

# epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

## Power to the Provider: Taking on Tobacco

*“They may forget your name, but they will never forget how you made them feel.” – Maya Angelou*

We are influenced by many people in our daily lives. As clinicians, you have extra weight; studies have demonstrated that what you do and say makes a difference for your clients and their families.

Tobacco touches people in a variety of ways and will impact your clients differently, including personal use that damages their health or exposure to chemicals in secondhand smoke and vapor. About 1 in 9 adults (11.4%, Behavioral Risk Factor Surveillance System [BRFSS]) and 1 in 13 youth (7.5%, Healthy Kids Colorado Survey, [HKCS] 2015) in Boulder County identify as being current smokers. Other forms of tobacco that are frequently used include cigars, pipes, hookah, electronic smoking devices, and smokeless tobacco products.

By having a conversation about tobacco at every client visit, you can help them understand the damages that tobacco cause, help them to protect themselves and their family members from secondhand smoke and vapor, or take that next step to quit.

- Screening for tobacco use and talking with your clients about tobacco is impactful and billable. “Ask, Advise, Refer” is fast and easy.
- Nicotine replacement therapy (NRT) is available over the counter, but many are concerned about the cost. By **writing a prescription** for any of the seven FDA-approved



tobacco cessation medications, however, NRT will likely be covered by your clients’ insurance at low or no cost.

Contact Brittany Carpenter at 303.413.7540 or [bcarpenter@bouldercounty.org](mailto:bcarpenter@bouldercounty.org) for free materials, resources, and training to support your practice in addressing tobacco use with your clients.

*Submitted by Brittany Carpenter*  
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## It’s Time to Act on Second-hand Smoke and Vapor

According to the American Medical Association, by NOT addressing secondhand smoke, “physicians are missing opportunities to have an impact on...likely the most ubiquitous and hazardous form of environmental exposure for children in the United States.”

Many providers are advising adults to protect others, especially children, from secondhand smoke exposure. You can encourage patients who smoke to maintain smoke-free homes and cars, and advise smokers on ways to avoid exposing others to secondhand smoke.

Secondhand smoke has been linked to countless health problems, including sudden infant death syndrome (SIDS), asthma, pneumonia, ear infections, cancer, heart disease, and more. According to the U.S. Surgeon General, there is no safe level of exposure to secondhand smoke. Secondhand tobacco smoke also lingers long after the cigarette is extinguished, and it coats every surface inside the home with toxins. This toxic residue is known as third-hand smoke, and even months after a cigarette is extinguished, these poisons continue to off-gas and contaminate the air.

While little is known about the aerosol - commonly called vapor - produced by electronic smoking devices, it should not be considered harmless. A fact sheet for providers is available at [BoulderCountyTobacco.org](http://BoulderCountyTobacco.org); click on “E-Cigarette.” The link to the fact sheet is called “Electronic Smoking Device Fact Sheet.”

For more information about secondhand smoke and vapor, contact Brittany Carpenter at 303.413.7540 or [bcarpenter@bouldercounty.org](mailto:bcarpenter@bouldercounty.org).

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Communicable Disease Control Program  
HIV Prevention Program  
Emergency Management Program  
Immunization Program  
TB Control Program



## Work Underway to Improve Patient Referral to Subspecialties

The Boulder County Health Improvement Collaborative (BCHIC) has worked for nearly 10 years to improve care coordination and patient outcomes in Boulder County. Facilitated by the Community Foundation of Boulder County, it is a local community network that includes all Boulder County hospitals, the Boulder Valley Individual Practice Association (BVIPA), Boulder Medical Center, local community health centers, individual practices, public health, mental health, and many others.

Currently, BCHIC is focused on improving health outcomes among our community's most vulnerable residents by:

1. Recruiting subspecialty providers willing to treat patients who are uninsured or who have Medicaid (ongoing care management will remain with the referring primary care provider).
2. Allowing subspecialists to control the number of patients they are willing to see and tracking availability.
3. Streamlining the referral system for providers and care coordinators by capturing relevant subspecialist requirements for a successful consult.

After spending a year collecting data on need and capacity in Boulder County, BCHIC found that while many Medicaid, CHP+, and uninsured patients have connected to robust primary care, there are still significant barriers to accessing specialty care - even for relatively simple referrals like diagnosis confirmation and

medication consult. Boulder County has more than 2,500 people on referral waiting lists across 14 subspecialty areas.

BCHIC is piloting a model to increase access to subspecialty areas by asking subspecialty providers to see as few as three additional patients per month. The subspecialty areas include:

- Orthopedics
- Dermatology
- Oncology
- Gastroenterology
- Endocrinology

If you would like to learn more, become involved, or you know a subspecialty practice within these areas that may be willing to participate, please contact: [HealthCollaborative@commfound.org](mailto:HealthCollaborative@commfound.org).

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## September Communicable Disease Update

Human cases of West Nile virus (WNV) in Boulder County are below average for this year, although reports may continue through October. As of September 30, 2017, 42 cases of human WNV have been reported in Colorado, including 1 death.

Enteric illness reports continue to be higher than average. Many providers are now using multi-pathogen PCR tests for stool, which can yield faster results and increase their use since they yield faster results.

Hospitalized influenza reports have been reported earlier than normal, indicating that influenza is already circulating. National and statewide influenza surveillance begins on October 1, 2017.

