11/16/16 Statewide LHD Call Summary

Hosted by the West Virginia Bureau for Public Health, Center for Local Health (CLH)

Participants: Local Health Departments Represented – 29
Bureau Staff – 14
Guests – 2

Community Water Fluoridation and Oral Health

Gina Sharps, WV Oral Health Coalition
Walt Ivey, Director, OEHS

The Office of Maternal, Child and Family Health's Oral Health Program, the Office of Environmental Health Services, Engineering Division and the West Virginia Oral Health Coalition shared information and resources related to community water fluoridation and oral health in an effort to promote strategies to support continued community water fluoridation. WV currently has one of the higher rates of water fluoridation in public water systems across the country. However, we have concerns about public water systems wanting to discontinue adding fluoride. Several LHDs have been or are currently involved in proposals to remove fluoride from community water sources and the presentation highlighted resources that can help local agencies proactively respond to protect and promote oral health. Gina Sharps, member of the Oral Health Coalition presented and shared the resources. For additional questions, Ms. Sharps' contact information is below:

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ESSENCE: Onboarding Hospitals Emergency Departments

Anil Nair, MVSc., MPH, PhD, Director, DEIE
Kirsten Oliver, MPH, CHES, Epidemiologist, OEPS

Syndromic surveillance systems collect chief complaint data from hospital emergency departments and urgent care centers. This data source is used by the Bureau for Public Health to monitor the health status of our communities. At present, 39 out of the 51 hospitals with ED's in the state are sending data to the Bureau for Public Health on a daily basis. As a result, we are receiving data on almost 75% of all ED visits happening in the state. However, there are 12 hospitals and more than 60 urgent care centers yet to be connected. It is important that all the hospital EDs and urgent care centers in the state are connected to the system to make full use of the surveillance capabilities of the system.

Division of Epidemiologic Informatics and Evaluation (DEIE) would like the LHD staff to be able to make use of this system to monitor the health status of their population. At least 2 staff members for each of the LHDs are encouraged to obtain user access—DEIE will train the users and have plans to conduct regional trainings. LHDs will be provided with a listing of the hospitals and urgent care centers in their jurisdiction that are not connected with ESSENCE so they can assist and support the onboarding process.

Per the state's reportable disease rule all hospital EDs and urgent care centers in the state are required to send their data to the public health daily. Dr. Gupta has sent two memos to hospitals and urgent care centers to promote the onboarding process and support for reporting into ESSENCE statewide.

Hospitals are eligible to get financial incentives from the federal 'Meaningful Use' program by sending syndromic data to the public health. For more information on the 'Meaningful Use' program, please visit http://www.dhhr.wv.gov/oeps/deie/syndromic-surveillance/Pages/default.aspx . In addition to the federal financial incentives, we are also offering a grant (up to $10,000) for each facility to overcome the technical challenges associated with establishing connectivity to the system. The current deadline for submitting this grant application is January 5, 2017. For additional information, Kirsten Oliver's contact information is below:

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ASTHO Competitive Bid for a Funding Application to "Build State Health Department Capacity to Develop & Utilize Hepatitis Epidemiologic Profiles"

Loretta Haddy, PhD, MS, State Epidemiologist

An application was prepared and submitted on Friday, November 18, 2016 and potential funding will be received by November 28, 2016. The project will last 7 months (November 28, 2016-June 30, 2017).

Impacts on LHDs include:

1. Surveillance of HBV and HCV management and reporting that WV will report to CDC.
2. Partnership with LHDs and DIDE regarding new incidence of acute HBV, HCV and chronic HBV are investigated by LHDs according to county of residence of the patient. Patients will be interviewed for risk factors and disease contacts, provided assistance to find an infectious disease specialist, and provided viral hepatitis education to prevent the spread of disease.
3. Perinatal hepatitis B: the Division of Immunization Services, in collaboration with the HBV epidemiologist will work in partnership with LHDs to conduct case management of HBV positive pregnant women and ensure that the report of such results are received by the woman's provider. The partnership with LHDs is to ensure the delivery facility knows the woman's status and to prepare for administration of PEP and vaccine to the infant as well as follow-up to ensure the infant receives the following two doses at two and six months of age.

Harm Reduction: there are 3 WV LHDs (Cabell, Kanawha and Ohio) that have implemented Syringe Exchange Programs between 2014 and 2015. Data from some of these clinics and Milan-Puskar Morgantown Health Right were shared in the application.

The proposed approach to implement this grant is to gather data already available for use in development of a comprehensive viral hepatitis epidemiologic profile. These data sources include vital records, WSIIS, syndromic surveillance, reportable disease surveillance system, harm reduction clinic coalition (evolved from a October 27th ASTHO Stakeholder Meeting in Flatwoods where several LHDs were present-Kanawha, Ohio, Cabell, Raleigh—Berkeley and Jefferson were invited but did not attend.)

During the funding period a Stakeholder Engagement partnership will meet at least two times to discuss any events and local circumstances surrounding hepatitis that need to be explored. Stakeholders that should be engaged will include LHDs, elected officials, health care staff and providers, public health educational institutions, state medical schools and associations, OMCFH, the WV Perinatal Partnership, etc.

Naloxone Distribution Project

James E. Jeffries, Director, Division of Infant, Child and Adolescent Health
Herb Linn, M.S., Deputy Director, WVU Injury CRC

On March 1, 2016, the West Virginia Violence and Injury Prevention Program (Bureau for Public Health subunit responsible for the implementation of this project) received Centers for Disease Control and Prevention (CDC) funding under *Prescription Drug Overdose – Prevention for States* (CE15-1501).

Project Description: Via the ensuing strategies, the West Virginia Violence and Injury Prevention Program is facilitating the necessary connections and collaborative relationships needed to target high-risk prescribing and patient behaviors that drive overdose deaths.

1. **Enhance and maximize the state Prescription Drug Monitoring Program (PDMP)**, known in West Virginia as the Controlled Substances Monitoring Program (CSMP). The CSMP is a core component of the State's strategy to address prescription drug abuse and diversion. The West Virginia Board of Pharmacy and the West Virginia University Injury Control Research Center (CDC-approved qualified evaluator) are the WVVIPP's implementation partners in this effort. Major activities include:
    - Expanding and improving proactive (i.e., unsolicited) reporting; and
    - Conducting public health surveillance of CSMP data and public dissemination of reports on CDC-directed metrics.
2. **Implement community and insurer/health system interventions**. West Virginia Medicaid, West Virginia Public Employee Insurance Agency (PEIA), West Virginia University School of Pharmacy and the West Virginia University Injury Control Research Center (CDC-approved qualified evaluator) are the WVIPP's implementation partners in this effort. Major activities include:
    - Utilizing the CDC Guideline for Prescribing Opioids for Chronic Pain to execute a Coordinated Care Program (for patients on chronic opioid therapy). Said Program will make use of: 1) prior authorization after the stipulated opioid threshold; and 2) patient "lock in"; and
    - Expanding academic detailing (distribution of clinical information and best prescribing practices) for outlier opioid prescribers.
3. **Evaluate existing policies designed to reduce prescription drug overdose morbidity and mortality.** The West Virginia University Injury Control Research Center (CDC-approved qualified evaluator) is the WVIPP's implementation partner in this effort. The following major activity will be executed in pursuit of this strategy:
    - Conduct a rigorous evaluation of West Virginia Senate Bill 437, Senate Bill 335, elements of Senate Bill 523 related to administering naloxone, and existing CSMP practices.

Because the prescription drug epidemic is fast moving, CDC allows states to use up to 10% of project funding each year to develop and implement Rapid Response Projects (innovative projects that do not fit into the above three strategies to break new ground on addressing the epidemic). For its year one Rapid Response Project, the West Virginia Violence and Injury Prevention Program proposed and subsequently received approval from the CDC to conduct a large-scale, in-state naloxone distribution endeavor.

- Funding from the Bureau for Behavioral Health and Health Facilities (BBHHF) has been used to purchase naloxone, atomizers, and related materials/equipment needed to assemble naloxone rescue kits for distribution among existing and planned overdose education and naloxone distribution (OEND) programs in the State of West Virginia.
- The effort will focus upon naloxone programs in non-EMS first response agencies (i.e., law enforcement and fire service) and "take-home" naloxone programs (e.g., in treatment/recovery programs, harm reduction programs, day report centers, health departments, and related organizations whose patients or clients may be at high risk for overdose).
- A distribution strategy has been developed in coordination with the six Prevention Lead Organizations (PLOs) that provide technical support to local prevention coalitions in all 55 counties. Said strategy is based upon identifying existing programs, assessing need in each program, and determining relative risk for overdose morbidity and mortality for the county in which the agency or organization is located.
- Evaluation of the project's impact will consider numbers and rates of opioid/opiate overdose deaths, emergency department visits, hospitalizations, and ambulance runs before and after the distribution effort.
- The West Virginia University Injury Control Research Center (WVU ICRC) is tasked with conducting and evaluating this rapid response effort.

Environmental Health Quarterly Report and Sanitarians Monthly Report

Judith Vallandingham, R.S. , Assistant Director, Public Health Sanitation Division
Walt Ivey, Director, OEHS

- The new EH Quarterly Report reflects activities captured in the LHD Annual Program Plan for permitted facilities.
- The new EH Quarterly Report is not intended to reflect all of the activities of the LHD Environmental Health Programs.
- The Sanitarians Monthly Report is a report of the number of activities and time spent in LHD Environmental Health Program by each sanitarian or a combined report of all sanitarians (full &/or part time).
- The Sanitarian Monthly Report consists of sixty- one (61) program categories and up to 11 separate activities per program category.

Additional Information

- The next statewide call will be held on December 7th.
- As always, if you are a new administrator, we can arrange for an orientation and meetings with BPH program staff.
- As always, we welcome your feedback to dhhrbphclh@wv.gov or to any of our staff.