# Officers and Directors

## Cabell-Huntington Board of Health

Harriette Cyrus, Chair

J. Larry Crawford

Thomas Gilpin, Atty

Donna Rumbaugh

Omayma T. Touma, MD

Kevin Yingling, MD

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Appointed</th>
<th>Re-Appointed</th>
<th>City/County</th>
<th>Precinct</th>
<th>Magisterial District</th>
<th>City Council District (Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harriette Cyrus</td>
<td>1-22-07 to 12-31-11</td>
<td>1-1-12 to 12-31-16 1-1-2017 to 12-31-21</td>
<td>City</td>
<td>7</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Tom Gilpin</td>
<td>1-1-08 to 12-31-12</td>
<td>1-1-13 to 12-31-17</td>
<td>County</td>
<td>7</td>
<td>2</td>
<td>County</td>
</tr>
<tr>
<td>J. Larry Crawford</td>
<td>1-1-14 to 12-31-13</td>
<td>1-1-14 to 12-31-17</td>
<td>County</td>
<td>61</td>
<td>5</td>
<td>County</td>
</tr>
<tr>
<td>Omayma T. Touma, MD</td>
<td>1-1-12 to 12-31-12</td>
<td>1-1-13 to 12-31-17</td>
<td>City</td>
<td>26</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Donna Rumbaugh</td>
<td>1-1-14 to 12-31-16</td>
<td>1-1-14 to 12-31-18</td>
<td>City</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kevin Yingling, MD</td>
<td>1-1-12 to 12-31-16</td>
<td>1-1-2017 to 12-31-21</td>
<td>County</td>
<td>58</td>
<td>5</td>
<td>County</td>
</tr>
</tbody>
</table>

Note: County is limited to two (2) full terms ******* City has no limits.

1-01-2017
Cabell-Huntington Health Department

Program Managers

Michael E. Kilkenny, MD, MS  
Physician Director

Tim Hazelett  
Administrator

Jack Mease, CPA  
Accountant

Kathleen Napier, RN  
Director of Nursing

Karen Hall-Dundas, RS  
Environmental General Sanitation

Jessica Barton, RS  
Environmental Food
Physician Director’s Report

Cabell-Huntington Health Department had an amazing fiscal year 2017! Documentation for accreditation was completed and a site visit was scheduled. We prepare now, for next fiscal year’s announcement. New signage directs our visitors to us, new program leadership guides our interventions, and new employees bring new energy to an already vibrant staff. Community partnerships have matured in their abilities to evaluate and intervene in public health problems. There has been growth within management systems improving our internal effectiveness. Our staff is more involved across the agency, communication is improved, and the hard work of previous years is beginning to glow with the transformation. We have state and national model programs in clinical, environmental, and administrative areas, and the world follows our role in our community’s efforts to combat our number one public health threat, the opioid epidemic.

Despite dwindling financial support for public health in general, Cabell-Huntington Health Department has remained financially stable. This is due in large part to the remarkable support of the citizens of Cabell County. Previous cuts in state taxpayer support have been made up by successful grant securing efforts. During this report year, our staff accountant, Jack Mease, has participated in a landmark program geared to develop a National Chart of Accounts for public health departments. Our accounting and spending methods are a model for the state. As part of branding and staff development plans, Cabell-Huntington Health Department staff have attended and presented at national meetings including NAACHO Annual in Phoenix, AZ. The environmental staff has been lauded by the WV Bureau for Public Health for outstanding mosquito surveillance, which not only informs our community of health risks from West Nile and other viruses, but ties into national Zika efforts. This year’s adoption of a Mosquito Control Regulation was met with community support.

The expanding opioid epidemic continues to challenge our community. As last year’s efforts were just beginning to show improvement in overdose deaths, August 2016 marked the arrival of new and deadlier drugs to hurt and kill. Cabell-Huntington Health Department rose to the new challenge and partnered with the WV Bureau for Public Health to investigate the widely-publicized overdose outbreak of that month in a novel way. By applying proven public health methods to this outbreak, we were able to mark drug entry into the community, evaluate response, analyze and share data, and collaboratively improve systems of response. These efforts were documented in the Bureau’s January release of OUTBREAK REPORT Opioid Related Overdose – West Virginia, August 2016 with recommendations for local and statewide response to similar events. Cabell-Huntington Health Department consults, collaborates and partners with regional and national agencies including the Centers for Disease Control, the Substance Abuse and Mental Health Services Administration, and the Appalachian High Intensity Drug Trafficking Area in response to this epidemic.
Communities increasingly need local public health responses and accountable, accredited local health departments are better able to serve. This year, Cabell-Huntington Health Department completed and submitted its documentation on its journey toward accreditation. A site visit is scheduled in the next fiscal year and I anticipate the next annual report to contain good news on that front. Partnering in the community multiplies the power of limited resources. Whether threatened by flooding, budget cuts, or epidemic, whether leading or in support, and whether having resources or needing them, Cabell-Huntington Health Department will do its best to be of most service to our community. This report contains a summary of activities performed toward doing our best. By being watchful, helpful, and hopeful, we work to our vision of, “Healthy people living and working in a healthy community.”

Michael E. Kilkenny, MD, MS
## Administrative Report

### Cabell-Huntington Health Department Personnel Report 2017

<table>
<thead>
<tr>
<th>Department</th>
<th>Title</th>
<th>Number of Positions</th>
<th>Full Time (1.0 FTE)</th>
<th>Part Time</th>
<th>Total FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Physician Director</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Administrator</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Accountant</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Secretary</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Information Technology Manager</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Regional Epidemiologist</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Epidemiologist</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Telephone Receptionist</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Maintenance Workers</td>
<td>1.5</td>
<td>1.00</td>
<td>0.48</td>
<td>1.48</td>
</tr>
<tr>
<td>CHHD Clinic</td>
<td>Director</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Nurse Practitioner</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>RN</td>
<td>4</td>
<td>4.00</td>
<td></td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td>RN</td>
<td>3</td>
<td>1.11</td>
<td></td>
<td>1.11</td>
</tr>
<tr>
<td></td>
<td>Clerks (Full Time)</td>
<td>3</td>
<td>3.00</td>
<td></td>
<td>3.00</td>
</tr>
<tr>
<td></td>
<td>Clerks (Part Time)</td>
<td>2</td>
<td>0.96</td>
<td></td>
<td>0.96</td>
</tr>
<tr>
<td>Environmental</td>
<td>Sanitarian Supervisors</td>
<td>2</td>
<td>2.00</td>
<td></td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>Sanitarians</td>
<td>8</td>
<td>8.00</td>
<td></td>
<td>8.00</td>
</tr>
<tr>
<td></td>
<td>Environmental Technician</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Clerks (Full Time)</td>
<td>2</td>
<td>2.00</td>
<td></td>
<td>2.00</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>Director/PIO</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Accreditation Coordinator/Grant Specialist</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Regional Tobacco Prevention Coordinator</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>39.5</td>
<td>34.00</td>
<td>2.55</td>
</tr>
<tr>
<td>Annual Payroll</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,612,616.00</td>
</tr>
</tbody>
</table>
### 2017 Turn Over by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>Turn Over</th>
<th>Number of Employees</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>0</td>
<td>9.5</td>
<td>0%</td>
</tr>
<tr>
<td>Clinic</td>
<td>4</td>
<td>14</td>
<td>29%</td>
</tr>
<tr>
<td>Environmental</td>
<td>0</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>39.5</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

### 2017 Turn Over by Department – Permanent Employees

<table>
<thead>
<tr>
<th>Department</th>
<th>Turn Over</th>
<th>Number of Employees</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>0</td>
<td>9.5</td>
<td>0%</td>
</tr>
<tr>
<td>Clinic</td>
<td>3</td>
<td>14</td>
<td>21%</td>
</tr>
<tr>
<td>Environmental</td>
<td>0</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>39.5</strong></td>
<td><strong>8%</strong></td>
</tr>
</tbody>
</table>

### 2017 Permanent Employee Resignation Reason

- **Relocation**: 0
- **Retirement**: 0
- **New Position**: 1
- **Personal**: 2

### 2017 Turn Over by Rate Temporary Employees

<table>
<thead>
<tr>
<th>Department</th>
<th>Turn Over</th>
<th>Number of Employees</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>0</td>
<td>9.5</td>
<td>0%</td>
</tr>
<tr>
<td>Clinic</td>
<td>1</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Environmental</td>
<td>0</td>
<td>13</td>
<td>0%</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1</strong></td>
<td><strong>39.5</strong></td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>
The Cabell-Huntington Health Department hosted its first ever Public Health Associate Program (PHAP) participant. This is a joint effort through the Centers for Disease Control (CDC), a federal program.

**CHHD Buildings and Grounds**

- Front sign has been replaced and updated
- Clinic area has been painted. Wall paper was in disrepair and was removed and painted
- Air conditioner replacement and repair
- Updated the lighting in the second floor conference room
- Replaced one HVAC unit
- Replaced one hot water tank
- Replaced lighting on the parking light to LED service. These changes are made when we have an outage on the current lights
- Installation of an improved wireless connection through the entire Health Department
  - This is in anticipation of the PHAB Site visit and needed for future projects in the technology area

**Training and Education** (agency wide, this is not department or specialty specific)

- Accreditation
  - CHHD continues to train and develop our agency to achieve national accreditation through the Public Health Accreditation Board (PHAB)
- Developed and trained on the following agency wide plans
  - New employee manual
  - CHHD Performance Management Plan
  - CHHD Workforce Development Plan
  - CHHD Quality Improvement
- CHHD Leadership Training
  - Randy Housh – Skills for Success
- Conducted a four hour All Staff Retreat on September 15th
  - Retreat focused on training and development
    - Personal Protective Equipment Training
    - Freedom of Information Act (FOIA) Training
    - Environmental – Health Space Training (online environmental computer program)
    - Clinic – after action report on the Federal Immunization Audit discussed at the September Board of Health Meeting
- Crisis Emergency Rick Communication (CERC)
  - Elizabeth Adkins was trained at the CDC as a trainer and will be offering this class to employees and community members
- Appalachian Leadership Academy for Public Health
  - This multi discipline training was completed in December
  - Three individuals from CHHD participated
- Active Shooter Training
  - Simulated live and on site
- HIPAA Privacy Training
- Quality Improvement Training
➢ Cabell County Emergency Operations Plan
  o Essential Function 8 – Public Health and Medical Services
➢ National Incident Management System (NIMS)
  o Trained in areas of NIMS and continue to advance and strengthen capabilities in this area
➢ Continuity of Operations Training (COOP Training)
➢ Continue to train in Cultural and Linguistic Training for the Cabell-Huntington Health Department in collaboration with Marshall University
➢ Skills for Leadership Training – Randy Housh
➢ Annual Trainings
  o Blood Borne Pathogen Training
  o Driver’s Training
➢ WV Division of Personnel Supervisor Training

Programs
➢ Identified over 90 programs delivered by the Cabell-Huntington Health Department
➢ Interviewed and hired in three critical areas for CHHD
  o Information Systems Manager, an identified gap and critical piece to public health
  o Hired a full time Epidemiologist
  o Hired a full time Environmental Technician
➢ Accreditation
  o The entire CHHD Team has worked diligently to our objective of achieving accredited status
  o The CHHD applied with the accreditation on site visit occurring October 3rd and 4th, 2017
➢ Harm Reduction Program – This program has launched into a statewide Harm Reduction Coalition with 25+ members and the formation of the Great Rivers Harm Reduction Coalition, a collaborative with Kanawha, Putnam and Cabell Counties
➢ Our partnership with Marshall University continues to strengthen
  o Signed Memorandums of Understanding and continue to use services with the following:
    ▪ Cultural and Linguistic Services
    ▪ MU School of Pharmacy
    ▪ MU School of Public Health
    ▪ MU School of Criminal Justice
    ▪ MU School of Business
    ▪ MU Joan C. Edwards School of Medicine
    ▪ MU School of Health Sciences
    ▪ MU School of Nursing
➢ Cabell-Huntington Health Department Levy
  o Passed in May 2016 with a 77% approval rate
  o The levy will be in place through June, 2022
➢ Naloxone Distribution Program
  o We have dispensed over 6,000 doses of naloxone since the inception of the program
Without this program, our overdose death rate would be much larger and more widespread that we are currently seeing

- Medical Waste
  - The Cabell-Huntington Health Department is large scale medical waste generating facility
  - This allowed for increase medical waste, acceptance of waste from community partners and reduced the cost per pickup
  - Our generated waste program will continue to expand to meet the demands of the community

- Regional Health Connect
  - This program continues to meet and generate work to impact the health of our community

- Community Health Assessment (CHA) – Community Health Improvement Plan (CHIP)
  - The CHA is assessed on an annual basis
  - Developed the Community Health Assessment
  - Completed the Cabell-Huntington Health Department Community Health Improvement Plan – Health Vision 2020
    - 6 identified community based work groups
    - 1 group focused on access to health care
      - Performance Standards are developed and assessed for community health impact

- WV Public Health Schedule A Standards
  - Completed schedule A standards
    - 99% Completion of all standards in Q4

- Emergency events
  - July 2017 Cabell County Flood

- Increased accountability and our standards of excellence to continue to operate at a high level
- Continue to look at the systems, models and program to assess the impact on the community in terms of public health

2017 was a year of responsibility, accountability, performance and accreditation. The Cabell-Huntington Health Department staff has adapted well to a programmatic model and assumed responsibility and accountability for their respective programs. This year of change has resulted in this agency seeking national accreditation and implementing a performance based culture. As you can see above, we are focused on output management and ensuring all decisions, programs and planning move our agency to a higher performing and accredited public health organization. Cabell County and the City of Huntington is experiencing a number of public health issues. We are seeing a high amount of substance abuse, chronic diseases are high in the population, tobacco rates are 30%+, and physical activity should be increased. With these issues paramount in our community, our public health agency must have the expertise, responsibility, capacity and knowledge to address these problems. What you have observed with this agency in a very short time frame is a direct credit to the staff. There is a passion for the community and the need to respond. In all areas, we are focused on improving our community where we live, work and play.
Accreditation has moved our agency in the direction of performance, documentation and accountability. We have established plans for workforce development, performance management and identification of quality improvement. Through this internal assessment, we continue to build a proactive agency with the ability to respond to our community health issues. Our first objective is prevention measures. This is accomplished through education. Our second objective is response. The internal training that occurs prepares our staff for a response should it be a disease outbreak, natural disaster or emergency response. We continue to strengthen our agency to be proactive in situations that require a public health response or intervention.

On behalf of the Board of Health and our staff, our objective is to continue to strengthen our organization and achieve national accreditation. This vision will be executed through training and education of an already, outstanding staff. We have tremendous support of our Local Board of Health. I, as the administrator, am pleased to represent the Cabell-Huntington Health Department at the local, state and national level. I am looking forward to 2018 to establish this agency to national accreditation standards.

Respectfully,

Timothy D. Hazelett
Administrator
Health and Wellness

The Health & Wellness Department focuses on enhancing health promotion programs throughout Cabell County. The following program areas comprise Health & Wellness:

- Chronic Disease Prevention and Management
- AmeriCorps
- Community Outreach
- Public Information Officer (PIO)/Media Impressions
- Employee Wellness
- Impact Grant
- Public Health Associate Program (PHAP)
- Accreditation [Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) & Regional Health Connect]
- Regional Tobacco Prevention Coordinator

**TRAINING** - Total Hours = 138

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERC Master (DHW)</td>
<td>24</td>
</tr>
<tr>
<td>E-PHAB Preparing for Site Visit (DHW &amp; AC)</td>
<td>2.5</td>
</tr>
<tr>
<td>Managing Meningitis (DHW)</td>
<td>4</td>
</tr>
<tr>
<td>DEA 360 Strategy (DHW)</td>
<td>2.5</td>
</tr>
<tr>
<td>QI Team Development (DHW &amp; AC)</td>
<td>1</td>
</tr>
<tr>
<td>Basics for QI for PH Practitioners (DHW &amp; AC)</td>
<td>1</td>
</tr>
<tr>
<td>Incident Command - 100,200,300,700,800 (DHW...)</td>
<td>31.5</td>
</tr>
<tr>
<td>Drivers Training (DHW &amp; AC)</td>
<td>2</td>
</tr>
<tr>
<td>Threat Preparedness Orientation (DHW)</td>
<td>6</td>
</tr>
<tr>
<td>Johns Hopkins (DHW)</td>
<td></td>
</tr>
<tr>
<td>Active Shooter (DHW &amp; AC)</td>
<td>12</td>
</tr>
<tr>
<td>Division of Personnel (DHW &amp; AC)</td>
<td>24</td>
</tr>
<tr>
<td>Leadership Development (DHW &amp; AC)</td>
<td>9</td>
</tr>
</tbody>
</table>

*DHW – Director of Health & Wellness/PIO  *AC – Accreditation Coordinator

**CERC TRAINING** - 16 members of the bundle team region were trained in Crisis Emergency Risk Communication

**JOHNS HOPKINS COURSE** - Director of Health & Wellness completed a 16 week course in Leading Change through Communication: Strategic Use of “Old” and “New” Media
CHRONIC DISEASE PREVENTION & MANAGEMENT - The Health & Wellness Department has three chronic disease classes available to the community, DPP, CDSMP/DSMP. The DPP was developed by the University of Pittsburgh and CDSMP/DSMP originated at Stanford University, with both selected as they are based on the most current science and practice available. The DPP is committed to reducing the burden of diabetes by providing education and training for health care providers in delivery of healthy lifestyle intervention and support to people who are at risk for diabetes and its complications. CHHD is licensed through the University of Pittsburgh to train community members to teach DPP classes throughout Cabell County by two Master trainers on staff. The CDSMP and DSMP classes are designed for individuals with different chronic health problems: diabetes, heart disease, lung diseases, depression/anxiety, arthritis, stroke, etc. Participants learn techniques to manage their health condition(s). CHHD also has master trainers on staff to deliver this program, as well as train community members.

Community Leaders Trained – 32 Total

![Bar graph showing community leaders trained in CDSMP, DSMP, and DPP](image)

*CDMSP-Chronic Disease Self-Management Program  *Diabetes Self-Management Program  * Diabetes Prevention Program

Chronic Disease Classes Offered- 18 Participants (CDSMP, DSMP & DPP)

DSMP Offered at Harmony House – 7 successfully completed
DPP @ CHHD – 5 Registered (Ends Sept 17’)
DPP @ Alcon – 5 Registered (Ends Oct 17’)

AMERICORPS

A key part of the Cabell-Huntington Health Department planned approach for health promotion activities and planning is collaboration with Mid-Ohio Valley Health Department to bring the AmeriCorps program to Cabell County residents. The AmeriCorps is a Federal agency that helps more than 5 million Americans improve the lives of their fellow citizens through community service. AmeriCorps service members were utilized to deliver chronic disease programs, disaster services/emergency preparedness, and other healthy lifestyle interventions. Together, CHHD AmeriCorps reached over 3,000 community members with education and public health services.
1 Part Time in Health & Wellness (900 hours)  2 Quarter Time in Disaster Services (450 hours)

**COMMUNITY OUTREACH**- Numbers represent total health fairs attended and how many individuals served along with community coalitions.

27 Health Fairs/Community Events  
Served 6,001 individuals  
Regional Health Connect/CHIP Workgroups  
United Way Community Investment Council  
Cabell County Family Resource Network Board Member  
Statewide Marketing Project  
Statewide Diabetes Coalition  
Homeland Security/Local Emergency Planning Committee/Bundle Team  
Mountains of Hope-Statewide Cancer Coalition  
Huntington High School Wellness Academy  
Huntington Chamber of Commerce  
Susan G. Komen Advisory Board  
Huntington Housing Authority  
Harm Reduction Program  
Milton Rotary Member  
PRESTERA Foundation Board Member  
United Way Safety Net Grant Review Committee  
Cabell Midland High School – Academic Academy – Wall to Wall

**Susan G. Komen Grant**

The health and wellness staff collaborated with the clinic staff to implement the grant objectives. The highlight of the grant was the opportunity to bring Bonnie’s Bus to the area, which is a mobile mammography bus that travels around West Virginia providing women with free screening mammograms. Through promotion, **10 women** received free mammograms, many of whom reported not having had a mammogram for many years.
MEDIA IMPRESSIONS - Numbers represent total media impressions from July 2016-June 2017. Headlines were made around the world. TOTAL= 42,859,718 (15% increase since 2016)

92% EARNED Media!!!

![Media Impressions Graph]

EMPLOYEE WELLNESS
CHHD employees were encouraged to utilize the Do It Yourself (DIY) Program that was established in 2016. Employees were allowed 1 hour out of their work week to focus on an educational healthy lifestyle program. Five employees enrolled in the diabetes prevention program that started in the summer of 2017.

The Health & Wellness Department continued to provide employee wellness outreach initiatives to various agencies and community partners. Presentations on chronic disease prevention/management, tobacco prevention/cessation, and stress in the workplace were offered to assist in improving their lifestyles. Alcon had 5 employees enroll in the DPP that started in the summer of 2017.

UNITED WAY IMPACT GRANT
Trained 5 people in Freedom From Smoking Training.

TAR Wars was presented to 642 4th and 5th graders throughout six schools in Cabell County. TAR Wars is a tobacco free education program for fourth and fifth grade students designed to teach children about the short-term health effects with image based consequences of tobacco use, about being tobacco free by providing them tools to make positive decisions regarding their health, and promote personal responsibility for their wellbeing.

The impact program manager reached 5,986 people by attending health fairs to promote WV Quitline and promotion of tobacco cessation classes. The grant was able to purchase 510 cans of Bacc-off for those who wish to quit smokeless tobacco.

There was a three-month media campaign to promote cessation classes and the WV Quitline, which reached over 2,275,159 media impressions. Positive media and social marketing signs were created and distributed throughout Cabell County to include print media, gas pump signage at three local gas stations, and 50 permanent signs to include positive and motivational messages promoting tobacco free environments.
Over a three-month period (March, April, and May 2017) Cabell County had 78 enrollees through the West Virginia Quitline. They have been ranked in the top five counties for number of enrollees per month compared to other counties in West Virginia. The Quitline received 6,838 total calls in this time frame, a majority of those being women with about 71% of the total callers being age 45+ years of age.

PUBLIC HEALTH ASSOCIATE PROGRAM (PHAP)

CHHD housed a public health associate through the CDC’s competitive paid training program. Associates are assigned to public health agencies and nongovernmental organizations in the US and US territories, and work alongside other professionals across a variety of public health settings. The primary focus was Threat Preparedness with a concentration in Health & Wellness. During the associate’s time at the health department the following projects were worked on; analyzed and reported on quantitative and qualitative data for meningitis seminar, implementation of Susan G. Komen Grant objectives, provided program communication/coordination for a Continuity of Operations (COOP) seminar, and Public Health Responder for the National Boy Scout Jamboree of 2017.

Submitted by Elizabeth A. Adkins, MS
ACCREDITATION

➢ Completed and submitted all required examples of documentation to the Public Health Accreditation Board (PHAB).

➢ 2018 Community Health Assessment Annual Update completed in collaboration with community partners.

➢ CHHD provided continued support to the ‘Healthy Vision 2020’ Community Health Improvement Plan.

➢ CHHD completed a strategic planning process for FY 2018-FY2021 which was approved by Board of Health.

➢ CHHD conducts quarterly measurement of indicators for all programs as part of the performance management system and institutes corrective action for any areas not meeting expectations.

➢ All staff completed initial introduction to quality improvement training.

➢ 9 Regional Health Connect meetings with a total of 12 speakers were conducted.

➢ Workforce Development Plan was implemented and included:

➢ Update of employee orientation/onboarding to include:
  o Basic Public Health competencies
  o Quality Improvement training
  o Threat Preparedness
    ▪ Continuity of Operations Plan
    ▪ All Hazards Plan
    ▪ ICS training

Submitted by Casey A. Napier, MHP
REGIONAL TOBACCO PREVENTION COORDINATOR

The purpose of the Regional Tobacco Prevention Coordinator grant is to provide technical assistance on tobacco prevention related issues such as: eliminating exposure to secondhand smoke, promoting quitting tobacco use, and prevention of youth initiation of tobacco use throughout an 8-county region to include Boone, Cabell, Kanawha, Lincoln, Logan, Mingo, Putnam and Wayne. The grantee is responsible for maintaining local tobacco prevention coalitions, initiating work to strengthen county Clean Indoor Air (CIA) regulations, promoting the West Virginia Tobacco Quit Line, promoting Tobacco Cessation, providing technical assistance in Youth Tobacco Prevention and assisting in Against Tobacco Coalitions on college campuses. The Regional Tobacco Prevention Coordinator will educate and advocate for the implementation of smoke free housing policies for parks, playgrounds and multi-unit housing complexes. In addition, networking and collaborating with agencies region wide to deliver tobacco prevention and cessation information. Each county has a coalition that is dedicated to tobacco prevention and cessation promotion, and public education and outreach, continuously working with agencies and partnering with agencies is a strategy to help achieve these objectives.

Annual highlights include policy development in the Cabell County area which include the development of a comprehensive policy for Pullman Square and its properties. In addition, in Mingo County the Williamson Housing Authority developed a policy to be implemented before the Housing and Urban Development mandate of June 2018. Mingo County Parks and Recreation Board developed a policy to include all park property and recreation areas tobacco free. The RTPC attended the Regional RAZE event in Morgantown with 407 youth in attendance and continues to be the CHIP Tobacco workgroup champion. Tobacco Free Day at the Capitol was a success with RAZE crews in my region presenting information to the Legislators regarding tobacco prevention funding.

RTPC TRAINING — Total Hours = 25

<table>
<thead>
<tr>
<th>Training Session</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers Training</td>
<td>1</td>
</tr>
<tr>
<td>Cessation</td>
<td>4</td>
</tr>
<tr>
<td>ACES/SBIRT</td>
<td>3</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>3</td>
</tr>
<tr>
<td>Smokeless Tobacco and Electronic Cigarettes...</td>
<td>1</td>
</tr>
<tr>
<td>Quality Improvement Team Development</td>
<td>0.5</td>
</tr>
<tr>
<td>Basics of Quality Improvement for Health...</td>
<td>0.5</td>
</tr>
<tr>
<td>ICS-100, 200, 800</td>
<td>12</td>
</tr>
</tbody>
</table>
CURRENT DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone</td>
<td>24,478</td>
<td>31.8%</td>
<td>N/C</td>
<td>30 % to 25%</td>
<td>-5%</td>
</tr>
<tr>
<td>Cabell</td>
<td>97,133</td>
<td>29%</td>
<td>N/C</td>
<td>23% to 25%</td>
<td>2%</td>
</tr>
<tr>
<td>Kanawha</td>
<td>192,179</td>
<td>26.5%</td>
<td>N/C</td>
<td>23% to 23%</td>
<td>0%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>21,559</td>
<td>28.4%</td>
<td>N/C</td>
<td>30% to 27%</td>
<td>-3%</td>
</tr>
<tr>
<td>Logan</td>
<td>35,987</td>
<td>34.4%</td>
<td>N/C</td>
<td>37% to 28%</td>
<td>-9%</td>
</tr>
<tr>
<td>Mingo</td>
<td>25,900</td>
<td>33.1%</td>
<td>N/C</td>
<td>36% to 27%</td>
<td>-9%</td>
</tr>
<tr>
<td>Putnam</td>
<td>56,435</td>
<td>21.6%</td>
<td>N/C</td>
<td>20% to 19%</td>
<td>-1%</td>
</tr>
<tr>
<td>Wayne</td>
<td>41,437</td>
<td>29.5%</td>
<td>N/C</td>
<td>33% to 25%</td>
<td>-8%</td>
</tr>
</tbody>
</table>

CLEAN INDOOR AIR REGULATION BY COUNTY

Boone County Clean Indoor Air Regulation of 2005 100% Enclosed Workplace and Restaurants are included in this Clean Indoor Air Regulation

Cabell Clean Indoor Air Regulation of 2010
100% Enclosed Non-Hospitality Workplaces, Restaurants, Bars, and Gaming Establishments are included in this Clean Indoor Air Regulation

Kanawha County Clean Indoor Air Regulation of 2003
100% Enclosed Non-Hospitality Workplaces, Restaurants, Bars, and Gaming establishments are included in this Clean Indoor Air Regulation

Lincoln Clean Indoor Air Regulation of 2002
100% Enclosed Workplace, Bar, and Gaming Establishments are included in this Clean Indoor Air Regulation

Logan County Clean Indoor Air Regulation of 2005
100% Enclosed Non-Hospitality Workplaces and Restaurants are included in this Clean Indoor Air Regulation

Mingo County Clean Indoor Air Regulation of 2006
100% Enclosed Workplaces and Restaurants are included in this Clean Indoor Air Regulation
**Putnam County Clean Indoor Air Regulation of 2007**
Allows smoking in any workplace or public place if business prohibit those 17 years old and younger a sign must be posted

**Wayne County Clean Indoor Air Regulation of 2004**
100% Enclosed Workplaces and Restaurants are included in this Clean Indoor Air Regulation

**EDUCATIONAL OUTREACH AND CESSATION OUTREACH**
- 37 events attended and over 6,137 people reached

- Boone - 3 events reaching 179 people
- Cabell - 14 events reaching 4,807
- Kanawha - 1 event reaching 4 people
- Lincoln - 3 events reaching 188 people
- Logan - 2 events reaching 158 people
- Mingo - 10 events reaching 415 people
- Putnam - 3 events reaching 375 people
- Wayne - 1 event reaching 11 people

**COMMUNITY MEETINGS**

- Cabell County, 56
- Wayne County, 9
- Putnam County, 9
- Mingo County, 9
- Logan County, 8
- Lincoln County, 11
- Kanawha County, 9

**Boone County, 7**
<table>
<thead>
<tr>
<th>Coalitions by County</th>
<th>Pursuing Clean Indoor Air</th>
<th>Average members attending</th>
<th>BOH meetings attended (by designee)</th>
<th>Public Forums(CIA/SHS) attendees</th>
<th>Cessation specific events/ attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone County Stop Watch</td>
<td>Yes</td>
<td>11</td>
<td>Yes</td>
<td>2/178</td>
<td>n/a</td>
</tr>
<tr>
<td>Cabell County Coalition for A Tobacco Free Environment</td>
<td>No</td>
<td>12</td>
<td>Yes</td>
<td>1/354</td>
<td>7/646</td>
</tr>
<tr>
<td>Kanawha Communities that Care</td>
<td>No</td>
<td>31</td>
<td>Yes</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Lincoln Prevention Coalition</td>
<td>No</td>
<td>11</td>
<td>Yes</td>
<td>n/a</td>
<td>1/65</td>
</tr>
<tr>
<td>Logan County PIECES Coalition</td>
<td>No</td>
<td>13</td>
<td>Yes</td>
<td>n/a</td>
<td>1/156</td>
</tr>
<tr>
<td>Mingo County STOP/ Mingo Health and Wellness Coalition</td>
<td>No</td>
<td>16</td>
<td>Yes</td>
<td>5/52</td>
<td>4/335</td>
</tr>
<tr>
<td>Putnam Wellness Coalition</td>
<td>No</td>
<td>15</td>
<td>Yes</td>
<td>n/a</td>
<td>2/374</td>
</tr>
<tr>
<td>Wayne County WATCH Coalition</td>
<td>No</td>
<td>15</td>
<td>Yes</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Submitted by Teresa D. Mills
September 2, 2015 Cabell-Huntington Health Department (CHHD) initiated a Harm Reduction Program focusing on the prevention of Hepatitis C, HIV and reduction of Health Care associated hospital admissions of septicemia and endocarditis by early treatment intervention of skin infections caused by unsafe injection practices. During 2017, we saw 1811 new clients enter the Harm Reduction Program and made a total of 11,096 exchanges. This is an approximate increase of 10% in new clients and a 113% increase in total exchanges. We distributed approximately 443,840 syringes to clients with approximately 68% (302,210) returned for proper disposal. This was a slight decrease from the previous year and measures are being implemented to increase the percentage of syringes returned.

The Harm Reduction program is held one day per week for a 5 hour period. During this time clients have the opportunity to speak with a recovery coach, receive Naloxone education as well as participate in other services provided by the Health Department such as testing for HIV, Hepatitis C, as well as testing and treatment for Sexually Transmitted Infections (STI’s). We had 54 clients request to be seen for testing or treatment which was a significant increase from the previous year. In April, we held an HIV event in conjunction with the Bureau for Public Health Division of HIV Prevention where 153 clients participated in testing.
During 2017, we saw a slight decrease in Family Planning clients and services, however our numbers continue to exceed that of 2015. Women who have qualified for this program in previous years have been able to obtain insurance through the Affordable Care Act which allows them to establish with a private physician.

This year we maintained the number of Breast and Cervical Cancer Screening Patients (BCCSP) we serviced from the previous year. Many women who have previously this program in the past now have insurance through the Affordable Care Act which covers screenings and mammography services. We continue to provide this service for those clients who qualify under the BCCSP Program Guidelines.
Cabell-Huntington Health Department saw a decrease of approximately 17% in STI client visits in 2017 followed by a slight decrease of 16% in clients tested for Chlamydia and Gonorrhea. The number of clients tested for Syphilis remained nearly the same. There was a 22% decrease in the number of Chlamydia positive cases treated and a 14% decrease in Gonorrhea positive cases treated. The number of Syphilis cases tested and treated declined by 46% in 2017. These decreases are likely the result of a successful program initiated in collaboration with the WV Bureau for Public Health to address syphilis in the community.

Investigations for PPD and T-Spot positive clients increased by 100% during 2017. Many factors determine the number of investigations required for TB investigation including work history and the number of close contacts a person might have. Each case is evaluated on an individual basis.
Clinic Services Provided

➢ Child, Adolescent and Adult Immunizations
➢ Family Planning Services
➢ Pregnancy Testing
➢ Tuberculosis Screening
➢ STI Screening and Treatment
➢ HIV Testing
➢ Breast and Cervical Cancer Screening Services

➢ Contact Investigations
➢ Titers and Screens
➢ Harm Reduction/Syringe Access Program
➢ Adult Hepatitis Vaccine
➢ Immigration Screening and Immunization

Community Outreach

Participated in Health Fairs and events

➢ Milton
➢ Ad Lewis Center
➢ Link
➢ Marshall University
➢ Project Homeless Connect
➢ Movement of Hope
➢ Neighborhood Association

➢ Huntington High School
➢ Huntington Junior College
➢ Huntington East Middle School
➢ Success by Six
➢ Rally for Recovery
➢ Family Medicine Conference
➢ Prestera Event

Provided services working with community partners

➢ Huntington Treatment Center
➢ Her Place
➢ Recovery Point
➢ Diabetes Prevention Programs
➢ Marshall Medical Outreach
➢ Flu Clinics conducted at 24 plus locations throughout Cabell County

➢ Marshall University Student Health
➢ Cabell County Sherriff Department
➢ Huntington Police Department
➢ Barboursville Police Department
➢ Harm Reduction Coalition

Staff Education and Training

Clinic staff accumulated over 300 hours of education and training through various conferences, trainings and on-line webinars

➢ WV Immunization Summit
➢ Newborn Screening Conference
➢ STI Updates
➢ WV Medicaid Billing Workshop
➢ WHIPS/BCCSP Updates and Training
➢ Meningococcal B Updates
➢ TP Summit
➢ Ora-Quick Recertification
➢ SANE Annual Conference
➢ Threat Preparedness ICS Courses
➢ STD, HIV, Hepatitis, Family Planning and Addiction Training

➢ Blood Borne Pathogens Training
➢ Driver’s Training
➢ HIPAA Security/Cyber Security
➢ Family Planning Updates
➢ CITI Training
➢ Leadership Training
➢ Naloxone Training and Education
➢ Roberts Rules of Order Training
➢ Active Shooters Training

Submitted by Kathleen V. Napier, RN
Program updates

➢ Our mosquito program received a sub grant of $18,000 to help provide equipment and personnel. There were 3 positive pools for West Nile virus in Cabell County during 2016-2017. “Mosquito Dunks” were used in standing water to help with the needed larvicide. The Cabell-Huntington Board of Health passed a mosquito ordinance to aid our work in preventing mosquito borne diseases.

➢ Two Sanitarians and one Environmental Technichian was hired.

➢ A long overdue settlement for repair of a broken sewer line was agreed upon. This repair will eliminate another health hazard within our community.

➢ We are still dealing with over 300 building on the unsafe building registry in the City of Huntington.

➢ 73 new food establishments in Cabell County and the City of Huntington were opened during the past year.

➢ The Fair and Festival season saw the successful completion of 11 fairs and 90 different vendors at the fairs.

➢ The Cabell/Wayne Medical Reserve Corps named Vicki Black as the volunteer of the year. Vicki has been a volunteer phone operator, pet shelter volunteer and smoke detector volunteer. She has been a great asset to our volunteer program.

➢ The MRC volunteers are being asked to help with the Harm Reduction program on a regular basis.

➢ The Cabell-Wayne Local Emergency Planning Committee held a successful drill and started the next drill with the planning and table top exercise. These drills help keep the staff and volunteers ready for any emergency.

➢ The Environmental Technician has surveyed about half of the home aeration units and has worked to keep mosquito traps set and running all summer.

➢ We held 3 ServSafe Classes with 40 attendees for food managers.
Investigation Updates

➢ The request for help in getting rid of bed bugs continues.
➢ Mold is still an issue for some homeowners.
➢ There was an increase in needle complaints. We collected 219 needles from the 43 complaints received.
➢ Unfortunately, the subdivision with a failing sewage system is still not resolved. Funding is the major problem in designing a repair.

Field/partner education

➢ It is always a pleasure for the Environmental Health Staff to work with the Marshall University Medical Students and Residents and the Marshall University Pharmacy students. We have been host to more than 20 students.
➢ We have worked closely with the Department of Environmental Protection, WV State Fire Marshall’s Office and Public Service Commission to correct problems within our County.
➢ We have also worked with our Local Emergency Planning Committee, Homeland Security and numerous other agencies to help improve the Public Health in Cabell County.

Meetings/trainings attended

Below are listed the various meetings and trainings our staff attended over the past year.

➢ Certified Pool Technician course online
➢ DOP Course Communicating across the Generations
➢ FDA online food courses
➢ Food handler’s classes
➢ General Staff Meeting
➢ Greater Huntington Parks Board meeting
➢ ICS 100/200 review
➢ Leadership meetings
➢ PACT
➢ Pesticides Training
➢ Safety Meeting
➢ Sanitarians Staff Meeting
➢ Threat Preparedness Summit Atlanta Georgia
➢ Unsafe Building commission
➢ Well Drillers Seminar
➢ Cabell/Wayne MRC
➢ Substance Abuse Meeting Active Shooter Training
➢ Robert’s Rules of Order
➢ Tick Borne Disease Training
➢ Bundle Team
➢ P-Card Training
➢ Leadership Training
➢ Threat Preparedness
➢ Homeland Security
➢ Sewage Advisory Board
➢ Water Well Safety Workshop
➢ Sanitarian In-Service
➢ Chronic Respiratory Disease Workgroup
➢ Municipal Court
➢ DOP Project Management Class
➢ Mosquito Webinar
➢ Fire Prevention
➢ Live Process Training and Drill
➢ RadResponder Training
➢ Leadership in Action
➢ Making a Plan
➢ WV Public Health Association Meeting
➢ WV Association of Sanitarians Mid-Year Meeting
➢ ServSafe

Submitted by Karen Hall-Dundas, RS
Threat Preparedness

2017 was a year of transition and evolution in the Threat Preparedness Program. Despite staffing challenges the threat preparedness team was closely involved with the gathering and submission of critical documents required in the accreditation process being pursued by CHHD. The team also met all the hard and soft deliverables required for in the annual threat preparedness grant.

Program Highlights

➢ Critical documents for the accreditation process were identified and uploaded, cutting across several PHAB domains and disciplines.
➢ A COOP (Continuity of Operations Plan) Seminar was provided to leadership staff to improve awareness and knowledge of the COOP Plan.
➢ A Meningitis on Campus seminar was held jointly with Marshall University, WV Bureau for Public Health, and Cabell-Huntington Health Department to prepare agencies for response to a possible meningitis outbreak on a college campus.
➢ There was a significant amount of training provided for the staff across the entire year, highlighted by 100 percent of the staff meeting the requirement for all core ICS trainings.
➢ The Threat Preparedness Program became a separate entity, no longer grouped under Environmental Health.
➢ For the first time, an ambitious detailed Annual Strategic Plan was developed for Threat Preparedness.
➢ For the first time, detailed monthly reports for Threat Preparedness were compiled and presented to the CHHD Board of Health.
➢ Preparedness and environmental health personnel participated in the national radiological exercise “Dawson Storm” in Morgantown.
➢ Preparedness staff attended prestigious national conferences including the National Preparedness Conference in Atlanta (April) and the NACCHO conference in Pittsburgh (July).
➢ The CHHD reached out to cooperate with strategic planning partners on all levels.
➢ The Multi-year training and Exercise Plan (MYTEP) was updated and maintained.
➢ A practice of completing AAR’s for all events (real and exercises/drills) was implemented and maintained.
➢ Staff participation, appreciation and knowledge of the Threat Preparedness program began to cut across and through many health department programs, putting CHHD in a strong position to prepare the citizens of Cabell County well into the future.

Submitted by Brian Elswick, RS
# Epidemiology Report

Diseases Investigated July 1, 2016 to June 30, 2017

<table>
<thead>
<tr>
<th>Disease</th>
<th>Campylobacter</th>
<th>CRE</th>
<th>Group B streptococcus</th>
<th>Haemophilis flu</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>Legionella</th>
<th>Lyme</th>
<th>Rubeola</th>
<th>RMSF</th>
<th>Salmonella</th>
<th>STEC</th>
<th>Shigella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRE</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B streptococcus</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilis flu</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>118</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td>94</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legionella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubeola</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RMSF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonella</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEC</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streptococcal pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submitted by Kim Lockwood
Information Technology Report

During FY 2017, technology systems were upgraded and standardized, which allows better staff function, but also improves budgetary concerns as we approach the point of having a system that will involve more anticipated replacement and less unscheduled outage. Built-in flexibility will allow change to continually occur. Among these projects have been:

- Sanitarian computers were upgraded and standardized
- Clinic check-in station computers were added
- Tablets were deployed to the nursing staff
- More than half the health department laptops were replaced
- Hardware was standardized for enhanced WVOT support

We have worked with and engaged in several WVOT software upgrade projects to standardize the software for all users. This helps from both a training standpoint, as well as support, since we are now dealing with one version of several of the software packages.

One major project was the installation and completion of the wireless network. We worked with the WV Office of Technology on their recommendations for hardware and monitoring for liability issues. We implemented all the infrastructure improvements with the building wiring to facilitate the addition of the equipment. A bonus of this upgrade is the ability to offer WiFi to the public through the same hardware as an added feature.

Through a grant awarded from the Appalachian Regional Commission, Oak Ridge Associated Universities facilitated an on-site Social Media training to teach us more about Social Media, its impact on our organization, and how to better utilize it.

As an organization, we are moving beyond the emergency management mode for our IT infrastructure and are looking towards the future in regards to our data storage, visualization, analysis and reporting. This will help with many of the administrative facets covering accreditation, grant application and management, and easier training management and tracking as well.

Submitted by Allen Woodrum
# Financial Report

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Levy</td>
<td>$1,428,031</td>
<td>45.15%</td>
</tr>
<tr>
<td>State Aid</td>
<td>549,114</td>
<td>17.36%</td>
</tr>
<tr>
<td>State Grants</td>
<td>242,699</td>
<td>7.67%</td>
</tr>
<tr>
<td>Clinical Service Revenue</td>
<td>126,825</td>
<td>4.01%</td>
</tr>
<tr>
<td>Federal Grants</td>
<td>130,110</td>
<td>4.11%</td>
</tr>
<tr>
<td>Harm Reduction Revenue</td>
<td>55,000</td>
<td>1.74%</td>
</tr>
<tr>
<td>United Way Grant</td>
<td>16,097</td>
<td>0.51%</td>
</tr>
<tr>
<td>Susan G. Komen Grant</td>
<td>12,500</td>
<td>0.40%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>117,433</td>
<td>3.71%</td>
</tr>
<tr>
<td>Capital Contributions</td>
<td>484,762</td>
<td>15.33%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$3,162,570</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

## Revenue, FY 2017

- **County Levy**: 15.33% (45.15% of total)
- **State Aid**: 7.67% (17.36% of total)
- **State Grants**: 4.01% (11.53% of total)
- **Clinical Service Revenue**: 17.36% (50.87% of total)
- **Federal Grants**: 4.11% (12.93% of total)
- **Harm Reduction Revenue**: 1.74% (5.51% of total)
- **United Way Grant**: 0.51% (1.58% of total)
- **Susan G. Komen Grant**: 0.40% (1.26% of total)
- **Other Revenue**: 3.71% (11.80% of total)
- **Capital Contributions**: 15.33% (45.15% of total)
### Expenses, FY 2017

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$1,472,138</td>
<td>46.55%</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>568,660</td>
<td>17.98%</td>
</tr>
<tr>
<td>OPEB</td>
<td>61,956</td>
<td>1.96%</td>
</tr>
<tr>
<td>Administration/Environmental Health</td>
<td>163,672</td>
<td>5.18%</td>
</tr>
<tr>
<td>Advertising</td>
<td>20,398</td>
<td>0.64%</td>
</tr>
<tr>
<td>Building Maintenance &amp; Expenses</td>
<td>10,891</td>
<td>0.34%</td>
</tr>
<tr>
<td>Clinic Supplies</td>
<td>278,673</td>
<td>8.81%</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>93,578</td>
<td>2.96%</td>
</tr>
<tr>
<td>Equip. Maintenance &amp; Repairs</td>
<td>42,379</td>
<td>1.34%</td>
</tr>
<tr>
<td>Grant Program Expenses</td>
<td>207,284</td>
<td>6.55%</td>
</tr>
<tr>
<td>Harm Reduction Program</td>
<td>72,348</td>
<td>2.29%</td>
</tr>
<tr>
<td>Transportation</td>
<td>23,799</td>
<td>0.75%</td>
</tr>
<tr>
<td>Training</td>
<td>30,072</td>
<td>0.95%</td>
</tr>
<tr>
<td>Utilities</td>
<td>42,614</td>
<td>1.35%</td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>74,108</td>
<td>2.34%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$3,162,570</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Submitted by Jack Mease, CPA
FY2017 Health and Safety Report

Event Reports
It is the policy of the Cabell-Huntington Health Department to report all events regardless of severity of the resulting injury.

<table>
<thead>
<tr>
<th>Incident/Accident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reported</td>
<td>8</td>
</tr>
<tr>
<td>On Premises</td>
<td>1</td>
</tr>
<tr>
<td>Off Premises</td>
<td>5</td>
</tr>
<tr>
<td>Total Injury</td>
<td>0</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>0</td>
</tr>
<tr>
<td>Number of Corrective Actions Taken</td>
<td>0</td>
</tr>
</tbody>
</table>

Hazard Reports
All employees are encouraged to report all actual, potential, or perceived hazards.

<table>
<thead>
<tr>
<th>Reported Hazards</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reported</td>
<td>2</td>
</tr>
<tr>
<td>Action Taken</td>
<td>2</td>
</tr>
</tbody>
</table>

Training
The Safety Committee conducted and/or organized 16 trainings in Fiscal Year 2017 for the Cabell-Huntington Health Department. 105 individuals were trained, totaling 196.58 hours of training time.

<table>
<thead>
<tr>
<th>Training</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Trainings</td>
<td>16</td>
</tr>
<tr>
<td>Number of Individuals Trained</td>
<td>105</td>
</tr>
<tr>
<td>Total Training Hours</td>
<td>196.58</td>
</tr>
</tbody>
</table>

In addition to the employee training, members of the Safety Committee have completed 9.42 hours of additional in person or online training. Courses completed:

- Psychological First Aid
- Bloodborne Pathogens
- Responder Health and Safety
- OSHA & Workplace Safety for HR Professionals
- 1st Responders Monthly meetings on job-related trauma and stress
Inspections
The State of West Virginia Department of Administration Board of Risk and Insurance Management (BRIM) conducts an annual inspection.

The Cabell-Huntington Health Department Safety Committee voluntarily requires the General Sanitation Division to conduct quarterly general sanitation inspections of the entire building and grounds. The General Sanitation Division schedules a different sanitarian to conduct the inspection each time.

The BRIM final report is pending, but preliminary results indicated no critical and 2 noncritical violations. 1 noncritical issue has been corrected.

There were four general sanitation inspections completed in fiscal year 2017. Seventy-two safety concerns were documented. No critical safety concerns were documented. Corrective action was assigned on 47 concerns.

<table>
<thead>
<tr>
<th>Inspections</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIM</td>
<td>1</td>
</tr>
<tr>
<td>Critical Violations</td>
<td>0</td>
</tr>
<tr>
<td>Noncritical Violations</td>
<td>2</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>Safety Concerns</td>
<td>72</td>
</tr>
<tr>
<td>Repeated Observations</td>
<td>3</td>
</tr>
</tbody>
</table>

Submitted by Bryan Maynard, Safety Committee Chair