



PROVIDER BULLETIN



COUNTY OF MONTEREY
HEALTH DEPARTMENT

A Monterey County Health Department bi-monthly newsletter summarizing national, state, and local public health-related issues for county healthcare providers.

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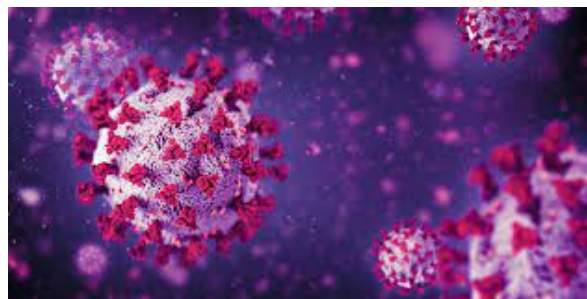
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Communicable Disease Updates

COVID-19

CDC COVID-19 Updates

The Centers for Disease Control and Prevention (CDC) provides daily updates and guidance, including [a section specific to rural health care](#), a [Toolkit for Tribal Communities](#), and [a vaccine locator by state](#).



And remember, MCHD publishes updates to county COVID-19 data [here](#).

HEALTH ADVISORY: Reminder to Lower Barriers to Prescribing COVID-19 Therapeutics to Mitigate Impact of COVID-19

December 2, 2022

The following message was released by California Department of Public Health

TO:

California Healthcare Providers

SUBJECT:

HEALTH ADVISORY: Reminder to Lower Barriers to Prescribing COVID-19 Therapeutics to Mitigate Impact of COVID-19

Background Currently, COVID-19 cases and hospitalizations are increasing in California. Importantly, other viruses such as influenza and Respiratory Syncytial Virus (RSV) are also circulating, affecting vulnerable populations including children and the elderly, and straining the state's healthcare systems. The U.S. Centers for Disease Control (CDC) and California Department of Public Health (CDPH) recommend that everyone 6 months of age or older has an annual influenza vaccine and stays up to date with COVID-19 vaccines, including the bivalent booster that is available for everyone over 5 years old.

Summary

Once an individual is diagnosed with COVID-19, early treatment with COVID-19-specific agents is the only existing strategy to markedly decrease risk of serious illness and prevent hospitalization. Hospitalizations from COVID-19 are still having marked impact on patients and communities, and preventing serious illness is core to ongoing planning and policy. We should optimize all of our tools to decrease the hospitalizations, deaths, and long-term impacts of COVID-19 as it still causes significant preventable morbidity and mortality. There is ample supply of COVID-19 therapeutic agents, but they have been underused – especially among populations disproportionately impacted by COVID-19, including communities of color, low-income communities, and residents of long-term care facilities.

Studies have shown that:

- COVID-19 treatments reduce the risk for hospitalization and death by 50-88% among unvaccinated people and by **45-50% among vaccinated or previously infected people**.^{1,2,3}
- Early evidence suggests COVID-19 treatment may decrease the risk of developing post-COVID symptoms.^{4,5,6,7} The extent and scale of impact that long COVID may have on individual and population health are yet to be revealed and may be quite significant.
- SARS-CoV-2 viral load decreases faster among people treated compared with people not treated, suggesting the potential for decreased transmission and isolation time for test-result-based isolation protocols.
- Prescribing options have been shown to be safe, including in the fragile, elderly population.⁸ Risks are minimal, especially when weighed against benefits.

Lack of familiarity with new medications, navigating contraindications and drug-drug interactions, and the misperception of drug scarcity have contributed to low treatment rates, including reports of eligible patients seeking COVID-19 treatment ultimately being denied treatment. This health alert aims to remind providers that:

- any patient with suspected COVID-19 should be tested for SARS-CoV-2 infection and
- all symptomatic patients with a positive COVID-19 test of any type should be evaluated for treatment with one of the NIH recommended treatment options. Currently, the primary outpatient treatment options are nirmatrelvir/ritonavir (Paxlovid) and remdesivir.

Specific Recommendations for Healthcare Providers:

- Ensure all individuals with suspected COVID-19 receive testing for SARS-CoV-2 and influenza, as appropriate, based on risk factors.
- Enable pathways for symptomatic individuals who test positive for SARS-CoV-2 and/or influenza to connect to a prescriber within 24 hours of seeking care, including new patients.
- Ensure all patients are aware that a new law enacted Sept 25, 2022, requires all health plans in California to cover out-of-network care for patients seeking COVID-19 therapeutics evaluation with no cost sharing to patients.
- Providers should have a low threshold to prescribe COVID-19 therapeutics given the broad range of individuals who are at higher risk for severe COVID-19 and can benefit from COVID-19 treatment given that:

1. There is evidence that patients who would benefit from treatment are not being treated.
2. The FDA, CDC, and National Institutes for Health (NIH), include a broad range of individuals considered at higher risk for hospitalization or death from COVID-19 including:

- Racial and ethnic minority groups
- People who are unvaccinated or not up to date with their vaccination series against SARS-CoV-2
- People with common conditions and behaviors such as physical inactivity, obesity, depression, smoking (former or present), and disabilities. Please see the [Comprehensive CDC discussion](#).
- Older adults, especially those above the age of 50 years, regardless of the presence of a medical condition.

1. There is early, but growing, evidence that COVID-19 treatments may reduce the risk of developing long COVID.^{3,4,5,6} The extent and scale of impact that long COVID may have on population health are yet to be revealed and may be quite significant.
2. There is ample supply of therapeutic agents, in contrast to earlier scarce supply.
3. The potential for rebound or mild side effects does not outweigh the benefit of risk reduction for severe illness. Rebound occurs in the minority of people treated with a COVID-19 therapeutic agent,⁹ as well as people who are not treated;¹⁰ rebound is mild in >99% of cases.⁸

- Providers should prescribe COVID-19 therapeutics to the extent possible for eligible patients as noted above. **The decision to not prescribe COVID-19 treatment should be reserved for situations in which the risk of prescribing clearly outweighs the benefits of treatment in preventing hospitalization, death, and the potential for reduced risk of long COVID.**
- The following factors should **NOT** be reasons to withhold COVID-19 treatment:

1. Being fully or partially vaccinated. See risk reduction for

- vaccinated on page 1.
2. Having a history of prior SARS-CoV-2 infection. See risk reduction for previously infected on page 1.
 3. Presence of only mild disease. Patients with mild symptoms are, in fact, included in criteria for outpatient treatment according to the FDA EUA and NIH recommendations.
 4. A lack of recent renal or liver function tests. The FDA EUA does not require assessment of laboratory results.
 5. High risk patients co-infected with influenza and SARS-CoV-2 should receive treatment for both viruses. Co-infection is associated with more severe illness.¹¹ There are no clinically significant drug-drug interactions between the antiviral agents or immunomodulators that are used to prevent or treat COVID-19 and the antiviral agents that are used to treat influenza.

Preferred COVID-19 Treatments (listed in order of preference) are noted below. Regimens are current as of 12/1/2022. Please see [NHI COVID-19 Treatment Guidelines](#) and [FDA authorization updates](#) for the most current recommendations and regimens including updates related to subvariant susceptibilities to and revision of authorization of treatment options. Importantly, the agents below retain full activity against the current [variant mix](#) in California.

- [Nirmatrevil 300 mg with ritonavir 100 mg \(Paxlovid\)](#) orally twice daily for 5 days, initiated as soon as possible within 5 days of symptom onset in people aged ≥ 12 years and weighing ≥ 40 kg; or
- [Remdesivir](#) 200 mg IV on Day 1, followed by remdesivir 100 mg IV once daily on Days 2 and 3, initiated as soon as possible within 7 days of symptom onset in people aged ≥ 12 years and weighing ≥ 40 kg. Indications and dosage for outpatients < 12 years of age can be found in the remdesivir [full prescription information](#).

If neither of the preferred therapies for high-risk, non-hospitalized patients are available, feasible to deliver, or clinically appropriate, please see the [NIH COVID-19 Treatment Guidelines](#) outline additional options. As of 11/30/22, the FDA has revoked EUA for bebtelovimab due to resistance of the currently circulating Omicron subvariants. The U.S. Government recommends all product be retained in the event that SARS-CoV-2 variants susceptible to bebtelovimab, which are currently circulating at lower prevalence, become more prevalent in the future in the United States.

Nothing in this advisory is meant to contradict or supersede the FDA EUA requirements or to replace physician discretion.

Further Resources and Clinical Guidance

As the COVID-19 therapeutics landscape changes rapidly, all local health jurisdictions and medical providers are encouraged to regularly refer to the following resources for updates:

CDPH COVID-19 Therapeutics site: [COVID-19 Treatments \(ca.gov\)](#)

NIH COVID-19 Treatment Guidelines: [COVID-19 Treatment Guidelines \(nih.gov\)](#)

Health and Human Services ASPR COVID-19 Resources: [COVID-19 Therapeutics](#)

ASPR Therapeutics Algorithm: [Therapeutic Decision Aid](#)

ASPR Provider Information Sheet: [Paxlovid Eligibility and Effectiveness](#)

CDPH Patient Resources: [Treatment Information and Locator](#)

CDPH Patient materials in multiple languages: [Treatments Communications Toolkit](#)

DMHC Notice on Out-of-Network Coverage for COVID-19 Care: [DMHC Know Your Health Care Rights Fact Sheet](#)

¹Hammond, Jennifer, et al. "Oral nirmatrelvir for high-risk, nonhospitalized adults with Covid-19." *New England Journal of Medicine* 386.15 (2022): 1397-1408.

²Ganatra, Sarju, et al. "Oral Nirmatrelvir and Ritonavir in Nonhospitalized Vaccinated Patients With Coronavirus Disease 2019 (COVID-19)." *Clinical Infectious Diseases* (2022).

³Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022 | MMWR (cdc.gov)

⁴Yan, Xie et al. Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19." *MedRxiv* Nov 3, 2022

⁵Sudre, Carole H., et al. "Attributes and predictors of long COVID." *Nature medicine* 27.4 (2021): 626-631.

⁶Al-Aly, Ziyad, et al. "High-dimensional characterization of post-acute sequelae of COVID-19." *Nature* 594.7862 (2021): 259-264.

⁷Peluso, Michael J., et al. "Early clues regarding the pathogenesis of long-COVID." *Trends in Immunology* (2022).

⁸Zhong, Weijie, et al. "The efficacy of paxlovid in elderly patients infected with SARS-CoV-2 omicron variants: Results of a non-randomized clinical trial." *Frontiers in medicine* 9 (2022).

⁹Ranganath, Nischal, et al. "Rebound Phenomenon After Nirmatrelvir/Ritonavir Treatment of Coronavirus Disease 2019 (COVID-19) in High-Risk Persons." *Clinical Infectious Diseases* (2022).

¹⁰Smith DM, Li JZ, Moser C, et al. Recurrence of Symptoms Following a 2-Day Symptom Free Period in Patients With COVID-19. *JAMA Netw Open*. 2022;5(10):e2238867

¹¹Swets, Maaïke C., et al. "SARS-CoV-2 co-infection with influenza viruses, respiratory syncytial virus, or adenoviruses." *The Lancet* 399.10334 (2022): 1463-1464.

COVID-19 Treatment

California Department of Public Health provides the following flyers for patients regarding COVID-19 treatment.

Who should take COVID-19 treatments?

Most adults and some teens!

Safe, highly effective, free, widely available, and recommended for:

Anyone 12 years old and older who:

- Has COVID-19 symptoms, AND
- Has tested positive for COVID-19, AND
- Has certain experiences and conditions that put them at higher risk for worse COVID-19 illness. **That's most adults and some teens!** The list is broad and includes:
 - » Being 50 years of age and older
 - » Having common experiences and conditions like high blood pressure, diabetes, obesity, being physical inactive, smoking (either past or present), asthma, mental health conditions like depression, and many more. See here for a comprehensive list: covid19.ca.gov/treatment.
 - » Being unvaccinated or not up-to-date with COVID-19 vaccination



As soon as you start to feel sick, act quickly to take a COVID-19 test and get free COVID-19 treatment.

COVID-19 treatments must be taken early, within **5-7 days of when symptoms begin!** Do not wait until your illness gets worse.

Why should you take COVID-19 treatment when your illness is still mild?

- Scientific evidence shows that COVID-19 treatments are **highly effective at preventing serious illness, hospitalization and death from COVID-19 by up to 88%**. For example, people who take Paxlovid are **up to 8 times less likely to need hospitalization and 10 times less likely to die from COVID-19**.
- Treatments like the Paxlovid pill can also **stop the virus from multiplying in your body and infecting more of your cells**, so they can help you **test negative sooner**.
- Early evidence also suggests COVID-19 treatment may lower the risk of developing long COVID — which are symptoms and medical issues that can last for weeks, months, or years after a COVID-19 infection.

Call your health care provider or urgent care center or call the statewide COVID-19 hotline at 833-422-4255 to find free COVID-19 treatment.

Learn more about COVID-19 treatments at covid19.ca.gov/treatment.



Notice of Patients' Right to NOT be Charged for Paxlovid or Lagevrio (molnupiravir)

Patients should never be charged for Paxlovid or Lagevrio (molnupiravir). All providers administering or supplying COVID-19 therapeutics distributed through the federal government signed an agreement to not charge patients for drug costs. The agreement specifically reads:



“Provider agrees to:

- Not charge patients for drug costs. The U.S. Department of Health and Human Services (HHS) is making COVID-19 therapeutics available at no cost to authorized providers...
- Dispense COVID-19 therapeutics regardless of the therapeutic recipient's coverage status or ability to pay for COVID-19 therapeutics dispensing fees. Provider may seek appropriate reimbursement from a program or plan that covers COVID-19 therapeutics dispensing fees for the therapeutics recipient. Costs should not be a barrier to patient access for these medications.”

If you or someone you know is asked to pay for Paxlovid or Lagevrio (molnupiravir), please report this by calling (833) 422-4255 or using the [COVID-19 Therapeutics Reporting Form](https://bit.ly/3WFCnyt) (bit.ly/3WFCnyt), so that CDPH may follow up with the pharmacy.

Please note patients may still be charged for other medications such as cough medicine, decongestants, fever-reducers like Tylenol and Motrin, etc. This only applies to COVID-19 prescription medications – Paxlovid and Lagevrio (molnupiravir).



COVID-19 Treatments Questions & Answers

We have new, effective tools to take good care of ourselves if we get COVID-19.

COVID-19 treatments are safe, free, widely available, and highly effective at preventing COVID-19 illness from becoming serious. They can stop the virus from multiplying in your body, help you test negative sooner, and may reduce the risk of developing long COVID symptoms.



WHAT are COVID-19 treatments?

Medications that can **stop COVID-19 illness from getting serious**. They are free, widely available, and highly effective. Some can be taken at home by pill and others are given by IV.

WHY should I take a COVID-19 treatment?

Scientific evidence shows that COVID-19 treatments work to prevent serious illness, hospitalization and death from COVID-19 by **up to 88%**. For example, people who take Paxlovid are **up to 8 times less likely to need hospitalization and 10 times less likely to die from COVID-19**.

Early evidence also suggests they may **lower the risk of developing long COVID symptoms**.

Treatments like the Paxlovid pill can also **prevent the virus from multiplying in your body and infecting more of your cells**, which can help you **test negative sooner**.

WHEN should I take a COVID-19 treatment?

Treatments must be taken **within 5-7 days of when symptoms begin**. So if you start to feel sick, **act fast** to get a COVID-19 test and free treatment.

Get treatment while your illness is mild – **don't wait until your illness gets worse**.

WHO should take COVID-19 treatment?

COVID-19 treatments are recommended for **anyone 12 years and older who has COVID-19 symptoms, has tested positive for COVID-19, and has certain experiences and conditions** that put them at higher risk for worse COVID-19 illness, such as being 50 years and older, being unvaccinated, obesity, physical inactivity, high blood pressure smoking, asthma, diabetes, mental health conditions like depression, and more.

In fact, most American adults are eligible and should take COVID-19 treatment.



WHERE do I get COVID-19 treatments?

You have multiple options. You do not need to have insurance or U.S. citizenship.

- **Call your doctor** or urgent care center.
- Find a **Test-to-Treat location**, like a free Optum Serve Center, near you. To find a site, call the statewide COVID-19 hotline at 833-422-4255.
- Make a **free phone or video appointment** through California's free telehealth provider and talk to a health care provider the same or next day. Call 833-686-5051 or go to [sesamecare.com/covidca](https://www.sesamecare.com/covidca).
- Some **pharmacies**, such as CVS and Walgreens, have pharmacists that may be able to give you a prescription for treatment. Call your pharmacy to see if they offer this service.

Call the statewide COVID-19 hotline for questions and help with finding free COVID-19 treatment, at 833-422-4255.

What are the SIDE EFFECTS?

Most people have **no side effects**. The most common side effects for Paxlovid, the most commonly prescribed COVID-19 medication, are mild, such as nausea or a bitter taste.

All COVID-19 treatments are fully approved or authorized for emergency use by the U.S. Federal Drug Administration (FDA) after scientific evidence showed that they are effective for reducing the risk of serious illness, hospitalization, and death from COVID-19.

HOW do treatments work?

There are 2 types. Both work to stop COVID-19 illness from becoming serious. A health care provider can tell you what is right for you.

- **Antiviral treatments** stop the virus from multiplying in your body and infecting more of your cells, which can stop COVID-19 illness from becoming serious and also help you to test negative sooner. These include pills called Paxlovid and Molnupiravir that can be taken at home. There is also Remdesivir, which is usually given by a health care provider by IV.
- **Monoclonal antibody treatments** help the immune system recognize and respond better to the virus. These are given by a health care provider by IV.

Are treatments FREE?

Yes! The pill medications are free (the IV medications might have a charge). You do not need to have insurance or be a U.S. citizen. Call the statewide COVID-19 hotline if you were incorrectly charged for COVID-19 pills at 833-422-4255.

What is REBOUND?

A return of mild symptoms and a new positive test a few days after testing negative. This can happen with COVID-19 **regardless of receiving treatment**.

Most people do not have rebound with treatment.

Rebound is **NOT treatment failure** as the medications still work to prevent severe illness.

The risk of rebound is not a reason to avoid treatment.

For more information on COVID-19 care and treatment, visit covid19.ca.gov/treatment or call the statewide COVID-19 hotline at (833)-422-4255.



Chronic Disease Updates

Hypertension

Management of Carotid Artery & Intracranial Atherosclerotic Disease for Stroke Prevention- (Recorded Webinar)



On December 12, 2022, Berkeley Right Care Initiative Virtual University of Best Practices conducted a webinar on Management of Carotid Artery & Intracranial

The following topics were discussed:

- Management of Intracranial Artery Atherosclerosis
- Management of Carotid Artery Atherosclerosis
- Q&A on Imaging Techniques, Optimal Medical Management & Lifestyle Therapy Approaches (OMT & TLC), Surgical & Procedural

To access the webinar recording, click [here](#).

AFib, CVD Events & Sleep + Helpful Technology w/Stanford & USC- (Recorded Webinar)

The Virtual University of Best Practices also conducted a webinar on November 14, 2022, on AFib, CVD Events & Sleep + Helpful Technology w/Stanford & USC. The following were the items discussed during the webinar:

- Sleep's Relationship to Cardiovascular Events
- Innovations in Atrial Fibrillation Detection
- A Patient's Perspective on Sleep's Relationship to Atrial Fibrillation
- Managing Atrial Fibrillation to Prevent Stokes

To access the recording, click [here](#).

Diabetes

Free Advance Lifestyle Coach Training Webinars



The Los Angeles County Department of Public Health and the Association of Diabetes Care & Education Specialists (ADCES) invites you to participate in the following free Advanced Lifestyle Coach Training Webinars:

- Using Motivational Interviewing in Your Lifestyle Change Program to Support Behavior Change and Retention
- Meeting the Needs of Culturally Diversified Individuals and Growing Your Cultural Competences in Providing Diabetes Prevention

Each training webinar provides 1.5 credit hours of continuing education for advanced lifestyle coach training, which count towards the CDC's minimum recognition requirement of 2 hours per year. To register follow instructions

below:

1. Go to www.diabeteseducator.org and click the “My Learning” link – found under the ‘Sign In’ drop-down menu near the upper right.
2. Login, or if you are new to ADCES, sign-up. You will be directed to the “My Learning” portal.
3. At the bottom right of the page, submit your **GE CODE: GXRTL67L**
4. You will only need the code once.
5. Click “go” to enter the learning activity, or refresh the My Online Learning page, to see the activity listed in your ENROLLMENTS list. Click the title to begin.
6. You can return to the “My Learning” link at www.diabeteseducator.org whenever you want to log back in to your learning activity. (No need to use the activation code again.)

The Diabetes, Heart Disease, and Kidney Disease Triangle

Diabetes can lead to other health conditions like heart disease and chronic kidney disease. About 1 in 3 adults with diabetes also has chronic kidney disease, and about 6 in 10 adults with diabetes also have high blood pressure.

Diabetes can cause sugars to build up in the blood stream, which damages arteries and blood vessels over time. This damage can show up in many places, including your heart and kidneys. Click [here](#) to learn ways to prevent and manage chronic kidney disease, diabetes, and heart disease.

Mental Health Care for Young People with Diabetes

Diabetes has been linked recently with mental disorders like depression, anxiety, and ADHD. A recent CDC study claims young people with diabetes were twice as likely to have mental, behavioral, or development disorders compared to young people without diabetes. These findings show that including mental and behavioral health support in diabetes care could help young people with diabetes.

Visit the following resources to explore more information about [diabetes type 1](#) and [diabetes type 2](#).

Substance Use Prevention and Treatment

Tobacco

Free CME/CEUs Available for CA Providers

The UCSF Smoking Cessation Leadership Center offers free CME/CEUS for CA providers. Providers can earn up to **8.25 CMEs** while learning the latest topics such as effective partnership to treat tobacco addiction, tobacco use in the LGBTQ+ community, environmental health and advocacy, tobacco use among race and ethnic populations, pharmacists' prescribing and advancing equitable tobacco outcomes, and more. To read more and register, click [here](#).



Tobacco Dependence Treatment & Behavioral Health Course

Kick It provides a mental health and substance use disorder course with the knowledge necessary to assess and treat tobacco dependence in tobacco users with co-occurring psychiatric and/or addictive disorders. To access the webinar, click [here](#).

California Tobacco Program Application

California Department of Public Health is happy to announce the released of the California Tobacco Control Program Application Request (RFA) CG 23-10030 Advancing Tobacco Cessation in Community Clinics Project (ATCP) Cohort 2.

This Request for Applications (RFA) is intended to fund up to fifteen (15) Federally Qualified Health Centers (FQHCs). FQHCs are community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. The purpose of the Advancing Tobacco Cessation in Community Clinics Project (ATCP) is to measurably reduce tobacco use within the funded clinic populations. Achieving this outcome will decrease tobacco use disparities and reduce the burden of tobacco-related diseases.

Details about the released of this solicitation can be found on the Funding Opportunity Alert posted on the [Tobacco Control Funding Opportunities and Resources \(TCFOR\) website](#). To receive email notifications about this funding opportunity, please sign up on TCFOR.

We highly encourage you to pass on this funding opportunity to any agencies that may be interested.

Opioids

Prescribe Safe Monterey County Winter 2023 Newsletter



Montage Health released the Winter 2023 Prescribe Safe Monterey County newsletter. The newsletter highlights announcements, latest map trends, local information, and more.

The winter 2023 newsletter includes the following:

- MATE act passes congress-expands addiction education
- Latest trends on 2022 quad-county ADMAP and monthly quad-county ODMAP
- Tri-county EMS buprenorphine project
- California bridge to treatment programs
- Substance use response teams/spoke response plan
- State of federal law enforcement agencies seized over 28 thousand pounds of fentanyl in California during 2022

To view the full newsletter, click [here](#).

Other

Health Equity

Improving Health Outcomes by Reducing Health Disparities

Webinar

The Right Care Initiative invites you to join Improving Health Outcomes by Reducing Health Disparities Webinar via zoom on **February 13, 2023, from 12:00 – 3:00 PST**. To register for the upcoming webinar click [here](#).

**Improving Health Outcomes
by Reducing Health Disparities**

February 13, 2023
12-3PM PST
on Zoom
Register [here](#)

Keith Ferdinand, MD, FACC, FAHA, FASPC, FNLA, Past President, ABC

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Keith Emmons, MD, MPH, CenCal Med Director

Steven Chen, PharmD, FASHP, FCSHP, FNAP, USC

Catrina Taylor, PhD, MSPH, CDPH

Right Care Initiative, Berkeley CHOIR, Stanford Medicine, UCSF, blue California, USC University of Southern California, California

Prevention Forward Cultural Humility

Prevention Forward Cultural Humility website provides various resources about cultural humility as well as health equity policy, best practices, heart diseases factsheets, and diabetes factsheets. In addition, the site provides CDC diabetes infographics, information about determinants of health (SDOH), hypertension, adult BMI calculator, and many more.

To learn more and access resources, click [here](#).



Subscriber's Corner

**Natividad Family Medicine
Residency-Increasing
Health Equity through
Community Engagement
and Primary Care**

Many of you may be aware that Natividad Medical Center has operated one of the premier Family Medicine Residency programs in the country for more than 40 years. And that a large proportion of graduates have chosen to stay in Monterey County. Over this time, the program has successfully ensured a flow of highly trained and dedicated family doctors serving the Monterey County community.



Dr. Melissa Nothnagle, who has directed the program since 2017, was one of only six Directors awarded the 2021 Gold Program Director Award by the Association of Family Medicine Residency Directors. Under her leadership, the Residency program has successfully recruited a greater number of residents from the community we serve or similar communities, initiated a Community Medicine Fellowship in collaboration with Clinica de Salud del Valle de Salinas, launched community COVID-19 vaccine advocacy efforts during the worst of the epidemic, created a more welcoming linguistic and cultural environment, and innovated a variety of community and clinical initiatives. These include programs to decrease stigma and improve healthcare access and quality for farmworkers and immigrants, sexual and gender minorities, marginalized racial, ethnic, and linguistic communities, incarcerated populations, and individuals suffering from substance use disorder.

These efforts are part of Natividad's mission to 'continually improve the health status of the people of Monterey County through access to affordable, high-quality healthcare services.' They reflect the Residency's historic culture of activism for health equity and justice for Monterey County, where healthcare disparities remain unacceptably high. The 2022 Monterey County Community Health Needs Assessment, along with California's initiative to expand Medi-Cal access, both highlight the need to find new approaches to connect residents with quality primary care services. Natividad Family Medicine Residency looks forward to building on the experience over the past 40 years to continue to be a leader in meeting this challenge.

To learn more, click [here](#) and visit [Natividad Residency Program](#).

If you would like to contribute to the next Provider Bulletin, please send in your requests by February 28 2023.

Contact Krista Hanni for more information at
hannikd@co.monterey.ca.us

Thank you for reading this edition of the MCHD Provider Bulletin

If you need help or have any questions please contact our PIO, Karen Smith
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STAY CONNECTED

