

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting –June 24, 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
Kathleen Napier, Nurse Director, Clinic
Elizabeth Ayers, Health & Wellness, PIO
Casey Napier, Accreditation Coordinator/Grant Writer
Debbie Ellison, Regional EPI
Teresa Mills, Regional Tobacco Prevention Coordinator
Jesse Boner, IT
Laura Johnson
Deb Koester

Non Staff Members Present:

Greg Perry, Recovery Point Huntington
Scott Lemley, Huntington Police Department
Jim Johnson, Mayor's Office Drug Control Policy
Dalton Hammonds, WSAZ

Called to order at 5:00 PM.

Mr. Gilpin asked for us to part from the order on the Agenda and start with the Harm Reduction Program after we approve the minutes, to accommodate our guests.

Approval of Minutes:

A motion to approve the minutes for the May, 2015 board meeting was made by Dr. Touma, seconded by Dr. Yingling, and passed.

Harm Reduction Program:

Dr. Kilkenny presented the Board with an educational power point regarding the Harm Reduction Program specifically the Syringe Exchange Program. The problem is the current epidemic of IV drug use in the Appalachia. The consequences are more drug overdoses, overdose deaths, neonatal abstinence syndrome and is concerning to our agency with increase in Hepatitis B, Hepatitis C, and HIV. Newspaper reports have been released showing rates in the Appalachia. Cabell County is experiencing rates at or above all the other rates. Hepatitis B numbers are infectious acute and chronic acute cases. The rates are cited from the Epidemiologist out of Lexington, starting with 2012 data. In 2013 we improved, in 2014 we started to increase again, and in first 5 months of 2015 we are above

half of 2013 rates, so we are going to eclipse the number of Hepatitis B cases this year in Cabell County. Hepatitis C is different. We won't see very many acute cases, about 4 times as many will be present but undiagnosed. Cabell County's base line is 1 or 2 cases for most years, until this year. January through May data is going to be twice as high by the end of the year. This is an outbreak of Hepatitis C. Cabell Counties projected Hepatitis B and Hepatitis C numbers compared to the National 2013 rates for the United States and West Virginia are closer to the number of overdose deaths the Huntington Police are giving us. HIV data is different from any other data received. We get approximate numbers from the State, less than 5, less than 10, or less than 15. Less than 15 is at least 10. The data is presented this way to protect confidentiality. Base line for several years has been less than 5. In 2014, HIV cases were less than 15. We are projected to be on or more than last year for 2015. We know that we have an increase that appears to be lasting into this year. The good news is it's not Scott County, not 170. What Scott County showed us is that 2016 could be 170, which we don't want to happen. The intervention is the Harm Reduction Program. The CDC issued an official advisory on April 24, 2015, HAN 377, regarding the recent HIV outbreak in Southern Indiana. States, "Urgent action is needed to prevent further HIV and HCV transmission in this area and control any similar outbreaks in other communities." It recommends specific actions to be taken, most of which are included in our Harm Reduction Program. It specifically address "if actively injection drugs... Have access to sterile injection equipment from a reliable source" this is a very strong recommendation for a Needle Exchange Program. Dr. Kilkenny passed out the entire copy, which was sent to him by the State HIV Coordinator. Harm Reduction Program has many pieces. The Syringe Exchange Program is only a small piece. Our goal is to get people to stop doing the behavior. In the meantime anything we can do to help save their lives or prevent disease is going to be helpful. We have multiple partners in this, including the Mayor's Office. We spent time with the Day Report Center, Prosecuting Attorney, and WV Federal Attorney. The Drug Court, Wayne County Health Department, Marshall University School of Medicine, Marshall University School of Pharmacy are on board. There are a great many Mental Health Agencies on board to offer treatment for the addiction. We also have partners in the media and insurance groups who express interest in this program. No one has told us "No, don't do it." The impact of this is measured in human suffering, loss of life, and the illness. Though Hepatitis B rates will not be strongly affected by a Needle Exchange Program, Hepatitis C and HIV rates will be improved immensely. If Hepatitis C rates are cut back by 50% in one year, we could save \$1,344,000. Reducing 5 cases of HIV would save \$1,750,000 in one year. This is a product that can produce a result. We appreciate the Board's time and effort if dealing with this. We are arranging training and acting like we are doing this until directed otherwise. Dr. Touma asked if the state has given us any ideas on liability or if they will be standing behind us. Dr. Kilkenny said the state will be behind us because the code is behind us. Our strongest legal support is WV Code Chapter 16, which requires us to deal with communicable and reportable disease prevention and control, community health promotion, and environmental health protection. Each local board of health created, shall provide the following services, communicable or reportable disease prevention and control including disease surveillance, case investigation and follow-up, outbreak investigation, response to epidemics and prevention and control of rabies, sexually transmitted diseases, vaccine preventable diseases, HIV/AIDS, tuberculosis and other communicable and reportable disease. We do all of these. The state law tells us that this is our job. Dr. Touma asked if anyone in the state besides us doing this. Dr. Kilkenny said there are a great many counties interested, but this would be the first Syringe Exchange Program in the state. Tim received communication from two counties that are looking to us for guidance on implementing a program. Dr. Kilkenny said our diligence is asking for official legal reference to see if they uncover any legal issues. The code is law but there are other rules and action that sometimes supersede what's in the basic code. Dr. Kilkenny said our Hepatitis B numbers were twice as high as the number two. Dr. Kilkenny said yes, many states are trying. Each state has different laws and has to handle this differently. Most of the states starting these programs around us required legislative action. We don't believe we need legislative action, unless a prohibition appears it doesn't appear that there is anything to stop us from doing this program. Dr. Yingling said that there are other

cities, counties, municipalities that have instituted syringe exchange programs that are very successful for long periods of time. Dr. Kilkenny said Louisville most recently, Portsmouth for 5 yrs. Tim said Louisville is in their first week and Lexington is about to institute one. He has a slide presentation that shows a national map of all the Syringe Exchange Programs. Dr. Kilkenny said that there are probably 200 nationwide going on, but none in West Virginia. He thinks we are in the position to lead in the state, because we have the resources to do the research and we can share it with the rest of the state. The state epidemiologist has told us that Cabell County, Kanawha County, and Mongolia County are the only ones with the high numbers, but it's a problem across the state. Mr. Gilpin told Dr. Kilkenny that while we're waiting for further information from legal representative that other parts of the program can continue on if we get something acceptable to the board. Can something be ready by our next meeting on July 22? Mr. Gilpin says that this is a good thing, something helpful, and within purview related to communicable diseases and doesn't think it'll be prohibited. The only concern is potential liability or risk. Dr. Kilkenny has inquired of the Board of Risk Management and their underwriter assures us we would be covered for this activity. However, just because we covered now it will have no impact on our rates now but if we suffer losses because of the program, we may incur higher rates in the future. Dr. Yingling asks the Board members if it would be reasonable to have a motion to initiate the program based upon some criteria. Or are we going to wait for each meeting to see if we've crossed that threshold, being a legal opinion. Dr. Yingling asked what we are expecting legal opinion to say? Dr. Kilkenny expects the legal opinion to say that there is no prohibition. Dr. Yingling stated if there is no prohibition against having a Needle Exchange Program then the Board would authorize the Health Department to take that action once criteria was met. Mr. Gilpin asked if that is a motion. Dr. Yingling said no I'm asking the Chair or whole Board if they're comfortable with such a motion to be made. Mr. Gilpin has no objection to a motion. Dr. Kilkenny said the tentative date is September 1st, but we won't move until we have assurances. Dr. Yingling said that there's no urgency to have program to start. Dr. Kilkenny believes we have authority to pursue matter. Harriette Cyrus said that this is important issue by not taking action today we are missing what we should be doing. It is accusative on us to take action today as opposed to later. We need to put our sanction on what is happening by taking action today. Dr. Yingling said to add to that it could be that the board empowers the Health Department in general to initiate the program at the earliest possible date and no later than September 1st, Harriette Cyrus agreed with that. Dr. Touma asked why Sept 1st. Dr. Kilkenny said we have training that can't be done by the end of July and we have a Preschool Immunization Program in the space we were going to use and we don't want to mix service. Tim said that we have some confidentiality we have to logistically work through, which is part of the training HarmReduction.org out of New York will be providing at the end of July. The financial piece is coming together. One will not start until September. We don't want to start a program and have to stop. When we start and implement this program we guarantee it will be a top notch program. Dr. Kilkenny said we are not stopping our efforts but would feel a lot more confident to ask people for resources if we had the approval of our board. Dr. Yingling said it was based on what's already been said that once the board makes a definitive statement in the form of a motion and is approved, that it empowers you to seek the funding to make the program happen. Donna Rumbaugh feels that this is an urgent matter and that every day we delay more people get sick. Dr. Yingling restated that we are all echoing the fact that our community in general is anxious on matter. The amount of effort put forth by Dr. Kilkenny, Tim, and other agencies in the community, along with the constant borage of CDC information has made the community anxious in this matter. It would be excellent for the Board to be recognized as leading solution towards this matter. The questions I have are on the reporting of all newly diagnosed HIV and Hepatitis C to the Health Department. Does it happen? Are all reported? Dr. Kilkenny said no, it doesn't and it is one of the faults we are recognizing in our system. We will be building systems to improve, that goes to our outreach to the community and providers that puts us where the testing is being done. We will also be working on that internally with most recent negotiations we've had, we are opening up a new stream of testing into the Health Department through the Day Report Center. They will be sending all of patients to us to be tested. When we do the testing

we get the results. Aligned with this program should be reminders to practitioners in the region that program is in place and that they need to be diligent in testing. Lastly, one of the areas frustrating in the acute area setting is we have lot of people who are exposed to infected patients, then what do we do to evaluate and treat them. Will we be able recommend and provide post exposure treatment? Dr. Kilkenny said absolutely that is one of the guidelines in the advisory. It is a new concept, not just post exposure but also pre exposure. How we provide that is still being worked out, but it will become a part of our Harm Reduction Program. We don't own every part of Harm Reduction Program, we are a hub for it. Dr. Touma asked if CDC is helping or how can we get funding for the program, since the State doesn't seem to be excited about funding. Tim said we have two current funding sources that are very active, some federal, local, as well as private. New York has provided us 6 additional funding opportunities. At this time, we will not be going for everything at once because we have to have a sustainability plan. As we line our sources to fund this program now, we want to continue to that funding and goal from a sustainability standpoint in that this goes away in 3 years. Our goal is to get rid of the problem and so we don't have to fund it. The State has committed \$10,000 through a grant. We also have another group of individuals that will be providing supplies. The question we get is who is on board and are we going to make this happen. Our answer is yes, we are going to make this happen, but we want the Board behind us. Tim and Dr. Kilkenny have a high focus on this project. Another piece is Kathleen and her team discuss specifics with Day Report Center. Kathleen said we currently go to the Huntington Treatment Center, Recovery Point, and Her Place. Tim said that Day Report Center clinics have yet to be implemented, but it will be set up quickly. We will continue outreach clinics. We have to intercept the patients to find out where they are and identify them quickly. Mr. Gilpin asked what the financial component is. Tim said we are looking for \$250,000 to put a nationwide model that can be transferable together. Two grant proposals are asking for transferability. Mr. Gilpin asked if the \$250,000 is from the board. Tim said no, just for the program. Mr. Gilpin asked how much from us? Tim replied that at this point and time we are hoping very minimal and that outside sources will fund it. Right now one of financial implications on table is offering \$75,000 but we have to find \$75,000 to match it. One that is willing to match is in contact with me daily. Dr. Yingling made a motion, "In recognition of the urgent situation in public health challenges regarding HIV and Hepatitis C related to addiction, the Board of Health authorizes the medical director and appointees to proceed with development of the finance community support network and implementation of a Harm Reduction Program immediately following legal opinion form appropriate authority that defines no legal prohibition to this program." Ms. Cyrus seconded the motion, and it passed.

Mr. Gilpin announced that the guests are free to leave.

Environmental Health/Threat Preparedness:

Stan, Rodney, and Karen were absent from the meeting, due to training. The Environmental Health Report was accepted by the Board.

IT:

Jesse presented the Informational Technology and the website analytics reports. Mr. Gilpin asked Jesse to explain what all the information on the Google Analytics means. Jesse said that the numbers have gone up every month. The Overview Report shows different pages in depth where the user went to. The most hits we get are to the main page, then clinic calendar. Tim spoke on the reason we are doing the Google Analytics. When we start the Harm Reduction Program, we intend to filter people to the website for information. Every partner or reference should be on our website. Elizabeth, as well as one of the Accreditation teams, is working on having the end user evaluate our website so we can determine how we need to use it, what needs to be on there, is it or is not an effective tool, and how we

can make our site an effective tool. In order to do that Jesse had to set this up for us so we could monitor who is on our website and what are they doing when they get there. The purpose of tracking has a holistic approach. Our site should have all the information a user needs and it will take care of a lot of communication. Jesse said that on the Audience Overview, sessions tell us the amount of time users have been on the site and how many people have been there. The average session is telling us that people spend an average of a minute and a half on each page. Mr. Gilpin asked how we know it's a new visitor or a returning visitor. Jesse said that Google tracks the data and can identify if a user is a new or returning visitor. Mr. Crawford asked what the bounce rate is. Jesse said that it's when you go off a page and come back to it. Tim said it's time spent in the website is how we interpret it. Mr. Gilpin asked if there is a need for or would it be helpful for a phone App. Elizabeth said that it has been discussed. Mr. Gilpin asked about the cost. Elizabeth said it would cost less than \$1000. Tim said that is a part of our complete quality improvement projects. Dr. Yingling said that it would be a benefit in physicians' offices because they refer to the Health Department on a daily basis. They could refer their users to the website. We could also use the website as a promotional vehicle. Physicians would only have to hand their patient a piece of paper with our website, instead of trying to give them the hours of operation.

Nursing:

Kathleen presented the April and May 2015 reports. Mr. Gilpin asked if anything serious needed to be brought up. Kathleen spoke on our outreach clinics. The clinic staff has been going to Huntington Treatment Center twice a month for the past eleven months, offering the Hepatitis B vaccine, education, and a nurse is there to answer questions or refer patient for our services. We also go to the Healing Place once a month. Due to a change in the State funding, we are no longer able to provide free TDAP at University OBGYN. We will go back and offer free Flu shots. We went to Her Place for the first time last month and started 8 clients on the Hepatitis B vaccine. Twelve staff members completed the CPR and Blood Borne Pathogen Training last month, and two nurses went to the Women's Health Conference. Dr. Yingling said that he received an email from the Marshall University Outreach group saying the Health Department will be going there in September. That's possibly an important group to vaccinate, test, and refer. Mr. Crawford asked Kathleen if she formatted her report differently. It printed on 2 pages instead of 1 this month. The Board expressed their need for it to be on 1 page only. Kathleen said she did change the format.

Epidemiology:

Debbie asked if there were any questions about her submitted report. Dr. Yingling said he didn't know Fifth Disease is reportable. Debbie said it isn't on sporadic cases, however the reportable disease rule has the catch all that is considered an outbreak and with this being in a group setting, being a school system, it is considered an outbreak and a reportable disease. Dr. Yingling asked if all the counties in yellow to become green in the future. Debbie said that if you look at the denominator on the in values we still have quite a few outstanding cases so those numbers hopefully won't reflect poorly but she thinks they will.

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

Elizabeth submitted the Health and Wellness report. Mr. Gilpin asked Casey about the Regional Epidemiology Program, Tuberculosis, Threat Preparedness, and the Regional Tobacco Prevention Program grants expiring at the end of June. Elizabeth said they do expire at the end of the month but will start back over. However, the Hepatitis B grant will be ending the end of September. Elizabeth highlighted the MOU we started the beginning of May, with the City of Huntington. Elizabeth and Kathleen go over once a week to teach Diabetes Prevention classes. The class started with 13 participants and has only lost one participant due to personal reasons. We are doing pre and post A1C testing and fasting glucose testing, along with weekly monitoring of weight, body fat, and BMI on each participant. The Mayor has been a tremendous support in this effort, in allowing the employees an