

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting – September 25, 2019

Board Members Present:

Donna Rumbaugh
Robert Sweeney
Kevin Yingling, MD
Danny Porter

Board Members Absent:

Fred Kitchen
Daniel Konrad

Staff Members Present:

Michael Kilkenny, MD, MS, Physician Director
Tim Hazelett, Administrator
Kathleen Napier, Nursing Director
Jack Mease, Accountant
Elizabeth Adkins, Health and Wellness Director
Kim Lockwood, Epidemiologist
Laura Johnson, Secretary
Teresa Mills, Prevention Coordinator
Tonya Chaney, Regional Epidemiologist
Rodney Melton, Chief Sanitarian

Visitors:

Bishop Nash, Herald-Dispatch
Leigh Pennington, MU Student
Sarah Bankston, WSAZ
Raven Brown, WCHS

Mrs. Rumbaugh called the meeting to order at 5:07pm.

A motion to approve the agenda was made by Mr. Sweeney, seconded by Mr. Porter and approved.

Approval of Minutes:

A motion to approve the June 2019 Board of Health meeting minutes as written was made by Dr. Yingling, seconded by Mr. Sweeney and approved.

Chapter 16A – Medical Cannabis Act of West Virginia – Board of Health role:

Tim Hazelett presented information on the Chapter 16A Medical Cannabis Act of West Virginia. State of WV passed the Chapter 16A Medical Cannabis Act of West Virginia. In their rules, it defines specifically who can apply for these permits, 10 growers, 10 processors, 100 dispensaries and may not provide more than 10 individual permits to one person. The WV Bureau for Public Health will approve the application and be responsible for the inspection process. If the application is approved, it will be passed to the County Board of Health to approve the permit. Mr. Sweeney inquired on if the local

board of health has any inspection requirements. The County Board of Health has no inspection requirements, the WV BPH will conduct all inspections. Our permit approval would be similar to all our other permit processes.

Cabell-Huntington Health Department Clean Indoor Air Regulation of 2010-utilization of electronic cigarettes known as e-cigarettes and youth vaping:

Dr. Yingling presented an important matter on youth vaping.

“My focus for speaking is protecting public health, more specifically kids/minors safe regarding vaping. There is a consensus in this country that defines vaping as a public health epidemic.

Vaping nicotine has 3 areas of concern right now in the United States.

1. Proper use of nicotine vaping for treatment tobacco cessation
2. Safety/adverse events of the vaping products
3. Underage vaping

I personally chose to precipitate this matter at this evening’s meeting because I have reviewed the topic of youth vaping and have identified valid supporting evidence that action needs to be taken on this matter. There have been months of sidewalk conversation, email communications, and even comments made at Board of Health meetings on this topic. In my opinion, the evidence has mounted and needs to be addressed. That there is a public health crisis at hand that needs to be addressed, in part, by local health departments including Cabell-Huntington Health Department.

The alarm has been sounded; and the jury has spoken. Some of these jurists who have spoken out include the Secretary of Health and Human Services, Director of National Institute of Drug Abuse, US Surgeon General, the First Lady and multiple other federal and state officials. Also, numerous articles in the medical literature on this crisis support their stance that underage vaping is a public health emergency.

Tobacco is responsible for 1/2 million preventable deaths in the United States and continues to be a significant public health concern in our city, county and region. The proper use by adults of vaping products can be 1 of the solutions to address the specific problem of tobacco use disorder or tobacco addiction in adults. I recognize the value for this particular use of vaping products. There is a legitimate use, based on evidence, that adult use of nicotine products for smoking cessation is effective for smoking cessation. This is delivered by gum, lozenges and now by vaping. I believe this method of smoking cessation, vaping, can be used successfully to provide pathway to smoking cessation.

Also, as the significant adverse outcomes of vaping become more defined, including deaths from vaping, authorities will address those specific challenges. Of course, lung disease and death caused by vaping is an incredibly significant problem. In my opinion, this is not the challenges to be addressed by the local health department or even state health departments.

I propose that we have a public health responsibility as the Board of Health and in our county health department to address the teen vaping epidemic. I challenge us to accept this responsibility, and to begin addressing this public health crisis.

This is a public health crisis that demands local leadership, our leadership, to address the concerns in our immediate community. This challenge demands that we not wait for what state and federal officials to eventually define what an appropriate response is.

Appropriate, well-defined and robust action needs to begin to stem the tide of this public health crisis.

Unfortunately, vaping has become normalized in the teenage population. The national tobacco use survey 27.5% of high students vaped in the last 30 days.

The use of vaping products in teenagers is escalating, dramatically. The prevalence of vaping in minors doubled in grades 8/9/10/11 and 12 grades. 1 in 4 students in the 12th grade vapes, 1 in 5 students in the 10th grade, 1 in 11 students in the 8th grade vaped. In one study the percentage of those students who have vaped nicotine is higher than the percentage of those who have smoked cigarettes. This leads to nicotine use disorder, nicotine addiction. This is a lifelong challenge. Whether the study defines the prevalence as 25% or as high as 40% of high school students have used the nicotine delivery system, vaping, it is significant. Without action, by the guardians of the public health, we are allowing the process for nicotine use disorder or nicotine substance use disorder through the use of vaping nicotine delivery products to start and grow for teenagers or minors in our community.

It was previously established that our society views under aged tobacco use as inappropriate as a public health matter. Long standing regulations and restrictions in place to reduce tobacco smoking under the age of 18. Increased use of vaping products, a delivery system for nicotine, by individuals under the age of 18 is not appropriate. I strongly recommend consideration by the Board for regulations, ordinances or restrictions of vaping products to individuals under the age of 18.

Previously this board, faced with a crisis of tobacco addiction and its negative public health outcomes, took appropriate to address that public health challenge. This is exemplified by the smoke free environment ordinances in our community. The board faced the crisis of tobacco addiction in an effective way and should face the challenge of nicotine addiction in a similar way.

The time for action is now. And the most robust, bold and appropriate regulations possible to adequately address the youth vaping crisis in our city and county should be entertained.”

Dr. Kilkenny stated Cabell County statistics in the 2018-2019 PRIDE Questionnaire show that 28.2% 12th graders have vaped in the last 30 days. Nicotine is an addictive drug and is marketed through the same methods as tobacco, with an additional advantage of flavors appealing to youth. National statistics show nicotine use by adults and youth younger than 24 exceeds the use of use by adults age 25 and older. Most evidence pointing to finding youth convert to cigarette use later in life. Allowing the ongoing of the epidemic can lead to very serious consequences. There are multiple options the Board of Health can take. (1.) Make an official statement that includes condemning specific practices and supporting others. (2.) Strengthen the language and update our current Tobacco regulation. Update would be a cross collaborative process with other agencies throughout to ensure term definitions and language are uniform, which will also make it less easily to legally oppose regulation. The Board of Health does have the authority to make and enforce regulations and ordinances. It is within this realm to issue bands, though Dr. Kilkenny states it would be better handled at the National or State level. Dr. Kilkenny advised the Board of Health there might be an excessively high cost to bans in the terms of legal defense action. (3.) Board of Health could support the T21 regulation, which raises the legal age to purchase to 21. This regulation can be placed in local and state jurisdictions. Teresa Mills stated Hawaii, California and New Jersey have passed the T21 regulations in their municipalities. Dr. Yingling asked if vaping and nicotine products were included in the T21 regulation. Yes, we would advocate placing restrictions on all vaping and nicotine products. Of the options discussed, the official statement would be the most rapidly made option. Dr. Kilkenny distributed a draft sample of official statement for Board of Health and recommended the Board to review and amend statement. Mr. Sweeney inquired on the process to make a regulation/ordinance enforceable. Dr. Kilkenny stated legal council would be sought for guidance prior to determination. The ordinance/regulation process is to prepare a document, review and propose ordinance/regulation, then there would be a 30-day comment period before a public hearing would be scheduled. If passed, the ordinance/regulation would be filed

with Secretary of State. Once filed there is a 30-day enactment period. Dr. Yingling stated when the country decided it was inappropriate to sell cigarettes to minors, it was a public health challenge due to illness significance. A regulation was passed for legal age to purchase is 18. Dr. Yingling inquired on why we would want to only regulate flavored instead of all nicotine products, since it is the nicotine that's the addictive component and causes serious illness. Minors do not have the right to purchase product until age 18 in Cabell County. Dr. Kilkenny stated we could explore stronger enforcement action similar to alcohol. We would need to determine who has jurisdiction for enforcement action. It could be a multifaceted set of actions. Dr. Yingling inquired on what the litigation protest would be against a statement. It could be stated we don't have the legal right to regulate or that minors should have the right to purchase products. Dr. Kilkenny stated we would only act on the advice of legal counsel. The industry could counter, which would cost an extreme amount of money to defend. Dr. Yingling inquired on who would counter an ordinance/regulation and how does it cost the health department. Personnel time is resources, that would be preparing the defense instead of providing services. Though no lawsuit happened with Clean Indoor Air Act, we did have a legal challenge regarding immunization requirements. The suit went to the WV Supreme Court, which upheld the Board of Health actions. The legal cost in that suit was over \$50,000. Our attorney on record represents us in certain situations, not all. Therefore, there is the possibility we would have to seek private council. Mr. Sweeney proposed we get a better understanding by reviewing statement and finding out what other efforts are being made towards this public health epidemic on a state level. The CHHD Board of Health should seek legal counsel to determine if we have authority or if there is a preemption at a higher level that would stop our enforcement of action. Dr. Kilkenny stated he is not aware of any action the WV Bureau for Public Health is making. The state eliminated their tobacco program and is now working on the cannabis rule, which is an unfunded mandate. Mr. Sweeney stated we need to be aware of who locally would be opposed to a regulation. Dr. Kilkenny stated it would be the national and local companies selling products. Mrs. Rumbaugh stated we have a higher level of responsibility to our children and the adverse effects of products. Dr. Yingling stated the ingredients in products is a very high concern, it is not in the local jurisdiction's authority. Mr. Porter inquired if there would be any funding available to provide training to support our position. Teresa Mills stated there is funding available. She provides tobacco prevention to Cabell County 4th and 5th grade students through the American Lung Association program, working with Cabell County Board of Education to use for students found with cigarettes. All schools have tobacco policies and are tobacco free campuses. Cabell County has the advantage of having a Tobacco Cessation Specialist. Dr. Yingling made the following motion, "The Board will review and provide feedback to the Director on the public statement regarding vaping of nicotine and that once occurred a public statement will be made. Secondly, CHHD will explore state level efforts and legislative activities are ongoing regarding nicotine. The third is to further explore options regarding regulations and ordinances to reduce the use of vaping products by minors, which includes discussion with legal counsel. Mr. Sweeney seconded, and the motion was approved.

Cabell-Huntington Health Department FY2019 Annual Report:

Dr. Kilkenny stated the FY2019 Annual Report is anticipated to be presented at the October Board of Health Meeting.

Environmental Health:

Rodney Melton presented the Environmental Health report. June's focus was the new food code. Staff completed training and began educating restaurants to ensure their knowledge of changes. Sanitarians continue to educate during inspections. Code Enforcement has done a good job in reducing the number of complaints received in both retail establishments and syringe litter. He is now focused on housing issues. July and August's focus were mosquito surveillance.

Threat Preparedness:

Tim Hazelett presented the Threat Preparedness report.

Epidemiology:

Kim Lockwood presented the Epidemiology report.

Regional Epidemiology:

The Regional Epidemiology report, which included regional epidemiological trainings and meetings held in the past month, field and partner education that was completed, and disease investigation and surveillance undertaken was submitted. The report was changed in July to reflect the number of cases we are investigating versus the total number of cases that were probable.

Nursing:

Kathleen Napier presented the Nursing report. HIV testing continues. We average about 300 HIV tests per month. The numbers tested for STDs in HRP are not counted in the STD numbers.

Information and Technology:

Tim Hazelett presented the Information and Technology report.

Harm Reduction Program

Kathleen Napier presented the Harm Reduction report.

Health & Wellness:

Elizabeth Adkins presented the Health and Wellness report.

A motion to approve the departmental reports as circulated before the meeting and amplified with questions and answers was made by Mr. Porter, seconded by Mr. Sweeney and approved.

Financial Report:

Jack Mease presented the June, July and August 2019 financial reports.

A motion to approve the June, July and August 2019 invoices and receipts was made by Mr. Sweeney, seconded by Mr. Porter. and approved.

Administration:

Tim Hazelett presented the Administration Report. We are currently in discussion with the State Bureau for Public Health for the HIV Cluster Outbreak. The Emergency Funding Application has been submitted.

Physician Director's Report:

Dr. Kilkenny presented the Physician Director's Report.

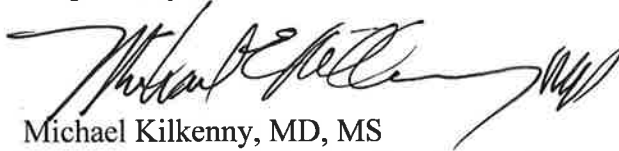
HIV Cluster Update: Case count 80. It appears the number of cases is slowing. CDC has put four Disease Specialists on the ground here and is now downsizing their presence. There is no significant change in demographics. Viral suppression continues to slowly rise. We have one full-time Ryan White linkage to care person on site. Linkage barriers have been overcome through working with partners, including transportation. Same day medical treatment is now available. Dr. Kilkenny had the opportunity to speak on Huntington's Success in the HIV Cluster at the US AIDS Conference. We played a big role in improving PrEP availability. PrEP is the cornerstone to viral suppression. It is extremely effective in sexual transmission. Dr. Yingling inquired on the number of clients participating in Directive Therapy. 17 clients are currently participating.

A motion to adjourn was made by Mr. Sweeney.

Meeting adjourned at 6:37 p.m.

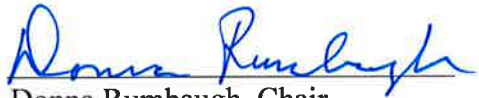
The next regular Board meeting is scheduled for, 2019 at 5:00 p.m.

Respectfully submitted,



Michael Kilkeny, MD, MS
Physician Director, Cabell-Huntington Health Department

Approved:



Donna Rumbaugh, Chair
Cabell-Huntington Board of Health