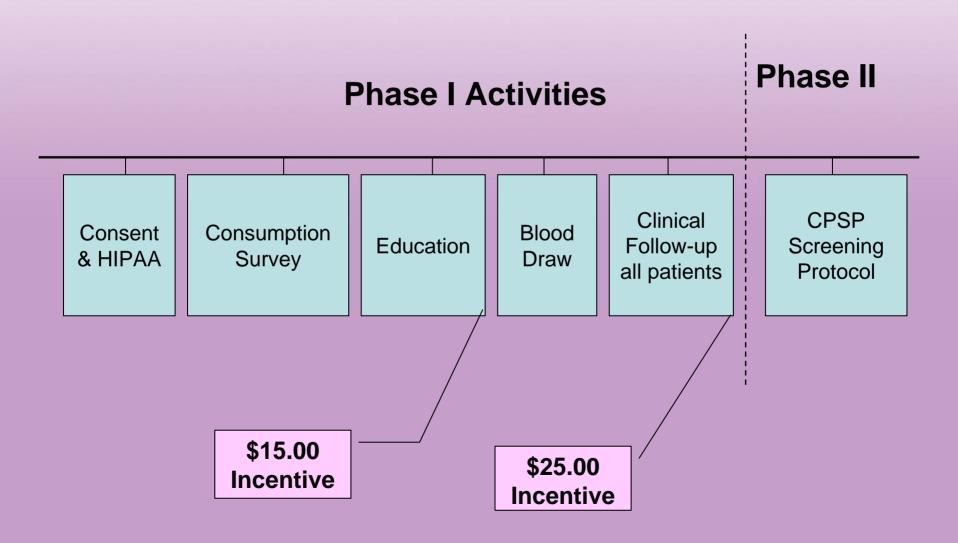


Study Inclusion Criteria

- Patients seeking pre-natal services from 10/16/06 to 2/6/07
- Age ≥ 18 and ≤ 49 years
- Pregnant and prior to 32 weeks' gestation
- Fluency in English,
 Vietnamese, or Hmong.



Study Phases



Staff Capacity Building

- Study introduction
- Mercury in fish, health effects, advisories, education
- Tools and techniques for educating patients
- Obtaining patient consent
- Administering the survey
- Delivering the educational protocol
- Practice



Consumption Survey

- Administered by clinic staff in English, Hmong, and Vietnamese
- Fish consumption habits while pregnant
- Advisories awareness
- Portion sizes
- Demographic information
- Flip book demo.
- Summary Sheet

	Brode Survey Version 3J. 10/3/06		Pt Chart#
f	7. SHARK Turn flipbook to page 3	8. SWORE	
	7 a. Do you eat SHARK that come from stores, markets, or restaurants? □ Yes □ No→ Go to Question 8 □ Don't know or unsure → Go to Question 8 □ Refused → Go to Question 8 □ No→ Go to Question 8 □ Don't know or unsure → Go to Question 8 □ Refused → Go to Question 8 □ Don't know or unsure → Go to Question 8 □ Refused → Go to Question 8 □ Times □ Don't know or unsure → If zero, Go to Question 8 7 d. The last time you ate SHARK, how much did you eat? Use these models to show me. □ A B □ □ Don't know or unsure □ Refused □ Refused □ BLARK, how much did you eat? Use these models to show me. □ A B □ □ □ E □ Don't know or unsure □ Refused □ Ref	## that c Ye Ye Ye Ye Ye Ye Ye	o → Go to Question 9 on't know or unsure → Go to Question9 efused → Go to Question 9 last 3 months, have you eaten SWORDFISH?
Brode Survey Version 3J. 10/3/06	Pt Chart #	_	Page 5
	Cover Sheet		Tugo 3
TO BE COMPLE	TED BY INTERVIEWER Before SURVEY [Interviewer Name:		
Patient Chart #:	Time Start: am pm		
A. Payment Type Cash Pay Private Insurance (specify) Medi-Cal	B. Current Weight		
□ CPSP	C. Pie-Piegnancy Weight		

Summary Sheet

	Survey Su	mmary Sheet
Patient Chart Number:	Patient's blood mercury level:	
Patient chose to have blood test: ப Yes ப No	⊔ <u><</u> 5.8 g/L ⊔ >5.8 μg/L and ≤58 μg/L	
Patient Grose to have blood test. If 166 If No	□ > 58 μg/L	
Introduction (Interviewer): Now that we are done with the survey.		
I'd like to give you some information about how to eat fish safely.	Fish Eaten	Follow-Up
To like to give you come illiornation about now to cat him salely.	1 ISH Eaten	T OHOW-OP
□ Patient does not eat fish or shellfish (record reason):	BOUGHT Eaten in Last	
	FISH 3 months?	
 Fish is good for your health and your baby. If you can, you 		
should try to include it in your diet up to 2 times a week, but follow	Shark	
the guidelines in this brochure.	Swordfish	
☐ Patient eats fish:	King Mackerel	
	Tilefish	
 It's good that you're eating fish. Fish is good for your health 	Tuna Steak	
and your baby, and it's a good alternative to other kinds of meat. It sounds like you are eating:	Albacore (solid white)	
it sounds like you are eating.	Chunk light tuna*	
 Sometimes fish can have mercury. Too much mercury in your 	Shrimp / prawns*	
body could harm your baby's brain and growth. That's why you	Fish sticks / burgers*	
should learn which fish have more mercury in them.	Salmon*	
You should never eat shark, swordfish, tilefish, or king	Catfish*	
mackerel. They have the highest mercury. Children should not	Other: *	
eat these fish either.		
Defined and a second sink	Other:*	
□ Patient eats commercial fish:	Other:*	
 For fish that you buy, keep eating it up to 2 times a week. 		
Remember, since fish is a meat protein, each time you should	CAUGHT Eaten in Last	
only eat about as much as your hand.	FISH 3 months?	
. Try to eat a variety of different fish, instead of only one kind of		
fish, such as tuna. These are some low-mercury fish to choose.	Catfish	
Defice to the town	Striped Bass	
☐ Patient eats tuna:	Other Bass	
 It sounds like you are eating canned tuna. You can eat tuna as 	Salmon	
part of your two meals a week. Chunk light tuna has less	Trout.	
mercury than albacore or white tuna, or tuna steaks. When you buy tuna, look for this label (show example).		
	Bluegill / Sunfish	
 If you eat albacore or white tuna, or tuna steaks (show 	Sturgeon	
example), you should only eat 1 can in a week, because it has	Shark	
more mercury.	Crayfish / Crawdad	
☐ Patient eats sport fish (caught by self, friends, family)	Other:	
	Other:	
 Make sure you know where your fish comes from. Check the advisory for that place, before you eat any fish. (FAQ) 	Other:	
	If you have in and in the stand	
 The safest fish to eat from around here are salmon, bluegill, 	If any box in red is checked,	
trout, and sunfish. Eat up to 1 meal a week of these fish. Avoid	please bill blood test to Medi-Cal or Insurance	
other fish unless there is an advisory for that place. Remember, since fish is a meat protein, each time you should	to Medi-Cai or Insurance	
 Remember, since fish is a meat protein, each time you should only eat about as much as your hand. 		
only eat about as moon as your name.	Commercial Fish	
□ Patient eats both commercial and sport fish:	Portions	
Every week, you can either eat 2 meals of fish that you buy		I
	□ SAFE (< 8x / 30d)	l
(except shark, swordfish, albacore tuna or tuna steaks)	□ SAFE (≤ 8x / 30d) □ HIGH (9.15π / 30d)	
	□ HIGH (9-15x / 30d)	
(except shark, swordfish, albacore tuna or tuna steaks)		

Used for Education & Clinical FU Quick assessment for blood

	Supray 6	Summary Sheet
□ Patient wants information about the Delta: • Some of the fish caught around here have high levels of meroury in them, especially striped bass and sturgeon. You should avoid these fish or only eat them once in a month. (Show Delta Postcard) • This postcard shows some of the other fish you might catch. The fish in the green section are the safest. You can eat these up to 1 time in a week. Avoid the fish in the orange section (or eat once a month).	survey s	numary sneet
Patient wants information about the American River: If you get fish from the American River, you should avoid oatfish, bass, pikeminnow, and sucker (show pictures). You can eat the safer fish, such as sunfish and bluegill, up to one time a week.		
☐ Patient eats fish from other Northern CA waterbodies: Stick the correct water body advisory label to the back of the brochure and explain. Place a copy of the sticker(s) here:		
☐ Ask if patient has any questions. Record patient's questions:		
Explain blood test instructions As part of this study, we want to find out how much mercury is in your body right now	Interviewer initials and date:	
Referral Type: If applicable, indicate type of referral made, the date of the referral, and yo Sutter Medical Center, Perinatologist UC Davis Medical Center, Occupational and Environmental Health Clin Other:		

Education



- * Post survey
- * Review types of fish
- * Advisory info.
- * Q & A

Fish has protein and healthy fats. These are good for you and your children.



FOR MOST OF THE FISH THAT YOU BUY:

You can eat up to 2 meals of fish in a week. It's best to eat a variety of fish.

Choose low-mercury fish, such as:



* If you eat tuna, choose **chunk light** canned tuna. It has **less mercury** than white or albacore canned tuna, or tuna steaks.

Children can eat fish too. They may eat up to 2 meals in a week, but give them **smaller amounts**.



FOR FISH CAUGHT BY YOU, FRIENDS, OR FAMILY:

Always follow the health and fishing advisories in your area. If there is no advisory, eat up to I meal a week of this safer fish, and no other fish in the same week. Avoid less safe fish (eat once a month or less).





Within the same week, don't eat fish you buy **AND** fish caught by you, friends, or family.

Blood Draw

- Location
- Fees negotiated with clinical laboratory
- ICP-MS
- EHLB provides 10% validation sample for comparision

Typical Fees			
Hg in whole blood analysis	\$95.25		
Blood draw	\$8.00		
Medi-Cal reimbursement	\$14.12		
Negotiated draw and analysis	\$25.00		

Clinical Follow-up Protocol

Above 5.8 μg/L and <58 μg/L

Health Impacts	To infant: No significant risk of adverse effects, but some uncertainty exists due to incomplete data and individual variability.
Provider Action	 Review blood test result at next scheduled visit. Review Survey Summary Provide counseling on ways to reduce exposure. Reinforce key messages about fish consumption. Respond to patient's questions/concerns. Repeat blood test at 2 months. Continue follow-up
Information	 Review benefits of fish consumption Recommend health advisories for commercial and sport fish. Recommend consuming low mercury fish. Answer questions as needed.
Referrals	If no fish consumption reported on the <i>Survey Summary</i> , non-fish sources of mercury exposure should be suspected. Refer patient to UC Davis Medical Center, Occupational and Environmental Health Clinic.

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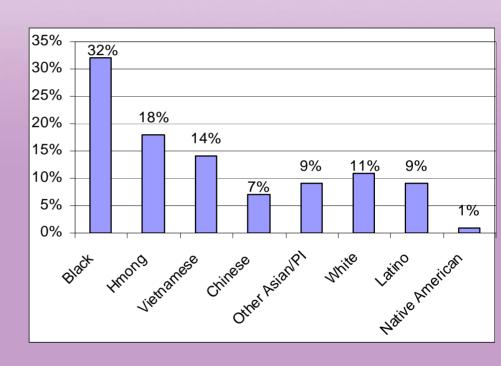


Descriptive Preliminary Results

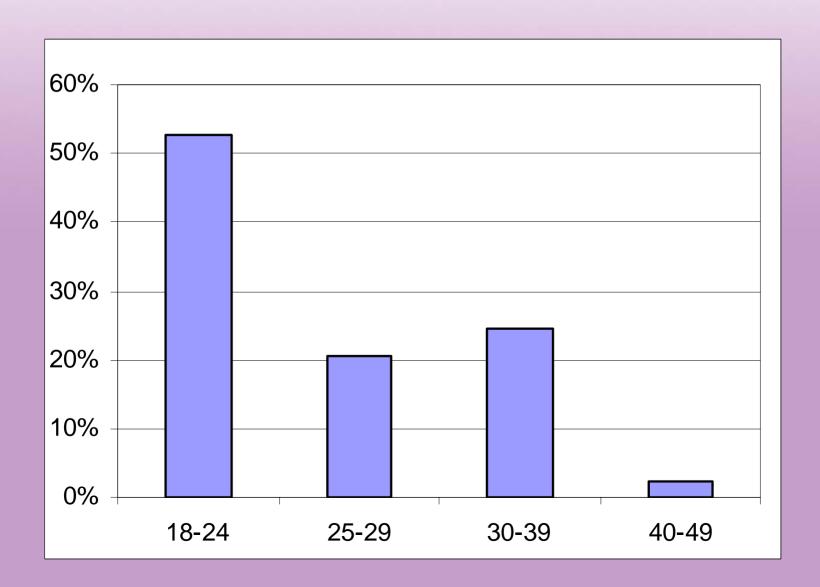


Ethnicity (n=180)

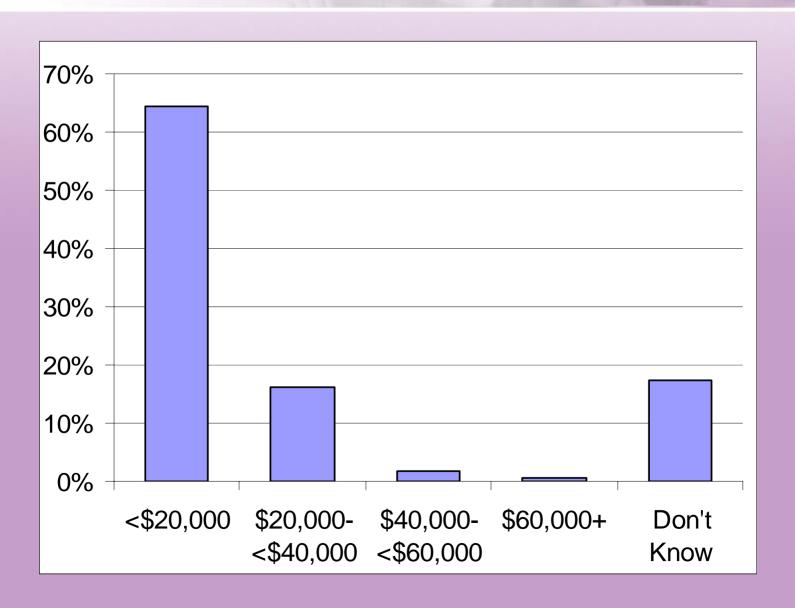
Black	57	32%
Asian/PI	86	48%
Hmong	33	18%
Vietnamese	25	14%
Chinese	П	7%
Other	17	9%
White	19	11%
Latino	16	9%
Native Am.	2	1%
TOTAL	180	100%



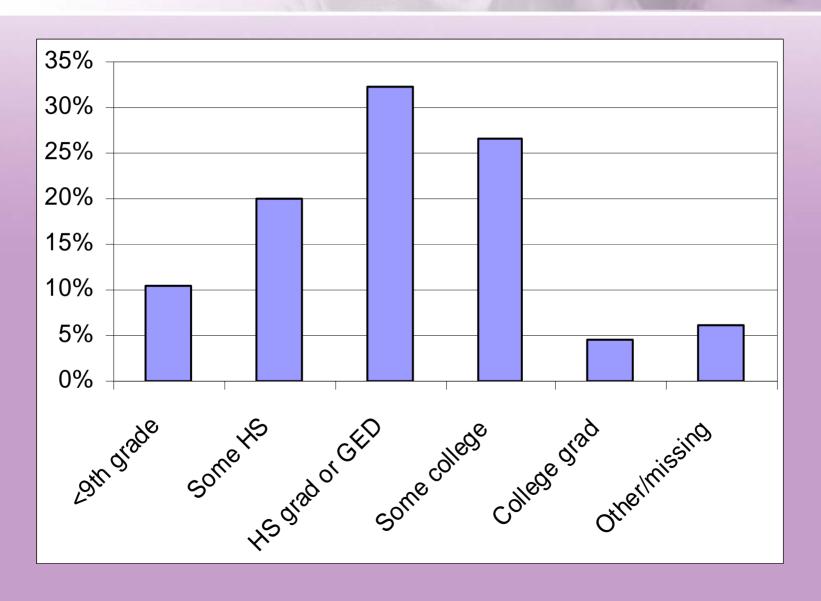
Age (n=180)



Annual Household Income n=180



Education (n=180)



Blood Mercury Results

- 18 pts (11%, 18/163 pts) elevated (≥6 μ/L)
- Range 6 to 15 μ /L
 - 14 pts retested
 - 11 pts, levels declined
 - 3 pts received 3rd test, still following up
 - 4 pts no follow up
 - 3 could not be contacted
 - I clinic chose not to recontact
- Ethnicity of elevated pts
 - II Vietnamese
 - 7 Chinese

Insurance Coverage

- Successfully demonstrated that MediCal will pay for mercury in whole blood.
- Need correct ICD-9 codes for
 a.) pregnancy and
 b.) exposure to heavy metals
- Not sure of percentage tested for whom suspected elevated exposure from Summary Sheet, but more than 1/4.

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Evaluation



Focus Group Findings

- Retention of information at follow up: Most all participants seemed to remember some information, ranging from remembering one kind of fish to avoid to several.
- Most all participants remembered that fish caught out of nearby rivers, etc. should not be consumed or consumed only in small amounts.
- Many participants drew big distinctions between store-bought fish and caught fish. All store-bought safe; caught fish unsafe.
- Many participants seemed unclear about the dangers of mercury—what it does and what makes it harmful. They just understood it to be "bad for the baby."
- All participants said they found the brochure easy to understand. Most still had it. Some posted it on walls at home and some filed it in a drawer.

Importance of Blood Test

- Many participants said that they found the bloodmercury test to be important and informative.
- One rated it equal to genetic tests she had recently undergone. One said that it was important, but not as important as an HIV test.
- One wanted her whole family to go out and have their blood-mercury tested and that everyone should have this information.

Understanding the test

- Very important because it gave them more concrete information about their health.
- Understandings of the test results were somewhat varied. Generally, most people understood their low levels to be an indication of "safety."
- A few conveyed the feeling that the test offered "truth" about their blood-mercury level that could not be obtained in a different way.
- One person said she was "negative."
- One asked me if it was okay to have low mercury? In other words, was that healthy.

Implications for Biomonitoring

- A few participants drew on other health tests as templates to understand and frame test results.
- Many participants, despite having low mercury, still cut down on fish consumption.
- Challenges for communicating results with no clinical action point, or for exposures that are difficult to avoid in daily life
- Will become more difficult and will require careful crafting and participant feedback.

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Next Steps



Data Analysis

- Study population characteristics
- Fish consumption rate
 (commercial, sport, overall;
 g/d and g/kg body weight/day;
 above advisory limits)
- Predictors of mercury level, fish consumption, and advisory awareness



Svetlana

CPSP

- Access to shared population of concern
- Assessment of fish intake can be component of both health education and/or nutrition assessment
- Education and follow-up regarding safe consumption of fish can be integrated into care plan
- Coverage for laboratory testing for mercury if needed, based on fish intake
- State-wide CPSP presentation in October 2007

