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Public Health
Prevent. Promote. Protect.

HEALTH OFFICER NOTES

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THE AFFORDABLE CARE ACT: MORE AT STAKE THAN AN IDEOLOGICAL DEBATE

For the 41 million uninsured adults in the U.S, the Affordable Care Act (ACA) is much more than an ideological debate. Uninsured Americans are now faced with real life choices that require real information they can use to make the best decisions for themselves and their families. How we communicate this important information today, I believe, will affect the health of our community and quality of our healthcare system in the years to come.

There are over 36,000 uninsured adults living in San Luis Obispo County. Under the ACA's newly expanded Medi-Cal program, almost half of our uninsured will be eligible for free, full-scope health coverage, but many are unaware and will never enroll.

Earnest outreach and education efforts, including ours in San Luis Obispo County, are competing against political rhetoric and sensationalized news stories that are all too often filled with misinformation. Survey after survey shows the public remain confused and misinformed about the health care reform law and how it will affect them. Today, 40 percent of the American people still believe there are death panels in the ACA.

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Some misinformation is locally grown. For example, local TV news stations are rightly reporting about the technical problems plaguing the federal Health Insurance Exchange (healthcare.gov); however, by failing to report that California residents do not use the federal Exchange, they have repeatedly implied that this is a problem for local residents. Our state is among the 16 states plus Washington D.C. that have established their own Exchange. California's Exchange is called Covered California (coveredca.com) and, while not problem-free, it has performed much better than the now infamous federal Exchange. The unfortunate consequence is that many local residents believe they are not able to access the Exchange and enroll in coverage.

Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. The Kaiser Family Foundation recently conducted a survey of uninsured Californians which found that 64 percent report having gone without needed health care because of cost.[1] Half of the uninsured surveyed said they have skipped a recommended medical test or treatment, and four in 10 have not filled a prescription, cut pills in half, or skipped doses.

While insurance alone does not guarantee access, it is a good start. There are real people, members of our community of all stripes who have been locked out of the health insurance market for years because they had the misfortune of prior health conditions. Under the ACA, the ability to obtain health insurance will be a right for all who want it, rather than a game of "Russian roulette."

As health care providers, we have a responsibility to communicate factual information on issues affecting our patient's health. The ACA is a broad and complex law and, although providers may disagree with some provisions, our patient's health must remain our primary concern, and coverage plus access are critical factors for patient health.

We can all do a better job of communicating about this very real and life-changing issue. I challenge everyone to refrain from judgment by anecdote. There is too much at stake for us to follow the example of pundits and partisans on both sides who want to turn access to health care into a game of whether the ACA wins or loses in its first year.

1. California's Uninsured on the Eve of ACA Open Enrollment: The Kaiser Family Foundation Baseline Survey, September 2013.

RECOMMENDATIONS FOR CLINICAL TESTING AND REPORTING OF INFLUENZA

—September 29 officially began the 2013-14 influenza season.

Testing

Reverse transcriptase-polymerase chain reaction (RT-PCR) is the preferred testing method for "Flu", even if rapid test is negative. Rapid flu tests have limited ability to detect variant influenza A virus. Always test by RT-PCR in the following circumstances:

- Hospital, ICU and/or fatal cases with influenza-like illness (ILI*)
- Acute respiratory outbreaks
- ILI in any person with recent swine exposure or contact with a confirmed case of swine (e.g. H3N2v or H1N2v) influenza

**ILI = fever >100°F or 37.8°C and cough and/or sore throat, in absence of known cause.*

Specimen Collection

- Obtain swab, aspirate or wash of nasopharynx, nasal passage, or throat for upper respiratory illness. *Click here for a video demonstration.*
- Also obtain lower tract specimen (bronchoalveolar lavage, bronchial wash, tracheal aspirate, or lung tissue) for hospitalized patients with pneumonia.
- Always use Dacron-tipped swabs (not cotton or calcium alginate) and place in standard container with 2-3 ml of viral transport media.
- Collect ideally within the first 24-72 hours of symptom onset, and no later than 5 days of symptoms.
- Keep refrigerated at 4°C and send on cold packs—if received by lab within 3 days of collection. If samples cannot be received by lab within 3 days, freeze (-70°C or below) and ship on dry ice.

Reporting

- Continue mandatory reporting of laboratory-confirmed influenza in fatal cases aged 0-64 years.
- We strongly encourage voluntary reporting of laboratory confirmed influenza cases aged 0-64 requiring intensive care.

Please call the Communicable Disease Program with any questions at 781-5500.

WIC DENTAL DAYS HONORED FOR CHILDREN'S ORAL HEALTH

Each year, the California State Association of Counties (CSAC) honors the most innovative programs developed and implemented by California Counties through their Challenge Awards. These unique awards recognize the innovative and creative spirit of California county governments as they find effective and cost-saving ways to provide programs and services to their citizens. Recently CSAC honored 18 counties with Challenge and Merit Awards, and the San Luis Obispo County WIC Dental Days Program received a Merit Award for providing early dental intervention and education to low-income infants and children.

There exists a higher prevalence of early childhood caries (ECC) [cavities] in economically disadvantaged populations. The costs of ECC treatment are often borne by agencies and organizations that serve these populations, such as Medi-Cal, Federally Qualified Health Centers, non-profit assistance programs, and public health agencies. A 2007 screening of elementary and low-income preschool children revealed that while San Luis Obispo County appeared healthy on the surface, certain geographic areas, and populations with lower socio-economic status, had higher rates of dental disease.

The San Luis Obispo County Women, Infants and Children Program (WIC) serves approximately 5,000 participants per month. Considering that 83% of infants and children enrolled in WIC have Medi-Cal as their health and dental insurance, WIC was a logical location for an oral health intervention.

In 2006, with funding from First 5 San Luis Obispo County, WIC staff started conducting group oral health education to parents of infants and children and began referring families to a dental home. To build on the success of the program, in 2009 the Dental Health Foundation provided funds which expanded the program. Tolosa Children's Dental Center began going into WIC sites focusing on risk assessment, dental screenings, individualized health education, and fluoride varnish applications. In 2011, the Public Health Department established an Oral Health Program and assumed management of WIC Dental Days from Tolosa.

The dental hygienist who works in this program does an oral assessment of each child; the parent completes a risk assessment and receives anticipatory guidance and counseling based on the results; one to two behavioral goals are selected; the family is referred to a dental home; and the child receives a toothbrush prophylaxis and fluoride application.

First 5 continues to fund the program, and other funding streams help make the program sustainable. The literature suggests the potential for a significant reduction in the expense of dental disease treatment as a result of early intervention programs. Dental expenditures to Medi-Cal alone for one case requiring advanced restorative care can be upwards of $3,200. Based on the number of children seen at WIC Dental Days, and the combined revenue from the different funding mechanisms, we estimate the cost per child at $30 each, which is significantly lower than would be expected should ECC be diagnosed.

A survey of the group education participants over a three year period, 2009-2012, shows a 50% increase in the number of WIC families reporting their child has been to the dentist, despite a lack of Medi-Cal pediatric dental providers in the County. Further, a recent countywide assessment of high-caries risk preschoolers shows improvement in several standard oral health status indicators. Children with no obvious dental problems increased by 23%, children with untreated decay decreased by 7%, and children requiring urgent care decreased by 40%.

San Luis Obispo County is proud to have developed an individualized and resourceful solution to its oral health challenges. Results to date indicate a positive trend in the oral health of our WIC program participants.

HOLIDAY FOOD SAFETY

The holiday season is approaching and for many of us the season revolves around food. The Centers for Disease Control estimates that each year 48 million Americans get sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases. Following four simple steps can help keep your family safe from foodborne diseases at home.

Step1: Clean

- When preparing food, always start with clean hands, cutting boards, countertops, serving plates, and utensils.
- Don't rinse raw meat and poultry before cooking, as rinsing can spread bacteria around the sink and countertop.

Step 2: Separate

- Use separate cutting boards and utensils when preparing foods to prevent cross contamination, and be sure to keep raw meats, raw eggs, and any contaminated surfaces away from fresh produce and cooked items.
- Defrost meat safely in the refrigerator or in cold water. Every five pounds of turkey needs 24 hours to thaw in the refrigerator, or 30 minutes per pound when thawing in cold water.

Step 3: Cook

- Color is not a proper indicator of doneness; use a clean instant read thermometer to make sure the innermost portion reaches the designated temperature. Internal temperature of a turkey should reach 165°F. If the turkey is stuffed, also make sure the stuffing reaches 165°F; stuff loosely and allow additional time to cook.
- Avoid eating raw eggs and foods containing raw eggs, such as uncooked cookie dough, homemade Caesar salad dressing, hollandaise sauce, and homemade eggnog.

Step 4: Chill

- When serving buffet style, keep hot food warm in chafing dishes or slow cookers at 140°F and cold food chilled over ice at 400°F; dishes served at room temperature should be discarded after sitting out for two hours.
- Store leftovers in shallow air tight containers divided into small units, and refrigerate within two hours of serving. Remove stuffing and meat from the turkey carcass before refrigerating. Leftovers should be consumed within three to four days. When in doubt, throw it out.

More information about food safety is available at: www.holidayfoodsafety.org; and www.foodsafety.gov.

CMSP IS CLOSING ITS DOORS

Sometimes old adages are true: "When one door closes, another opens."

After 30 years of service, the County Medical Services Program (CMSP) is closing its doors at the end of the year. This door is closing because the Affordable Care Act (ACA) is opening doors for new and better opportunities for CMSP clients.

CMSP provides for short-term medical services to eligible, low-income residents who are not qualified for Medi-Cal or other public health care assistance. The program serves as a last resort for people with a medical need and no other way to pay for care.

Starting January 1, 2014, uninsured legal residents can obtain health coverage through the state run Health Benefits Exchange, known as Covered California. CMSP clients will qualify for Medi-Cal or for discounts to purchase an insurance

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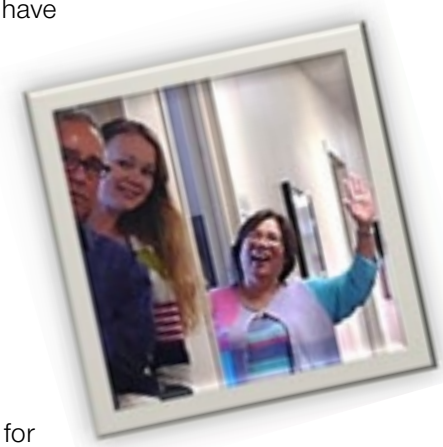
there will no longer be limits on personal property. These changes mean that about 80 percent of the 3,200 CMSP clients will qualify for Medi-Cal. Both coverage options provide full-scope benefits, which is a big improvement over the very limited and short-term coverage provided by CMSP.

The Public Health Department has teamed up with the Department of Social Services to assist CMSP clients with the transition. Space at the CMSP office has been converted into an enrollment hub where clients are offered one-on-one assistance and computer access to enroll or just research coverage options. Clients appreciate the convenient computer access and enrollment assitance.

CMSP staff will be transitioning as well. Three will transfer to Social Services in early December to begin training as eligibility workers, and the remaining will stay on a while after the doors close to take care of back office duties. Some staff have been surprised by the number of clients who have expressed sincere concern for them as well as heartfelt appreciation for their work at CMSP.



Our CMSP staff are talented professionals and we are confident another door will open for each one of them.

SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	LAST YEAR 2012		CURRENT YEAR 2013	
	QUARTER ENDING 9/30/2012	TOTAL CASES	QUARTER ENDING 9/30/2013	TOTAL CASES
AIDS/HIV	0/2	3/11	2/6	8/22
Campylobacteriosis	31	69	33	62
Chlamydial Infections	180	647	224	802
Coccidiodomycosis	18	113	19	71
Cryptosporidiosis	4	8	0	4
E. Coli	4	6	7	11
Giardiasis	0	8	3	10
Gonorrhea	26	68	16	42
Hepatitis A	0	2	1	2
Hepatitis B (Chronic)	11	26	5	20
Hepatitis C (Community)	83	248	60	198
Hepatitis C (Correctional)	108	268	75	239
Lyme Disease	0	1	1	2
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	1	2	0	0
Meningitis (Viral)	1	3	8	15
MRSA	0	0	0	0
Pertussis	0	11	5	12
Rubella	0	0	0	0
Salmonellosis	20	34	14	32
Shigellosis	41	1	0	3
Syphilis (Primary/Secondary)	2	3	2	5
Tuberculosis	1	2	1	3

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 no meet the case definitions are no included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.

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ACA EXPANDS COVERAGE FOR SUBSTANCE USE DISORDERS

Star Graber, PhD, LMFT

While San Luis Obispo County Drug and Alcohol Services currently provides a broad range of services to help people with substance use disorders, staff have also been busy planning and preparing for the sweeping changes to come in 2014.

The Affordable Care Act (ACA) includes provisions to improve and expand treatment for substance use disorder (SUD), which is the new term for those suffering with addiction, substance abuse, drug problems, alcoholism, or chemical dependency. Starting January 1, 2014, the ACA will increase the number of people able to obtain healthcare coverage and broadens federal parity protections resulting in expanded benefits for mental health and SUD services covered in plans offered on the Exchange (Covered California) and Medi-Cal.[1]

Expanded benefits include the following:

- Intensive Outpatient/Day Treatment (9-20 hours per week) – for all clients (currently limited to pregnant and postpartum women and youth under age 21)
- Residential SUD Services – for all clients (currently limited to pregnant and postpartum women)
- Recovery Support
- Opioid Detoxification – extends time limit from 21 days to six months
- Alcohol Detoxification – medical management of withdrawal in hospital facilities

The number of newly insured in our county could grow as high as 30,000, which will increase the number of individuals being screened and referred for treatment for SUD. While difficult to estimate how many of the county's newly insured will seek treatment, County Drug and Alcohol Services anticipates demand for their services could increase as much as 33% in the coming years.

Referrals will be taken by County Drug and Alcohol Services from community health care providers to do a patient assessment and placement in the appropriate level of care.

For more information about San Luis Obispo County Drug and Alcohol Services, please visit our website at www.slodas.org or call us at 805-781-4753.

1. Wellstone-Domenici Mental Health Parity and Addiction Equity Act