

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting – July 22, 2015

Board Members Present:

J. Larry Crawford
Harriette Cyrus
Thomas Gilpin, Atty.
Donna Rumbaugh
Omayma T. Touma, MD
Kevin Yingling, MD

Board Members Absent:

Staff Members Present:

Michael Kilkenny, MD, MS, Physician Director
Tim Hazelett, Administrator
Jack Mease, Accountant
Kathleen Napier, Nurse Director, Clinic
Elizabeth Ayers, Health & Wellness, PIO
Casey Napier, Accreditation Coordinator/Grant Writer
Debbie Ellison, Regional EPI
Jesse Boner, IT
Rodney Melton, Sanitarian Supervisor
Karen Hall-Dundas, Sanitarian Supervisor
Laura Johnson
Deb Koester
Heather Wood, Nurse Practitioner
Chris Edwards, RN
Jenny Erwin, RN
Carol Simmons, RN

Non Staff Members Present:

Michael Circle, WOWK
Kent L. Bryson, Attorney
Emma Roberts, HarmReduction.org
Andre Titus, HarmReduction.org

Called to order at 5:00 PM.

Mr. Gilpin started the meeting by departing from the agenda and start with the introduction of our guests. Tim said we are very pleased and privileged to have the HarmReduction.org team here to do our training. He introduced Emma Roberts and Andre Titus, who have been training 12 people for the last two days and will return for two days next week. Emma presented information on the Harm Reduction training to the board. Last year, the New York City Department of Health invited Emma and Andre to start developing a training program for Health Departments, which initially focused on training peers and volunteers on Harm Reduction Outreach in their communities. When the Indiana outbreak happened it became evident that the core modules we developed would be really useful not just for the peers and volunteers working in the field, but also for the staff, managers, and administrators. We began to thinking on how we could develop Harm Reduction, in particular syringe

access in communities in order to prevent outbreaks. We did our first pilot with the Kentucky Health Department in Louisville at the end of May. We went there the last week of May and they started their Syringe Exchange Program by the 2nd week June. There were 18 people seen within the first three hours and a total of 135 people in the first month. Health departments across the country are seeing the trends increasing in injection drug use, heroin use, opium use, over doses, and the Hepatitis C rates. It is really exciting for us to be invited to come and work with health departments like the Cabell-Huntington Health Department. Kentucky was similarly very progressive in their thinking and very supportive of the issue. I was telling Tim and Kathleen that 20 years ago in the UK, I was in the same position you are in. I was sitting in a community center in the north of England with a group asking how are we going to deal with this and how are we going to sell it to the community. We did it out of the community center and with amazing impact. You will have an impact on the community in terms of what you can offer and engaging people back in. It's not just about syringes. You are bringing people in for services they need and you are improving individual and community health over all. The training itself starts with a harm reduction element. We've been discussing syringe access, really thinking about what's good practice. When I come back next week, we're going to train on safer injection and overdose prevention along with outreach and boundaries of safety. Then we will finish with some strategic planning. The next step is to apply what's next in terms of getting things established. Emma thanked the Board. Dr. Yingling asked when they would be back. Emma said they are back Tuesday and Wednesday of next week. Tomorrow will be the debriefing with the four staff members who are going to be the Train the Trainers staff. I am doing additional work with them, so they can deliver some of this material to the people of the community or outreach. We are going to help provide them with ongoing support. Tim said we took it to a different level. Kathleen and four members of her staff will be able to go into the community and train individuals on this material now. It's transferable and that's one of our roles.

Approval of Minutes:

Dr. Touma said she found a typo. A motion to approve the June 2015 minutes with the correction was made by Dr. Yingling, seconded by Ms. Rumbaugh, and passed.

The Board adjourned to Executive Session at 5:07 p.m. to discuss information presented by Attorney Bryson.

The Board called regular session back in order at 5:58 p.m. No action was taken in Executive Session.

Environmental Health/Threat Preparedness:

Stan presented the Environmental Health and Threat Preparedness report. Stan met with Rocky Meadows board and the prosecutor yesterday evening. On Monday, Stan and Karen will be going to review all the houses. Mr. Meadows says he has complied and has everything ready.

IT:

Jesse presented the Informational Technology and the Google Analytic reports.

Nursing:

Kathleen presented the Nursing report. Mr. Gilpin said it looks like the seasonal flu 2014 data is thru June 30, 2015. Kathleen said yes, from July 1st through June 30th. Mr. Gilpin said it looks like the flu vaccine numbers were down by about 1100. Kathleen said we gave Marshall Student Health 500 doses that we were not able to count. Mr. Gilpin said he wondered if people stopped getting the flu shot since there wasn't a big flu outbreak. Dr. Yingling asked if the community outreach clinics is a growing list. Kathleen said these are some of the ones we do every month. We did add Her Place to it. In the left column you'll see how many times we've been there during the month and then the total for the year. Dr. Yingling said that it's such a valuable service the Health Department provides to those

particular places. He asked if the services are based upon that particular places need. Kathleen said yes. Dr. Yingling said it seems to him that many of the places have a very high turnover rate. If we go there once a month then you're only capturing whoever is rotated in at that time. Kathleen said at the Huntington Treatment Center we have been giving the Hepatitis B vaccine and we have completed over 200 people, even though it is a hit or miss population. We hope that they are there long enough to complete the vaccine in the accelerated schedule, which is 4 months. Dr. Yingling asked if there is an understanding that you might catch them once and not get them a second time and that there is a population that rotates through there you may not see. Do those people know that they might be at risk and have the opportunity to go to the Health Department and get the same free vaccine? Is the idea that they can come here for free vaccine popularized among those receiving treatment? Kathleen said that she doesn't know that it's popularized by the fact that we probably haven't give them that information. Dr. Yingling asked if the definition for acute Hepatitis C is we only identified them of having Hepatitis or do we actually know it is an acute case. Debbie said we do the investigation to determine if they are a true acute case with current infection. Dr. Yingling said that if they are a real acute cases, do we refer them to active treatment? Do we have a mechanism to say not only do we define you as an active case but we now say go see a practitioner for care? Debbie said that through the Epidemiologist at the local level, they will discuss transmission and risk factors and encourage them to follow up through their primary care physician. However, with a certain population they don't have a primary care physician and it's difficult to track the individual down. Some of the cases are lost to follow-up due to the type of clientele they are. We try to provide information through letter and person to person contact. Dr. Yingling said most primary care givers are not going to take that patient even if they are their patient, because they don't know what to do with them. Most of them aren't in care yet, they are an active case and we have treatment interventions that would help them to limit the spread of the disease. Referring back to a conversation Dr. Kilkenny and I had with Marshall Health, there is an entity at Marshall Health in the Infectious Disease Department that are willing to take all Hepatitis C patients. Why wouldn't we want to make that linkage? Kathleen said from a clinic standpoint when we diagnose, we do send them to Marshall. Dr. Yingling said, it seems to me that for all those counties you cover we should be able to direct those people to the same care source. Can we do that? Debbie said it all depends on the counties resources. Locally here they do a good job of making the referral. Some of the other counties will refer out to Health Right through Kanawha County, depending on who their primary contacts are. Logan County has a gastrointestinal physician that they refer to. The thing with health departments is that we generally cannot refer to just one physician. We can give a list of names of multiple physicians of where they can go, but we generally can't tell them which one to go to. Dr. Yingling said, referring to all the people identified as Hepatitis C, those patients deserve to be vaccinated against Hepatitis B. Do we assure that every health department gives Hepatitis C patients the opportunity to receive Hepatitis B vaccine? Kathleen said yes they do. Our return rate is low. Dr. Yingling said bringing it back to the health department locally, since Hepatitis C is such a rampant problem across the community do we promote/advertise that you can come here to be tested for Hepatitis C for free. Dr. Kilkenny said that would be a developed strategy.

Epidemiology:

Mr. Gilpin asked if there were any additional questions for Debbie, since we just covered the Nursing and Epidemiology reports. No additional question were asked.

Health & Wellness Director/Public Information Officer (PIO):

Elizabeth presented the Health and Wellness report.

Regional Tobacco Prevention Coordinator Report:

Elizabeth said Teresa is not here and will answer any questions. Dr. Touma has a question about teen smoking rates, but will wait until th next meetingto ask Teresa. Dr. Kilkenny said that Teresa did attend the NACCHO meeting especially in regard to Tobacco Cessation activities.