

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting – March 24, 2021

Board Members Present:

Kevin Yingling, MD
Robert Sweeney
Donna Rumbaugh
Daniel Konrad

Board Member Present by Video Conference:

Fred Kitchen

Board Members Absent:

Danny Porter

Staff Members Present:

Michael E. Kilkenny, Chief Executive Officer/Health Officer
Tim Hazelett, Chief Operating Officer
Jack Mease, Chief Financial Officer
Allen Woodrum, IT Director

Staff Members Present by Video Conference:

Kathleen Napier, Director of Nursing
Rodney Melton, Director of Environmental Services
Laura Powell, Administrative Services Office Assistant
Tonya Chaney, Regional Epidemiologist
Hannah Petracca, Public Information Officer

Visitors by Video and Phone Conference:

Taylor Stuck, Herald-Dispatch

Dr. Yingling called the Board of Health meeting in order at 5:00pm.

A motion to approve the March 2021 Board of Health Meeting agenda was made and approved.

A motion to approve the February 2021 minutes was made and approved.

Departmental Reports:

Chief Operating Officer:

Tim Hazelett presented the Chief Operating Officer report.

Seven candidates are being scheduled for interviews for the Epidemiology position.

We are going to partner with Marshall Internal Medicine, specifically Infectious Disease, to fill the Nurse Practitioner position, through Memorandum of Understanding at fifty percent cost per agency.

We are in preliminary discussions to implement an electronic medical record system in collaboration with Mountain Health and Marshall Health. This will integrate the health care system with Mountain Health, including Cabell Huntington Hospital, HIMG, Marshall Health, which will make the system more effective and efficient in operation.

FEMA Project update:

FEMA approved the integration of the mobile project into the standard vaccination project. This gives us the option to integrate mobile and outreach clinic system with partners. Mikaela Earl has been hired as the CHHD Community Vaccination Outreach Coordinator through FEMA to ensure equitable distribution of vaccine. Three outreach clinics have been scheduled for this week.

Environmental Services:

Rodney Melton presented the Environmental Services report.
A WSAZ interview was completed on Food Spoiling After Power Outages.

Epidemiology Report:

Dr. Kilkenny deferred the Epidemiology report to be combined with the Regional Epidemiology.

Regional Epidemiology:

Tonya Chaney presented the Regional Epidemiology report, which includes regional epidemiological trainings and meetings held in the past month, field and partner education, disease investigation and surveillance.

Outbreak Report:

Two additional outbreaks were opened in February. Outbreak definition changes were made in the groupings: correctional facilities moved into other residential, which resulted in an increase in the average cases per outbreak setting.

Dr. Yingling inquired if there are any changes in March from January/February. Cabell County did see changes in March over January/February. The changes in Cabell County are not consistent throughout the other counties, which have seen an increase in outbreaks in school settings.

Nursing:

Kathleen Napier presented the Nursing report, which includes the clinical and Harm Reduction Program.

COVID-19 Vaccine Update:

Hired the COVID-19 Community Vaccination Outreach Coordinator who will be responsible to outreach vaccine events in collaboration with our partners in communities with high risk and low access. We have tripled the amount of vaccine given this month and expect to exceed triple amount.

Mr. Kitchen inquired on results in scheduling COVID-19 vaccinations. We have been able to open to 65 and older walk-in vaccinations. A clerk has been placed at the front of room at the COVID-19 Vaccine Center to schedule appointments for those who walk in under 65. The clerks at front of health department are also able to schedule appointments for those who walk in and need scheduled.

HRP Report:

COVID-19 vaccines are now being offered to Harm Reduction clients during program services twice a week. The goal is to begin offering COVID-19 vaccination to those clientele five days a week.

Dr. Yingling stated in the midst of all the things happening with COVID in regard to the expenditure of time to make that happen it is impressive to see the following (read straight from report):

- HIV clients continue to store and pick up medications at the Health Department
- Dr. Willenburg continues to see clients who are part of the HIV cluster at CHHD on Tuesday afternoons
- Education regarding PrEP is provided to all high-risk clients
- We continue to provide HIV testing for those who are due a three month follow up, new clients and those who present with high risk behaviors
- Planning for HIV community testing is ongoing

Dr. Yingling commended everyone involved for providing public health initiative in an effective manner during a pandemic.

In response to the Legislative efforts to restrict harm reduction services, Dr. Kilkenny presented facts related to the Cabell County Harm Reduction Program through two reports:

1. 2015-2020 Syringe Dispense and Return – chronological annual report on number of syringes distributed and returned through the Harm Reduction Program
 - a. 2015 – HRP implemented
 - b. 2016 – Increased HRP presence in the community
 - c. 2017 – Highest number of syringes distributed
 - d. 2018 – Restriction implemented
 - e. 2018-2019 – Syringe number returned exceeded number dispensed.
 - f. 2019 – HIV Outbreak – syringe distribution is vital tool in HIV prevention among injection drug users
 - g. 2020 – The Harm Reduction Program was impacted by the COVID-19 pandemic. A steady number of ongoing HIV transmission was reported. Syringe services are a vital tool in HIV prevention. In 2020, the syringe return rate was in the 85% range of the number dispensed. CHHD continues to vigorously respond to the HIV transmission.
2. 2015-2020 Syringe Complaints Report – monthly report on syringe complaints and the number of syringes recovered from each complaint.

Note: CHHD is not the only agency that responds to syringe complaints. Code Enforcement and Law Enforcement respond and bring collected syringes to CHHD.

- a. 2015-2016 – Few complaints and syringes collected
- b. 2017 – Peak of syringes recovered
- c. 2018 – Peak of complaints
- d. 2019 – Complaints declined
- e. 2020 – Complaints declined a great deal; No correlation in syringes dispensed with complaints has occurred in 2020.

Mr. Sweeney inquired on what would happen if the legislation bill was enacted.

Dr. Kilkenny responded that Senate Bill 334, if enacted, asks us to move to a 1 to 1 syringe distribution/collection program. The 1-1 model is not a recommended model in delivery of this service and providing fewer syringes will contribute to the increase, not decrease, in HIV transmission. We don't feel like it is advisable to restrict service delivery when we know there is an ongoing HIV transmission. It is an ill-advised move that is very hard to justify for a health department to make when we are mandated to take the opposite action. When factoring in the other numerous issues related, like licensure and counties are at risk of \$5,000 per day fines, it would be feasible or recommendable to not follow that model and cease providing the services.

Mr. Sweeney inquired on the risk of probability in HIV increase if the HRP was eliminated due to the criminal risk.

Dr. Kilkenny responded: It is clearly a probability, almost a certainty. If the bill is enacted, the amount of disease that occurs in result to that would require emergency action to allow appropriate interventions to take place.

Dr. Yingling stated:

In current state of affairs, often by terms of concept or pilot project which proves the point of something done or is about to be done

CHHD Administration has appropriately and timely managed this effectively and is a necessary program.

The Board has provided thoughtful oversight in government responsibilities, giving guidance to the administration of health department, and supporting that view has decreased community complaints about this program. Dr. Yingling shared his thoughts on the CHHD Harm Reduction Program and the support of the Board of Health for the implementation and operations of this needed service.

Administrative Services:

Tim Hazelett presented the Administrative Services report, which includes Administration, Public Information, Prevention Programs and Threat Preparedness.

The by-laws were presented to the Board of Health members for consideration of changes.

Financial Report:

Jack Mease presented the February 2021 financial report.

Dr. Yingling inquired on the possibility that the National Relief Plan funding could be passed to health department to support necessary services necessary in COVID epidemic.

Tim Hazelett responded: In 2020, initial CARES Funding was allocated. At that time, we did not have a mechanism to bill our services to CARES Funding. That mechanism became available in August 2020, which extended back to March. Though we were able to bill for the last 4-5 months, there was a short fall in expenditures in December 2020. We continue to look for opportunities to fund our continued contract labor.

A motion to approve the February 2021 financial report, including invoices and receipts, was made and approved.

Health Officer:

Dr. Michael Kilkenny presented the Health Officer report.

In terms of the Harm Reduction Program, we did not talk about overdose deaths. No official 2020 overdose death statistics are available. A Bureau for Public Health briefing assured the increase of overdose deaths, reports for deaths at home and suicides during the COVID-19 pandemic.

From 2017 – 2020, a steady decline in overdose death was reported. The COVID-19 pandemic caused a resurgence and there is ground to make up in overdoses, overdose deaths and HIV transmission. We are hopeful to have the ability to institute policy and procedures to implement interventions required to impact those case counts.

Significant changes in COVID-19 immunization policy and procedures allow the increase in services in all populations. We are now serving the 65+ population on a walk-in basis. Though we called every name on our list and the Everbridge list, we know not everyone got the call. We will continue to serve that population first and as demand goes down, we will reduce the age range and eventually get to our goal of serving everyone. Appointments are being made for those in the 50+ population and other high-risk groups including shut ins. We are working hard and seeing encouraging communications about the increase in vaccine supply. CHHD is expanding COVID-19 vaccination availability while other county health departments are stopping vaccination clinics. A huge partnership between CHHD, Mountain Health, Valley Health, Cabell County EMS, Marshall Health, Wayne Health Department and Cabell-Huntington Health Department are working together and providing COVID-19 vaccinations. We are excited to have the COVID-19 Vaccine Center at the Huntington Mall.

Dr. Kilkenny commended Tim Hazelett for his aggressive grant management which has resulted in funding for the COVID-19 Pandemic Response.

Dr. Yingling commented that in his life experience in health care collaboration, very few work so effectively with such rapport and respect for each other. The group was commended for their great commitment to make it work and implement effective and significant changes. Dr. Yingling recalled that in his early tenure on the Board of Health, it was a struggle for the health department to be

recognized as a partner in public health. Now Dr. Kilkenny, Tim Hazelett and CHHD are recognized as leaders in public health matters.

There is a debate about whether stimulus checks contributed to overdose and overdose dose deaths. Dr. Yingling inquired if CHHD is ready to push out interventions, including the availability of naloxone, if as the stimulus checks are distributed and if there is a concern about this matter in Cabell County.

Dr. Kilkenny stated we are aware of the debate and know of at least one major multistate effort to try to determine what happened to people as a result of COVID-19 and to ask people who suffer with disease of substance use disorder what their pressures are/were and how they reacted. This is the most appropriate way for us to settle the debate. CHHD has reestablished the infrastructure in Naloxone distribution to respond to this matter.

Executive Session

Executive session was called to order at 5:54 p.m.

Board of Health reconvened regular session at 6:34 p.m.

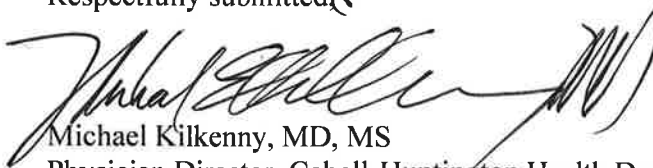
No action was taken during Executive Session.

A motion to approve all departmental reports as written and presented was made by Mr. Sweeney, seconded by Mr. Kitchen and approved.

The March 2021 Board of Health meeting adjourned at 6:35 p.m.

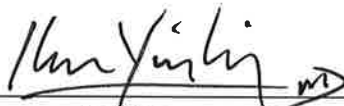
The next regular Board meeting is scheduled for April 28, 2021 at 5:00 p.m.

Respectfully submitted



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

Approved:



Kevin Yingling, Chair
Cabell-Huntington Board of Health