

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting –October 31, 2012

Board Members Present:

Harriette Cyrus
Thomas Gilpin, Atty.
Greg Howard, Atty.
Sally Oxley, PT
Omayma T. Touma, MD
Kevin Yingling, MD

Staff Members Present:

Elizabeth Ayers, PIO
Sara Fitzwater, CTG
Nancy Hall, Administrative Services Manager
Tim Hazelett, CTG Director
Stanley Mills, HHR Program Manager I
Kathleen Napier, Director of Nursing
Heather Sammons, CTG
Harry K. Tweel, MD, FCCP
Kay Dick, Secretary I

Non-Staff Attendees:

Kent Bryson, Attorney

Called to order at 5:03 PM.

Approval of Minutes:

A motion to approve the minutes for September 26, 2012 was made by Dr. Touma, seconded by Mr. Gilpin and passed.

Environmental Health/Threat Preparedness:

Threat Preparedness – Mr. Mills stated that we are still waiting for final approval of funding from the state to advise what will be expected for the upcoming grant year that began in August. Plans are continuing to be reviewed and changes are being made as needed. He said things would have been busy if we had been hit as hard as other counties by the storm earlier this week. An incident command has been set up in Charleston and is being run out of the Threat Preparedness office. Dr. Touma asked how other parts of the state are doing in responding to the storm aftermath. Mr. Mills said there have been daily conference calls and things seem to be going pretty well. Nicholas County and Pocahontas are still struggling, but rivers are starting to drop and are below flood stage.

Nursing:

Ms. Napier said that the one negative PPD listed on the clinic report should actually be a borderline and goes with the positive PPDs. These are father/son cases, and they have both been treated.

Ms. Napier also reported the clinic has been busy with outreach flu clinics, with 3 more still to do: the city mission, regional jail and Marcum Terrace. There should not be much flu vaccine to be sent back to the state, as less was ordered this year.

Ms. Napier said there have been 3 new cases of HIV and 2 syphilis cases. Also, 5 family planning patients tested positive for STDs, she is not sure if they were Chlamydia or gonorrhea. Ms. Oxley asked about the reduction in pregnancy tests. Ms. Napier reported the reason is unknown.

Mr. Gilpin asked if there was some way to know the number of flu shots given at pharmacies so we could know what portion of our population has been vaccinated. Dr. Tweel said that data is sent into the state, but it is not reported where the shot was received. Dr. Yingling said one of the reasons the state decided to let pharmacists give shots was that West Virginia has a very poor percentage of the population receiving flu shots. The reported reason for this was lack of access, so it was decided to allow pharmacists to administer the flu shots to hopefully raise the percentages. Dr. Touma said maybe figures are generated from the amount of vaccine purchased versus the amount returned.

Epidemiology and Tobacco Reports:

These reports were accepted as submitted.

Public Information Officer Report:

Ms. Ayers reported the fall season is always busy due to flu immunizations, so a large portion of health promotion was educating the public on this. A lot of media attention was also given to the amount of West Nile Virus reported in our area. She also advised she and Ms. Dick attended a Special Needs conference in Logan which was very educational. She said the health department currently has around 80 people in the special needs registry, which is encouraging. The next project is to get facilities registered so they can be identified as to how many people they can accommodate, if they have backup generators, etc. Mr. Gilpin asked if the Region II newsletter is linked on our website. Ms. Ayers replied no, but that is a good idea and she will see that it is done.

Community Transformation Grant (CTG) Report:

Mr. Hazelett gave a slide presentation of the CTG program. The state is divided into 4 regions; our region consists of 9 counties. The 3 specific areas to be focused on are: smoke free environment, healthy eating, and chronic disease management, which will focus on high blood pressure, high cholesterol and diabetes. All 9 counties in our region have a different plan on how to address these issues. Cabell County's Clean Indoor Air Regulation is being used as a model throughout the 9 county region. At present the focus is increasing the number of community venues that offer access to healthy eating through fresh fruits and vegetables, such as convenience and grocery stores, and the farm-to-school program.

Mr. Gilpin asked what is an EBT machine? Mr. Hazelett advised it is essentially an electronic debit machine that accepts SNAP, WIC, debit and credit. The order for these 18 machines is on hold right now until the farmers' markets become available in the spring. One of the challenges to using these machines is phone access.

The media campaign has a November 19th launch date, with a budget of almost \$110,000. Mr. Gilpin asked if this will be shared with the other 3 regions. Mr. Hazelett said yes, the television and some newspaper and radio advertising will be shared. The commercials will be the same throughout the state. We are still waiting for approval from DHHR on the media campaign. Dr. Yingling asked if social media will be utilized also. Mr. Hazelett said yes, Ms. Sammons is in charge of facebook, website attachments, etc. Mr. Hazelett also reported that Dr. Michael Newsome, MU economics professor, has offered to do some data analysis as well as a project with some of his students free of charge.

There are several upcoming meetings and trainings with community partners. Community Health Education Resource Person (CHERP) training, which consists of 6 levels, will begin in December. These 10 individuals will be hired with grant funds and placed in health departments, clinic situations, hospital settings, etc. Mr. Gilpin asked if there was an effort to make sure there is no duplication in the coordinating of health care delivery. Mr. Hazelett said yes, that is why the CTG team has met with each health department individually. Ms. Oxley asked about the discrepancy in the amount of CTG funding states received. Dr. Tweel advised it was based on population.

About 70% of Marshall University students voted to become a tobacco free campus. This will move on to the Faculty Senate and Board of Governors through the legislative process. Hopefully there will be a vote on this very soon. Dr. Yingling reported there has been resistance to the program on campus, with a lot of misinformation being distributed. Dr. Yingling suggested working with Amy Saunders through the MU Rec Center, as this would be a great opportunity to popularize this across the entire campus.

Dr. Touma asked if the CTG team could help with getting places to follow the clean indoor air regulation, such as in Ritter Park, the Pullman Square outdoor area and businesses allowing employees to smoke right outside their entrance doors. Mr. Hazelett said possibly, but enforcement is a problem in this area. Dr. Tweel said phase one of the CTG is to expand the clean indoor air policy to include open air venues, but this is over a 5 year period. Mr. Mills advised the local tobacco coalition has been talking about including the park, but the park has said they will not enforce "no smoking" unless they are forced to. He said he feels a letter is needed from our Board of Health to the Park Board to start the process. Dr. Tweel stated that the regulation would have to be re-written to make any changes to it. It was decided that the Board did not want to undertake that project at this time.

Financial Report:

Ms. Hall asked if there were any questions on expenditures. Dr. Yingling asked what clinical service revenue is and why it is lower than previous months. Ms. Hall advised that includes family planning, breast and cervical, and any immunizations that are administered, such as flu shots that the health department has not been reimbursed for yet.

Ms. Hall asked if the information she had submitted on the CTG was what the Board wanted. Mr. Gilpin said he was more interested in a narrative as to what a particular grant is supposed to do, and the other Board members agreed. Mr. Mills said a Statement of Work should be sufficient for that purpose.

Audit:

A motion to affirm the email vote of the Board members to grant the health department audit to the firm of Balestra, Harr & Scherer was made by Mr. Gilpin, seconded by Ms. Cyrus and passed.

Approval of Expenditures:

A motion to approve the expenditures for September 2012 was made by Ms. Cyrus, seconded by Mr. Howard and passed.

Administration:

Policies:

Dr. Tweel reported the health department has written 3 new policies that have been given to the staff for comment before they are implemented. There has been some good feedback from staff that will lead to revisions being made to these policies.

Board Minutes:

A motion to approve posting approved Board meeting minutes on the health department website was made by Mr. Gilpin, seconded by Dr. Yingling and passed.

Strategic Planning:

Ms. Ayers reported that the health department planning team has been meeting with Mr. Hadsell once or twice a month. One of the issues being worked on at present is asset mapping, which involves identifying community partners we want to work with. Another project is analyzing the results of the internal survey that Mr. Hadsell's company did on the health department. Mr. Hadsell has asked the health promotion, environmental health and nursing departments to do a data analysis on services from July 2009 through July 2012. This data was submitted to Mr. Hadsell today. Mr. Hadsell has also asked the planning team to outline the primary function of each department. Ms. Oxley asked if the planning team will come up with a strategic plan for the health department. Ms. Ayers said yes, for instance at the last planning meeting, the team used the year 2018 to list what type services the health department will be offering to the community and how to better serve the public. Dr. Tweel reiterated that this is a community assessment; and both local hospitals as well as other community partners will be invited to give input.

Sound Masking in Clinic Area:

Dr. Tweel reported that architect Ed Tucker has been asked to assess the privacy problem in the clinic area of the health department. Mr. Tucker suggested getting a consultant on sound masking to make an assessment. The health department has done this, and has received a bid of \$10,335. Sound masking consists of background sound to muffle speech in examination and interview rooms, as well as buffeting by putting weather stripping around door frames. This sound masking will cover all parts of the clinic except the registration area, which is too open for sound masking to help. Mr. Tucker has looked at re-designing this area, such as building a wall down from the ceiling to come close to the registration desks, extending the dividers between the registration desks and possibly moving a doorway to expand the registration area. An estimate has not yet been received from Mr. Tucker, but Dr. Tweel states the amount will be such that the job will have to be bid out. Dr. Tweel asked if the Board wants to look at doing the 2 jobs separately. The consensus was yes.

A motion to approve the sound masking bid of \$10,335 for the clinic area was made by Dr. Touma, seconded by Dr. Yingling and passed.

Legal Support for Enforcement:

Dr. Tweel stated he and Mr. Mills have discussed the constant problem of issues that should be brought for legal action, such as illegal dumping and clean indoor air violations. An assistant prosecutor is assigned to these cases, but they never get put on the docket. Mr. Chiles reports the reason for this is he does not have enough staff and they are too busy with more critical cases. Dr. Tweel asked Mr. Chiles if the health department provided financial support to hire an assistant dedicated to our cases would he get them on the docket. Mr. Chiles said yes, it could be a part time assistant and suggested between \$7,000 and \$10,000 set aside for this purpose. Dr. Tweel asked the Board to consider \$8,000 and permission to explore this matter further, as he wants something from Mr. Chiles in writing. Dr. Yingling asked if this would be an attorney hired outside of the prosecuting attorney's office. Dr. Tweel said the prosecuting attorney would hire this person. Mr. Gilpin asked if there were a few enforcement actions, would this have great precedential value? Mr. Mills said he feels this would be true, especially on the tobacco issues.

Dr. Yingling asked if the Board does not have a due diligence responsibility in legally contentious issues such as this? For instance, why didn't the Board pursue that even if they knew the prosecuting attorney wasn't taking action? Mr. Mills responded that the health department always

has had the option of going to magistrate court, but it has been a while since that has been done, as it was not very successful. If the Board wishes, this can be tried again. Dr. Tweel said yes, the Board does have a responsibility and he is looking into what can be done to enforce getting some of these issues on the docket, which is strictly up to the prosecuting attorney to set the docket. Mr. Gilpin asked if the Kanawha-Charleston health department is having the same problem? Dr. Tweel said they had prosecuted a major violator and had that business closed, but other than that, they have not had much success either.

Mr. Howard asked if the health department is looking at basically an \$8,000 retainer? Dr. Tweel said no, not a retainer, just paying per hour to a part time attorney, such as 20 hours per week until the \$8,000 is exhausted. Mr. Howard asked who the check would be written to, as Mr. Chiles' funds come from the County Commission. Dr. Tweel said that has not been decided yet. Mr. Howard said one option may be just having the County Commission increase the prosecuting attorney's budget to include a line item for the part time person in the amount of \$8,000. Dr. Tweel said he had spoken with them about this previously, but he will speak with them again.

Immunization Lawsuit:

A new lawsuit has been filed in Kanawha County that addresses the issue of DHHR's authority to mandate immunizations. The lawsuit against Cabell-Huntington and Harrison/Clarksburg Health Departments has been put on hold until the Kanawha County lawsuit has been settled.

Benedum Grant:

Dr. Tweel reported that after Benedum researched the new, re-established West Virginia Local Health Inc. (WVLHI) Board, they felt they could proceed with the grant. Their stipulation was an agreement that their executive director would also be the director of West Virginia Association of Local Health Departments (WVALHD). Dr. Tweel also stated that the Internal Revenue Service (IRS) has not ruled on their status of being a public or private foundation. Dr. Tweel has received the Benedum Grant papers, and after consulting with his private attorney, has decided to request an ethics opinion before signing the grant.

Ms. Oxley asked if there was any more business. There being none, the Board adjourned to Executive Session to discuss a personnel matter at 6:25 p.m.

The Board reconvened to regular session at 7:30 p.m. and adjourned at 7:32 p.m.

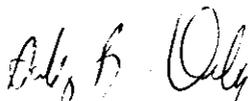
The next Board Meeting is scheduled for November 28, 2012 at 5:00 p.m.

Respectfully submitted,



Harry K. Tweel, MD, FCCP
Secretary

Approved:



Sally B. Oxley, Chairman
Cabell-Huntington Board of Health

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Executive Meeting –October 31, 2012

Board Members Present:

Harriette Cyrus
Thomas Gilpin, Atty.
Greg Howard, Atty.
Sally Oxley, PT
Omayma T. Touma, MD
Kevin Yingling, MD

Staff Members Present:

Harry K. Tweel, MD, FCCP

Non-Staff Attendees:

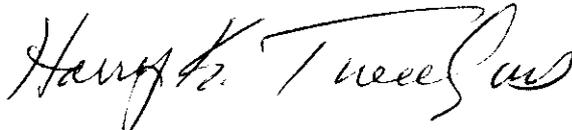
Kent Bryson, Attorney

Called to order at 6:27 PM.

Ms. Oxley advised discussion was had on the grievance and the Board asked our attorney, Mr. Bryson, to proceed in attempting to settle this matter. No official action was taken during the executive session.

Executive Session ended at 7:30 p.m.

Respectfully submitted,



Harry K. Tweel, MD, FCCP
Secretary

Approved:



Sally B. Oxley, Chairman
Cabell-Huntington Board of Health