

# Provider News

A Newsletter for Shasta County Clinicians

Fall 2017

Shasta County Health and Human Services Agency - Public Health Branch

## Diabetes Prevention Program will soon be covered by Medi-Cal

Beginning July 2018, the Diabetes Prevention Program (DPP) will be a covered service for Medi-Cal patients in addition to private insurance patients. DPP is a Center for Disease Control and Prevention (CDC)-approved program that has proven effective in preventing or delaying Type 2 diabetes.

Led by trained peer coaches, the DPP provides an important opportunity to provide culturally and linguistically appropriate health education and support to prevent people with pre-diabetes from getting diabetes.

More than 114 million people in the United States have diabetes (30 million) or pre-diabetes (84 million). 11% of Shasta County adults have diabetes (nationally 1 in 4 don't know it).

Some experts expect a 30% increase in diabetes patient visits in medical offices by 2020. This is a huge burden for health care systems already overstretched. We can do something about it!

A simple blood test can detect pre-diabetes (fasting blood sugar 100 to 125 mg/dl or Hbg A1c 5.7% to 6.4%).

Some health care providers are not screening all patients for pre-diabetes who should be screened per current guidelines.

Pre-diabetes screenings should be done for the following every 3 years:

- overweight or obese (BMI  $\geq$  25);
- people of color;
- history of diabetes in family or during pregnancy; and
- 40-70 years old

Also, you can advocate for a healthy built environment to make physical activity an easier choice as well as accessibility to healthier food.

The CDC's Evidence-Based DPP lifestyle course can cut the chance of progression of pre-diabetes to diabetes by 58%. Trainings are led by a trained lifestyle coach once a week for the first 6 months, followed by once a month for the last 6 months.

The DPP includes physical activity at least 20 minutes a day, healthy eating,

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## Suicide prevention strategies for health care providers

Suicide is the 10<sup>th</sup> leading cause of death in the United States, responsible for more than 44,000 lives lost per year. Though disproportionately experienced by elderly adults (particularly men), suicide touches nearly every age group. It is the second leading cause of death among youth aged 10-24 years, where 1 in 25 have attempted suicide.

Suicide is particularly problematic in Shasta County, where age-adjusted rates significantly exceed that of the state and the nation. Increased risk of isolation, financial hardship, high rates of adverse childhood experiences and easy access to lethal means are a few risk factors that make residents in rural areas like Shasta County uniquely vulnerable.

As suicide continues to rise nationally, it is imperative to adopt prevention strategies in key environments such as schools, workplaces and clinical settings. A recent study published in the American Journal of Psychiatry found that electronic health records reviewed for specific risk factors can serve as an "early warning system," identifying patients in need of further screening and predicting suicidal

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## Diabetes...

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stress management, behavior modifications, and reducing sugary beverages. The reduction in diabetes at 3 years with DPP is double the success rate of metformin.

Medi-Care, Blue Shield, and Anthem now cover DPP. Shasta County Health and Human Services Agency is working with the Shasta Family YMCA to implement DPP here soon. Meanwhile, please increase screening for pre-diabetes in your practice.

## Did you know?

**50% of adults in Shasta County were estimated to have pre-diabetes, including 30% of people aged 18-39.**

9 out of 10 people with pre-diabetes don't know they have it (pre-diabetes has no outward symptoms).

15-30% of people with pre-diabetes go on to diabetes in 5 years and 70% in their lifetime.

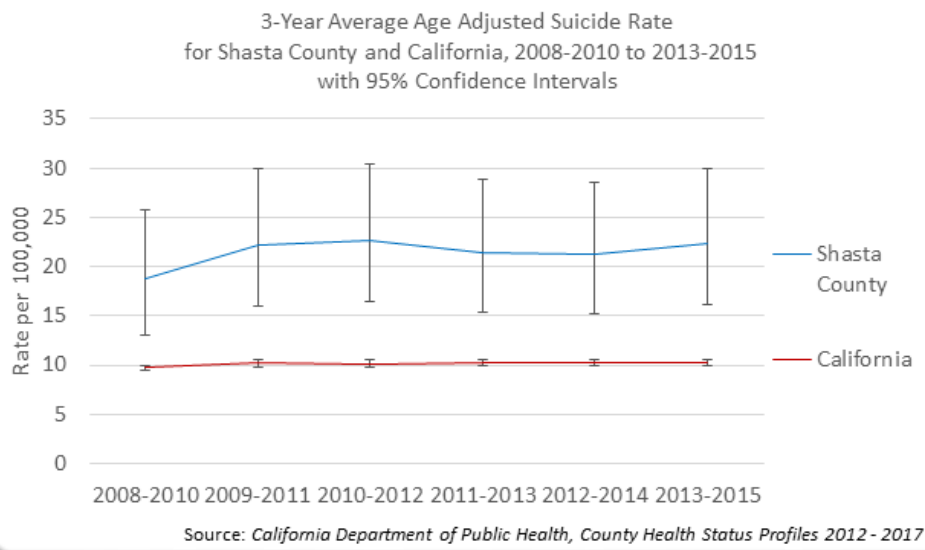
Diabetes is the leading cause of myocardial infarctions, cardiovascular accidents, dialysis, blindness and amputations.

## Suicide... *Continued from page 1*

behavior an average of 3-4 years in advance. Another study found that 90% of teens who attempted and 45% of those who completed suicide saw their provider within the month of their attempt or completion. In rural areas, the estimation increases to 66% for those lost to suicide.

Primary care providers have the potential to be our most powerful gatekeepers to interventions and services needed to achieve and sustain recovery. As a key component of a broad approach needed to decrease suicide, clinical providers should:

1. Observe the US Preventive Services Task Force's current depression screening recommendations:
  - Routine screening for all adults, including pregnant women, new mothers and the elderly.
  - Screening for major depressive disorder in adolescents ages 12-18, addressing any history



2. Consider CME for suicide screening. Online modules include AT-Risk Primary Care, or QPR for MD/DOs, PAs and NPs.
3. Integrate systems to ensure proper diagnosis, treatment and follow up care for depression. The Suicide Prevention Toolkit for

Rural Primary Care Practices has protocols and strategies.

4. Consider screening patients for adverse childhood experiences and referring them to counseling, if appropriate.

For resources and materials on preventing suicide and suicide prevention training for clinical settings, please contact Amy Sturgeon, MPH at Shasta County Health and Human Services, (530) 229-8426.

## Take caution when prescribing opiates, benzodiazepines

Opioids and benzodiazepines can be deadly or cause serious harm when taken in excess. CURES showed the following for the one year between Oct. 1, 2015 and Sept. 30, 2016:

644 Shasta County prescribers wrote 224,221 opioid prescriptions that were filled by 55,692 Shasta County residents. The top 20 prescribers (3.1%) accounted for 27.8% (62,251) of opioid prescriptions filled.

584 prescribers wrote 88,903 benzodiazepine prescriptions that were filled by 24,228 Shasta County residents. The top 20 prescribers (3.4%) accounted for 31.4% (27,905) of benzodiazepine prescriptions filled.

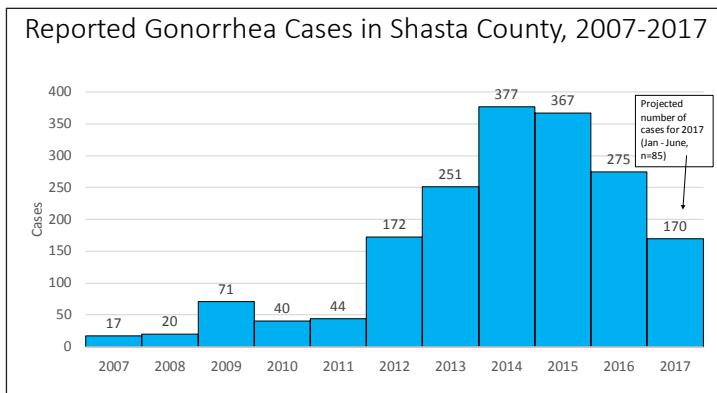
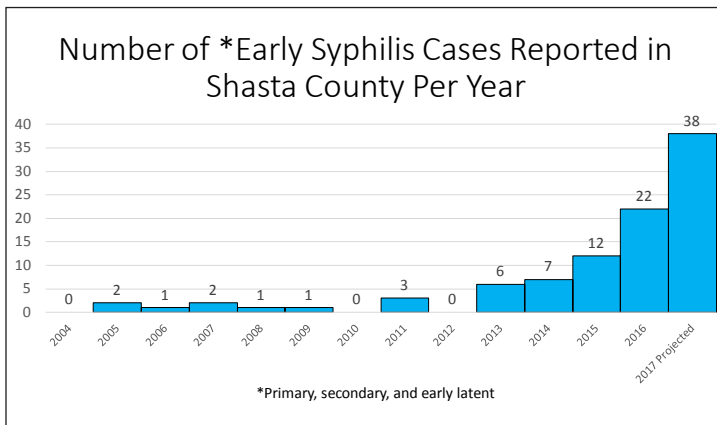
A total of 13,451 Shasta County residents filled at least one opioid and one benzodiazepine prescription.

## Countering the effects of ACEs

Twenty-six champions have been trained to give presentations on how Adverse Childhood Experiences can lead to health problems in adulthood. We can reduce ACEs by increasing protective factors, coordinating service systems and engaging the community. To request a training, go to [www.shastastrongfamilies.org/contact](http://www.shastastrongfamilies.org/contact).

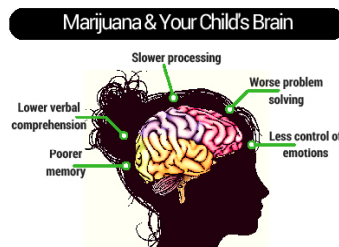
## Fight STDs: Talk, test, treat

Rates of syphilis continue to climb across many communities throughout the U.S., and even rates of congenital syphilis are again surging. This video ([www.youtube.com/watch?v=N1jyR2Ib0Ec](http://www.youtube.com/watch?v=N1jyR2Ib0Ec)) walks healthcare providers through three actions they can take to help reverse these rates. You can also learn more at [www.cdc.gov/std/see](http://www.cdc.gov/std/see).



## Educate your patients: Marijuana and youth

The Health and Human Services Agency has created patient education materials about how marijuana affects a child's brain. Find them at [www.thinkagainshasta.com/marijuana/marijuana/](http://www.thinkagainshasta.com/marijuana/marijuana/). To request printed copies, contact Stasia Pringle at 530-225-5410 or [springle@co.shasta.ca.us](mailto:springle@co.shasta.ca.us).



## Improving community health together

The Shasta County Community Health Improvement Plan (CHIP) is an action-oriented and community-focused plan that outlines how the community will work to make Shasta County a healthier place to live. The plan was developed through a collaborative process with 14 community organizations and collaboratives. Partner representatives formed the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee that oversaw a comprehensive and inclusive process that gathered community input from more than 2,000 surveys and four regional focus groups, used local health outcome data to identify priorities, and built on partner knowledge and relationships.

The CHIP focuses on three strategic priorities to improve health and wellbeing: Harmful substance use, mental wellness and chronic disease. How can you incorporate these priority areas into the work you do every day? You can find the plan at [www.shastahhsa.net](http://www.shastahhsa.net).

## Alcohol, opioid deaths and ED visits

There were 569 alcohol-related deaths of Shasta County residents from 2007-2016, and an additional 213 people died from opioid use. Between 2007 and 2015, 150 people who came to the emergency department had a heroin-related primary diagnosis. The three-year rate increased from 7.9 heroin-related ED visits per 100,000 residents for 2009-2011 to 42.0 for 2012-2014 – a statistically significant jump.

During this same time frame, there were 98 methadone-related ED visits, with no statistically significant year-to-year changes noted. An additional 803 non-heroin/methadone opioid related ED visits were recorded, with a statistically significant jump in the three-year rate from 115.8 per 100,000 (2009-2011) to 152.2 (2012-2014).

	2011	2012	2013	2014	2015
Heroin-related ED visits	5	11	23	41	56
Non-heroin/methadone opioid related ED visits	88	73	67	132	154
Heroin-related hospitalizations	0	3	7	6	10
Methadone related hospitalizations	28	27	13	9	5
Non-heroin/methadone opioid related hospitalizations	39	51	47	54	40

A recent Kaiser/Washington Post survey of prescription opioid users showed that while nearly all long-term (>2 mos) opioid users say they use the drugs to relieve pain, some also report that they take them “for fun or to get high” (34 percent), “to deal with day-to-day stress” (22 percent), or “to relax or relieve tension” (13 percent).

Return Service Requested

## In brief

### Heighten your awareness for Hepatitis A

Hepatitis A virus (HAV) outbreaks are occurring in San Diego, Los Angeles and Santa Cruz counties, largely but not exclusively in those using illicit drugs and/or homeless populations.

Please take the following actions:

- Strongly promote HAV vaccine (no serological immunity screening needed) for:
  - illicit drug users;
  - people with chronic liver disease (e.g. Hepatitis B, Hepatitis C, alcoholic liver disease)
  - people traveling to countries where there is a higher HAV
- incidence (everywhere not US, Canada, Japan, Western Europe, Australia or New Zealand);
  - men having sex with men;
  - household member of a newly arrived overseas adoptee from high HAV rate countries
  - people awaiting or received liver transplant
- Test symptomatic people for HAV
- Report HAV cases to us immediately during business hours by calling (530) 225-5591.

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