

Public Health

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HEALTH OFFICER NOTES

Penny Borenstein, M.D., M.P.H.



REDUCING THE RISK OF RX OVERDOSE

In recent years, the local and national dialogue about “risky medications” has focused on opioids—and with good reason, as our communities continue to grapple with the effects of an ongoing opioid epidemic. Yet a recent analysis of medication-related deaths in San Luis Obispo County reveals other less-discussed risks, and an opportunity to make a difference in stopping accidental overdoses. The analysis highlighted the risk of sedatives and the risk of mixing sedatives with other medications.

Our epidemiology team summarized toxicology findings for deaths in SLO County investigated by the Coroner during a three-year period from early 2015 through early 2018. During this time, the Coroner’s office requested toxicology analysis to aid investigation of 732 cases; of these, 532 had positive toxicology reports for opioids, stimulants, sedatives, or a combination of the three. Sedatives were present in 288 of these cases, while opioids were present in 282 cases.

Opioid risk is frequently in the news. Many patients understand the risk of illegal stimulants such as cocaine and methamphetamine. Yet the risk of sedatives can easily be overlooked. It also appears that many patients may not be aware of the

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risk of mixing medications, even at doses that may be relatively safe alone.

This presents a challenge, as many people commonly receive care—and prescriptions—from multiple specialists. Many people also take over-the-counter sedatives such as sleep aids, and may not think to mention these to their health care providers.

This challenge also presents an opportunity for many in our community—including patients and health care providers—to play a role in reversing these trends and preventing accidental overdoses.

I encourage us all to keep this risk in mind and do what we can to prevent accidental overdose. This includes:

Check other medications. For health care providers, this means taking a moment to review a patient's prescription history before you write a prescription for opioids or sedatives, and note any risks for mixing medications. (CURES consultation is now mandatory for most new controlled substance prescriptions and at regular intervals if you continue to prescribe the medication.) For patients, this means taking a few minutes before an appointment to review and write down all the medications you take, even occasionally.

Talk about over-the-counter sedatives. I encourage health care providers to ask patients specifically about over-the-counter sedatives such as sleep aids, and encourage patients to proactively bring up these medications if health care providers don't ask.

Talk about the risk of mixing medications. An example I find useful for health care providers opens the discussion with non-

stigmatizing language and a focus on risky drugs, not risky behavior: "The medications you take are potentially very dangerous. Because I care about your safety, I want you to know about the risk and how you can stay safe."

Limit the number of pills in a prescription, especially if the patient is taking other medications.

Safely return unused medication. If you find yourself with more pills than you need for a specific situation, return or dispose of them rather than saving them. Medication that's properly returned isn't available for misuse or accidental poisoning. National Rx Drug Take-Back Day (twice each year) is a reminder to drop off unused medication. You can also return medication to your pharmacy or visit DisposeMyMeds.org to find a drop-off location.

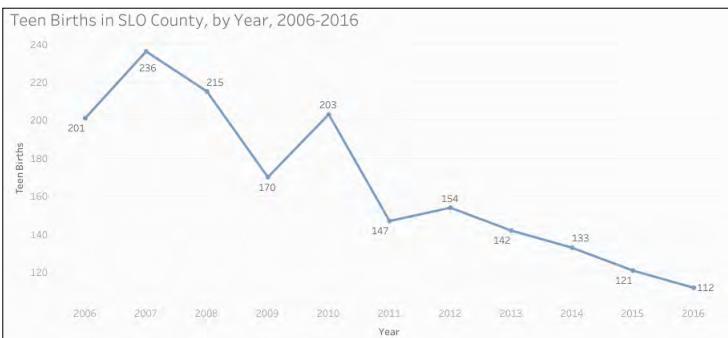
While this analysis did not focus on alcohol at the same level of detail, it did note that around 25-30 percent of the cases also involved alcohol. Many prescription labels now advise patients not to drink alcohol while taking a medication, but it is clear we have an opportunity to remind patients of this risk.

I invite you to review this analysis in more detail (www.slocounty.ca.gov/epidemiology) and welcome your input as we work to reduce the risk of accidental overdose in our community.

Thank you for your attention,



DATA SPOTLIGHT: TEEN BIRTH RATE



COMPARED TO



CA Counties



CA Value

(17.6)



US Value

(22.3)

Giving birth as a teenager can create challenges for both parent and child. Now, data shows teen births have been steadily declining for several years in #SLOCounty. See data on this downward trend and more at www.slohealthcounts.org

HEALTH CARE NAVIGATORS TAKE ON TOUGH QUESTIONS

When the Public Health Department health care access team answers the phone, they're ready for questions that cover the range of experience with health care, from the logistics to the potentially life-altering: Now that I have insurance, where can I find a doctor? Why is this medical bill so high? I'm worried about this lump—but what if treatment is too expensive?

"No matter what the question or issue is, I want people to know: you're not alone," said Laura, a nurse navigator who joined the team this year.

"We're here to answer their questions," said Susana, who has served as a patient services representative since 2011. "We help people see their options ... sometimes we can help give them peace of mind, too."

The team helps connect people with health coverage, including signing up for plans through Covered California, applying for Medi-Cal, or getting short-term emergency assistance through the County's MISP Program. But that's often just the beginning.

"It's great to have health insurance, but if you don't understand your plan and how to use it, you will miss out on getting all your health needs met," Laura said.

To address this, the team helps residents find doctors who take their insurance, helps decipher confusing medical bills, and can even serve as a go-between for residents and insurance companies or hospitals in especially complex cases. They also help residents navigate the particulars of public and nonprofit programs—for example, transferring an elderly parent's hospice services from another county.

"I have time to listen and figure out solutions," Laura said. "It's not that I know all the answers, but I know how to find things out. And I don't stop—I keep calling. Because my goal is to come back with something for that person, a solution or an option."

Susanna said she often connects people with services they didn't know were available.

"A lot of people don't know they qualify," for low-cost or free coverage, she said. "Either they don't have the information, or they don't know what information to trust." In her years in this role, she's built relationships and trust by consistently offering reliable information and showing up to offer support. ■



"We help people see their options ... sometimes we can help give them peace of mind, too."

Laura's career in health care helped prepare her for the challenge. She worked as a nurse for more than 35 years in settings ranging from emergency rooms to home health to community care and more. That experience means she speaks the language of the health care and insurance worlds, and she's not intimidated by situations that can seem confusing or hopeless from the outside.

Her motivation is simple: "I'm really driven by wanting to make a difference, to address social justice and relieve disparities," she said. "When I get a tough question, I just think, 'What if this were my mom? My son? My neighbor?'"

As Susana explains: "It's a reward seeing that you're doing something to help."

To learn more or get help with a health care question: Call 805-781-4838 or visit slocounty.ca.gov/health-care-navigation.

To sign up for health coverage during open enrollment: **Open enrollment season for Covered California** began in October and continues through January 15, 2019. The team is available to help residents compare plans, find discounts and sign up for insurance through this marketplace. They're also available to help residents navigate health care challenges throughout the year. Call 805-781-4838 or visit slocounty.ca.gov/covered-ca to get started.

Appointments are available in English or Spanish, over the phone or in person in San Luis Obispo, Grover Beach and Paso Robles. ■

WELCOME TO DR. RICK ROSEN, DEPUTY HEALTH OFFICER

Dr. Rick Rosen brings international experience and a native Californian's perspective to his new role as Deputy Health Officer, a broad role that connects to many of our county's most pressing health issues.

In his years as a practicing otolaryngologist, Rick served individual patients—in particular, he focused on treating children who faced injury or illness in their head or neck—while addressing systems issues in his role as a medical director. Through this experience, he “came to realize the limits of clinical medicine” in taking on the big-picture challenges with our health and health care systems. He went on to earn a master’s in medical management and a master’s in public health. He then completed a preceptorship with the population health unit of the Waikato District Health Board in New Zealand, serving a region he describes as “very similar in a lot of ways” to SLO County.

Working in public health, he connected with a community of people who “have a similar orientation toward trying to help everyone do better.” Now, he’s working with teams across the department to take on issues from electronic health records to communicable disease investigations. The role demands a blend of clinical and system-level skills, and a focus on learning about the unique assets and unique risks in our community.

“It’s great to join a department that has been very proactive on different fronts,” he said. “The response to the opioid epidemic, the dental health program for kids, the lab that has been on the



forefront of new tests such as those for tuberculosis ... it’s really impressive for a relatively small county.”

Prior to taking on the role of Deputy Health Officer in August 2018, Rick worked for the Waikato District Health Board, Stanford Children’s Health and Children’s Hospital Oakland. He earned his MD and master’s in medical management from the University of Southern California, and his master’s in public health from UC Berkeley. He speaks Spanish fluently and has served as a volunteer physician in Ecuador and a violence prevention volunteer in Los Angeles.

He moved to San Luis Obispo with his wife and two children (and a recently-adopted puppy) when he accepted the role. He’s already embraced the “reasonable pace of life and sense of community” and the opportunity to walk to work.

“It’s a great community,” he said. “I’m learning why they call it the happiest place on earth.” ■



FREE FLU SHOT CLINICS

The Public Health Department hosted free flu shot events with the City of Atascadero and the Five Cities Fire Authority to help protect residents from the flu—and help our teams practice a rapid response to threats like pandemic flu. More than 100 staff and volunteers from multiple agencies worked side by side to coordinate the event and put it in action. ■

BEHIND THE NUMBERS: HIV

In the second and third quarters of this year, 12 new cases of HIV were reported in SLO County—compared to two cases in the previous two quarters. This is an unusual increase in a short time, though it is not yet clear if it represents a pattern.

Why is this happening? Officials in California and nationwide are seeking to understand possible connections between HIV patterns and big-picture issues such as access to health care, cuts to STD prevention budgets, unsafe drug injection practices related to the opioid epidemic, the increased prevalence of dating apps, and advances in treatment that may have lowered the perception of risk surrounding HIV.

What is the Public Health Department doing? The Public Health Department investigates all new cases of HIV reported in SLO County. That includes work to understand whether cases are related and whether certain groups face specific local risks for HIV. The Public Health Department recently began providing pre-exposure prophylaxis (PrEP) to patients who are at substantial and ongoing risk of HIV infection. We also recently applied for state funding to increase access to HIV testing.

What can you do? Get tested and protect yourself. CDC recommends everyone between age 13 and 64 get tested for HIV at least once. Health care providers: consider opportunities to discuss HIV testing and prevention with patients. For more information, visit cdc.gov/hiv. For a local epidemiologic profile of HIV/AIDS published in May 2018, visit slocounty.ca.gov/HIV-Profile-2018. ■

SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2017					YEAR 2018												
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year to Date								
AIDS/HIV	1	0	0	7	0	1	1	1	2	8	0	1	1	5	2	7	3	13
Campylobacteriosis	9	20	31	12	72	6	12	18			36							
Chlamydial Infections	333	317	316	283	1249	341	268	268			877							
Coccidioidomycosis	38	53	85	192	368	215	70	88			373							
Cryptosporidiosis	0	2	3	3	8	3	1	2			6							
E. Coli	4	4	6	2	16	2	2	5			9							
Giardiasis	2	3	4	0	9	1	0	3			4							
Gonorrhea	57	35	33	51	176	45	43	57			145							
Hepatitis A	0	1	0	0	1	1	0	0			1							
Hepatitis B (Chronic)	14	8	9	7	38	6	4	4			14							
Hepatitis C (Community)	67	69	67	57	260	85	59	56			200							
Hepatitis C (Correctional)	21	30	23	24	98	25	27	32			84							
Lyme Disease	1	0	1	1	3	0	2	0			2							
Measles (Rubeola)	2	0	0	0	2	0	1	0			1							
Meningitis (Bacterial)	3	3	2	0	8	1	1	2			4							
Meningitis (Viral)	0	4	6	2	12	1	3	7			11							
MRSA	0	0	0	0	0	1	0	0			1							
Pertussis	4	4	3	5	16	1	2	5			8							
Rubella	0	0	0	0	0	0	0	0			0							
Salmonellosis	6	9	10	4	29	3	9	6			18							
Shigellosis	1	1	1	5	8	3	1	1			5							
Syphilis (Primary/Secondary)	4	6	3	1	14	5	6	6			17							
Tuberculosis	1	0	2	3	6	1	0	1			1							

For more information, please visit the SLO County Epidemiology Data and Publications website. Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Cases reported by health care providers that do not meet the case definitions are not included in case counts. All cases are for SLO County residents only. Persons who do not list SLO County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence. Case counts may change over time, as cases currently under investigation are resolved they are added to the totals.



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Email us at SLOpublichealth@co.slo.ca.us to subscribe, unsubscribe, or send us your feedback.

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WHAT'S NEW AT PUBLIC HEALTH?

Six cases of variant influenza A (H1N2v) were confirmed in SLO County in August, the first such cases to be diagnosed in California. The cases were all related to pigs ill with the same strain of flu at the California Mid-State Fair. Influenza A (H1N2) is a virus that spreads among pigs and is occasionally transmitted to people who have close contact with pigs. When this happens, the infections in people are called variant influenza infections. The Public Health Department conducted a broad investigation with support from the California Department of Public Health and the Centers for Disease Control and Prevention. Mid-State Fair officials fully cooperated with the investigation. Findings will be used to help prevent the spread of illness at agricultural events in the future. All six patients have fully recovered.

The Public Health Laboratory began offering testing for Mycoplasma genitalium (Mgen), an emerging STD pathogen. Mgen was discovered in the early 1980s but until recently has been difficult to detect and control because lab testing required a specialized process that could take up to six months. New technology means the lab can now detect Mgen rapidly. The lab is offering Mgen testing free of charge to non-profit health care providers through December 31, 2018 to gain a better understanding of how prevalent it is in our community. For details, visit slocounty.ca.gov/lab or call 805-781-5507.



Fall Prevention Class graduation at the SLO Senior Center, September 2018

150+ seniors graduated from the Public Health Department's fall prevention classes this year. In these classes, students learn how to reduce the risk of falls and build confidence to stay active and independent. Health educators discuss vision, medication and nutrition, and pedestrian safety. They perform a fall risk assessment for each student—measuring things like balance, mobility and lower leg strength—and lead the class in exercises students can practice at home. For information on upcoming classes or the new SLOCO Seniors monthly meetup, visit slocounty.ca.gov/fall-prevention or call 805-781-5564. ■