

## Director's Corner

**Amy Atkins, MPA, Director**



The Center for Local Health (CLH) continues to support the mission of the Public Health Impact Task Force (PHITF) within the Bureau for Public Health (BPH) and through meetings with our external partners. To ensure our partners are aware of this important work, highlights from the most recent PHITF meeting are included in this newsletter.

At a town hall session hosted by the WV Association of Local Health Departments (WVALHDs), the CLH received feedback on how to strengthen communications between local health departments and CLH. The feedback of our partners is critical to our success. We welcome your ideas and suggestions. In response to this feedback, I have included an article highlighting the work of the West Virginia Health Innovation Collaborative, including opportunities for local health departments to become involved. In future newsletters, you will see articles that continue to highlight the changing landscape

of public health policy, including opportunities for and examples of local health departments leading policy change in their communities.

Additionally, I will continue to share new training initiatives such as the competency-based public health training summit for local health officers planned for April 2016 and the expansion of the CHANGE program for new administrators. You will also hear updates on Center-led collaborations within BPH to identify and align Bureau technical assistance and resources for community health assessments and community health improvement plans.

Finally, this newsletter is an opportunity to highlight the community-based work to improve health outcomes for all West Virginians. If your health department has adopted an evidence-based practice to address a health need in your community and has evaluated the effectiveness of the intervention, we would love to hear your story.

## WV Public Health Impact Task Force (PHITF): Update

**Amy Atkins, MPA, Director**



The PHITF convened on October 28, 2015, at the West Virginia School of Osteopathic Medicine in Lewisburg, West Virginia. Robert W. Hicks, Deputy Commissioner of Community Health Services, and Jennifer L. Mayton, Operations Director for Community Health Services from the Virginia Department of Health (VDH), and Dr. Charles Devine, Health Director, Lord Fairfax Health District, were the guest speakers.

Their presentations included a discussion of the structure, staffing and funding of district health departments in Virginia. The speakers highlighted the three options available for local health department structure in Virginia: 1) a locality may enter into a contract with VDH to operate (130 of 134 localities have chosen this option); 2) a locality may administer their local health department under contract to VDH (4 of 134 localities have

chosen this option); and 3) a locality may operate an independent local health department with no state funding (no locality has chosen this option). They also highlighted the strengths of the Virginia model including:

- Local health districts in every city and county that provide basic public health services
- Joint state and local funding of local health districts
- Interdisciplinary management of districts
- Flexibility to adapt to local needs
- Public-private partnerships to improve health

All meetings of the PHITF are open to the public and include a public comment period for anyone wanting to share ideas or comments. The PHITF continues to actively request comments, ideas or suggestions for helping to redefine the mission of public health in West Virginia. Ideas may be submitted by email to the CLH at the following e-mail address: [dhhrbphclh@wv.gov](mailto:dhhrbphclh@wv.gov). The next meeting will be held at the University of Charleston in Charleston, West Virginia on December 9, 2015, from 1 p.m. - 3 p.m.

# Environmental Health Performance Indicators

*Judy Vallandingham, RS, Office of Environmental Health Services*

For the last four months, the Office of Environmental Health Services (OEHS) has collaborated with the CLH to establish performance indicators related to basic public health services provided by the local health departments. The environmental health performance indicators were chosen to reflect items in the Program Plan that would have an impact on public health in the communities that are served by local health departments. The chosen indicators do not provide a complete picture of local environmental health activity, but were selected in order to phase in required electronic reporting.

The initial environmental health performance indicators have been established for the following program areas: food establishments, body art studios, child care facilities, motel/hotel/lodging facilities, campgrounds, recreational water facilities, manufactured home communities and citizen complaints. The performance indicators are intended to track compliance of chosen program areas with mandated number of inspections for the number of permits issued for the program and track the number of complaints filed to the number of complaints closed.

For FY 2016, the data for the indicators will be requested quarterly from all local health departments. Data for this quarterly report can be obtained directly from the Environmental Health Electronic Reporting System (EHERS). For the initial phase-in of the reporting, the OEHS will ask all local health departments to submit their data in an Excel report (under development) that will be provided to them. The OEHS will work with HealthSpace, USA to format this quarterly report into an auto-populated report directly from the data entered into the EHERS in the individual local health department databases. This report will compare the number of mandated routine inspections (based on the number of permits issued) to the number of routine inspections actually performed and calculate the percentage of compliance. The report will compare the number of citizen complaints filed to number of complaints closed. The report will be cumulative for the fiscal year.

The purpose of collecting data electronically and developing and reporting these indicators is to ensure that basic public health services are being provided consistently to all citizens in West Virginia. The OEHS envisions that this data will benefit operations at both the local and state levels to be more efficient; to identify training needs; and to identify inconsistencies among agency services. We, as public health officials, take pride in the work we do every day and are always striving to better serve the citizens of West Virginia.

## Monroe County Health Department Community Emergency Response Team (CERT) Receives Governor's Service Award

*Gina Namay, West Virginia Citizen Corps Coordinator, Volunteer West Virginia*

On October 14, 2015, Governor Earl Ray Tomblin honored the Monroe County Health Department Community Emergency Response Team's (CERT) dedication to service at the annual Governor's Service Awards luncheon at the Charleston Civic Center. Presented since 1995, the Governor's Service Awards honor individuals, families and organizations that exemplify outstanding dedication to volunteerism and community service in West Virginia.

Monroe County is a rural community with no four-lane roads, no hospitals, and limited cell-phone and internet service. There are about 50 professional responders who serve more than 474 square miles. Volunteers were needed to cover the gaps, and the Monroe County Health Department CERT has done just this.

Its 74 members have received extensive training, from CPR to traffic control to Search and Rescue. They developed the Monroe Safety Checks Program that identifies and registers people who are medically dependent on electricity. The volunteers provide registered residents with a 72 hour emergency kit, a land-line telephone and a smoke alarm to help them survive a disaster. During a disaster, members of the CERT call to check on them to ensure their safety.

In the past year, the group contributed 3,000 hours of volunteer service and became an important and integral part of the community disaster response capability. Recently, the team assisted local responders during the brutal 2014 and 2015 winter storms and worked in partnership across county lines to assist during the diesel spill in neighboring Greenbrier County.

The Governor's Service Awards are administered by Volunteer West Virginia, the state's Commission for National and Community Service. A volunteer review committee reads and selects the recipients on the basis of achievement, community needs, continuing involvement, innovation and impact of service.

# West Virginia Health Innovation Collaborative

***Judy McGill, RN, Public Health Nurse Coordinator***

The West Virginia Health Innovation Collaborative (WVHIC) was formed by the West Virginia Department of Health and Human Resources (DHHR) Cabinet Secretary Karen L. Bowling in 2014 to map a new strategic vision for a healthy and prosperous West Virginia. The goals of WVHIC are to achieve better health outcomes, lower health care costs, and improve the health of our citizens through healthy lifestyles. West Virginia ranks among the top in public health risk factors including child poverty, drug abuse, poor nutrition, and tobacco use.

Changes will require a collaboration of public and private stakeholders who will be proactive and engage in a sustained commitment to improve the health of West Virginia. Based on input from stakeholders across West Virginia, Public Works recommended West Virginia recommit to better coordinate health care initiatives. DHHR agrees that West Virginia can improve the strategic approach to enhance health care systems by building on past and present efforts. DHHR proposed to create an Office of Health Improvement and develop the WVHIC as a health care think tank.

Government alone is not the answer. Any improvements in the health of our state will take commitment of all public and private sectors, individuals and communities, payers, providers, and consumers. Local health departments are positioned to participate in changing the course in West Virginia. To join WVHIC and serve on one of the workgroups (Better Health, Better Care or Better Value), contact Debbie Waller at [deborah.k.waller@wv.gov](mailto:deborah.k.waller@wv.gov) or by phone at 304-558-0079.

## Threat Preparedness Orientation

***Luke Mitchell, Public Information Specialist, Center for Threat Preparedness***

The Center for Threat Preparedness (CTP) in-person orientation provides an introduction to the DHHR preparedness initiative across the state and a general overview of CTP and its primary programs.

Originally, the orientation was geared toward introducing new local health department staff to their role in preparedness; however, over time, the focus has changed to include preparedness partners and stakeholders throughout the state such as behavioral health, epidemiology, health care, environmental health and others.

Programs and public health preparedness capabilities that are presented to attendees include:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing
- Mass Care
- Medical Countermeasures Dispensing
- Responder Safety and Health
- Volunteer Management
- Grants Management

The next class is scheduled from 9 a.m. - 5 p.m., December 10, 2015, at the CTP office located at 505 Capitol Street in Charleston.

For more information, please contact Luke Mitchell at 304-558-6900 or via email at [luke.r.mitchell@wv.gov](mailto:luke.r.mitchell@wv.gov).

## Carbapenem-resistant Enterobacteriaceae Infections

**Carrie A. Thomas, PhD, Healthcare-Associated Infections Coordinator and  
Khulud Khudur, Intern, Office of Epidemiology and Prevention Services**

Carbapenem-resistant Enterobacteriaceae (CRE) is a class of bacteria that is found in hospitals and other health care facilities and is resistant to a wide spectrum of antibiotics. Enterobacteriaceae are an important cause of community-acquired and healthcare-associated infections. They cause a wide range of infections, including urinary tract infections, bacteremia, pneumonia, and wound infections. CRE usually affects individuals with compromised immune systems or individuals with invasive devices like tubes and catheters. Increased hospitalizations and living in a long-term care facility can increase an individual's risk for getting this infection. CRE infections are very difficult to treat and are associated with a high mortality rate, up to 50% in some studies. This type of resistance is spreading, so surveillance for CRE is an important aspect of prevention and control efforts.

CRE has been reportable to the Bureau for Public Health since August 2013. The Division of Infectious Disease Epidemiology has recently released its first annual statewide CRE Surveillance report. This report looks at the distribution of CRE around the state, as well as regional differences in patient demographics, risk factors and the types of Carbapenem-resistant organisms. The results of this report, as well as continuing CRE surveillance, will help us target prevention efforts and help decrease the spread of CRE throughout the state. For a copy of the West Virginia Carbapenem-resistant Enterobacteriaceae (CRE) Surveillance Report, January 1, 2014 – December 31, 2014, please visit the Division of Infectious Disease Epidemiology CRE webpage at [www.dhhr.wv.gov/oeps/disease/AtoZ/Pages/CRE.aspx](http://www.dhhr.wv.gov/oeps/disease/AtoZ/Pages/CRE.aspx).

## Local Health Department Leadership Webinar Series

**Lisa Thompson, Public Health Financial Coordinator**

On October 21, 2015, the CLH hosted the second Local Health Department Leadership Lunch and Learn Orientation Webinar as part of the CHANGE program (Connections for Health Administrators: Networking, Governance and Education). The webinar presentation, "Infectious Disease Epidemiology for Local Health Administrators," was delivered by Dr. Danae Bixler, Director, and Dr. Maria Del Rosario, Surveillance Director, for the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology.

During the webinar, Dr. Bixler and Dr. Del Rosario provided an overview of surveillance, prevention and control of infectious disease in West Virginia. More than 30 participants attended the webinar, including local health department administrators, local health officers, local board of health members and Bureau for Public Health staff.

A third webinar was held November 18, 2015, on Environmental Health Services. These webinars are intended to provide guidance and orientation to local health departments on the statutory requirements for basic public health services and the programs at the state level that support the delivery of these services. The CLH welcomes any feedback on improving the webinar series and on identifying additional training topics.

## NACCHO Voice: The Word on Local Health Departments

**Lisa Thompson, Public Health Financial Coordinator**

*NACCHO Voice: The Word on Local Health Departments* is a blog by the National Association of City and County Health Officials (NACCHO) that covers a wide range of topics of interest to local public health professionals. Posts include tips and resources, stories from the field, and interviews with local public health experts.

NACCHO represents the nation's 2,800 local government health departments. These city, county, metropolitan, district and tribal departments work every day to protect and promote the health and well-being of all people in their communities. NACCHO provides resources to assist local health department leaders develop public health policies and programs that keep communities protected from disease and disaster.

For more information, visit <http://nacchovoice.naccho.org/>.

# Center for Local Health in the Field: McDowell County Health Department

*Judy McGill, RN, Public Health Nurse Coordinator*



On November 9, 2015, members of the newly formed Community Health Assessment (CHA) Committee from the CLH and Division of Health Promotion and Chronic Disease (DHPCD) traveled to McDowell County at the invitation of JJ Rose, Administrator, McDowell County Health Department. The intent of this visit was to seek ways that the CLH and BPH can facilitate the technical assistance process for CHA and Community Health Implementation Plans (CHIPs).

The CLH formed the committee in October to:

1. Determine ways to strengthen the community health assessment and improvement planning process;
2. Identify data from BPH offices and centers that could strengthen a county's ability to determine which health issue to focus on; and
3. Provide coordinated technical assistance to counties who request it.

CHAs are required by West Virginia State Code to assess a county's health risks and develop a plan to address the identified health issues. References to community health assessments found in code and rule are Code Section 16-2-11 (a)(1)(i) and Legislative Rule 64, CSR 73(5) Sections 5.1, 5.1.4, 5.1.6, and 5.4.

McDowell County Health Department hosted a focus group as the first step in their CHA process. While many challenges were discussed, positive activities in the community were also highlighted, including:

- 4-H clubs participating in farm to school food programs
- Free Zumba classes conducted by public health nurse, Shannon Hardee
- Significant dollar investment to rebuild playgrounds
- Free gym access
- Smiles dental program for second graders
- Faith-based organizations providing exercise programs at the community center

For more information on these activities, contact [Jessie.J.Rose@wv.gov](mailto:Jessie.J.Rose@wv.gov). Updates from the CHA Committee will be included in future newsletters.

## Upcoming Events

### **December 9, 2015**

Public Health Impact Task Force Meeting, 1 p.m. to 3 p.m.  
University of Charleston, Third Floor Ballroom

### **December 10, 2015**

Threat Preparedness Orientation, Center for Threat Preparedness, 9 a.m. to 5 p.m.  
Register on WVTRAIN using Course ID 1037306

### **December 18, 2015**

2016 NACCHO Annual Conference "Cultivating a Culture of Health Equity" abstracts due.  
[www.nacchoannual.org](http://www.nacchoannual.org)