



## 2/1/17 Statewide LHD Call Summary

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

Participants: Local Health Departments Represented – 41  
Bureau Staff – 11  
Guests – 1

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### West Virginia's Economic Overview

**John Deskins, Ph.D.**

**Director, WVU Bureau of Business & Economic Research**

In order to understand the evolution in West Virginia's economy, one must understand energy. Since 2008, annual coal production has decreased from 160 million tons to around 80 million short tons and annual natural gas production has increased from around 69 billions of cubic feet to around 350 billions of cubic feet. Likewise, in 2008, Southern WV coal production was three times the amount of Northern WV. However, in 2016, Northern and Southern WV coal production was nearly the same between 35-38 million tons. The environmental regulatory climate, the natural gas boom, and weak international demand are the key drivers of the decline in demand.

#### Where Does West Virginia Stand? Jobs, Income, and Output

Since 2012, there has been a modest and steady total employment growth nationally; on the other hand, West Virginia has experienced a decrease in total employment with roughly 17,000 jobs lost since the beginning of 2012 which is largely driven by losses in coal. In 2016, the unemployment rate in the United States and West Virginia was 4.7% and 5.99%, respectively and it is believed the State of West Virginia has returned to a job growth. However, the State expects growth of 0.6% annually over the next five years which is relatively weak compared to national numbers. It is urgent that the State begins to act today in an effort to produce stronger economic prosperity.

Income growth in West Virginia is nearly equal with the national figure. Transfer Payments are the fastest growing component of income in West Virginia and income such as proprietor's income and wage & salaries are growing more slowly. By 2021, it is expected that transfer payments will make up 29%, investment income will make up 13% and wages & salaries will make up 40% of the total personal income compared to 2001 numbers of 22%, 15% and 43% respectively.

When discussing Real GDP Growth in the state, West Virginia did better than the nation for years but since 2011 West Virginia has not grown due to the decline in coal production and stagnation in sectors such as tourism and manufacturing. Industrial diversification is needed in West Virginia for the state to thrive.

#### Regional Economies in West Virginia

- The Southwestern region has received extreme devastation due to the loss in coal production and five counties in Southwestern West Virginia are in a Great Depression.
- The Southeastern region has been stagnant over the past five years but has potential with tourism from Washington D.C. and other areas.
- The Metro Valley is a stable region and although unemployment has been flat over the past five years, wages have grown and this region has a ton of potential due to manufacturing base in chemicals.

- The Northwestern part of the state has benefitted a lot from the natural gas boom which resulted in an increase in employment and wages; however, we need to find a way to keep downstream activity in the state.
- The North Central economy has critical stability and a diversified economic base. There is a potential for manufacturing and high technology industries.
- The Eastern Panhandle region is very stable as well largely due to connection to Washington, transportation, manufacturing and distribution.

#### Where Do We Go from Here?

We need to think about small business activity and entrepreneurship in West Virginia and how we are going to achieve industrial diversification by fostering a more vibrant small business community. In addition we need to think about human capital. Businesses will not locate to West Virginia unless they can find a population of workers that are educated, healthy, and drug free therefore that issue has to be at the forefront of economic development. In 2015, the labor force participation rate in West Virginia was 53% compared to 63% nationally. Thinking about public policy, saying does this bill make us more attractive to potential businesses and thinking about good government are other ways to promote economic development in West Virginia.

For more information on West Virginia's Economic Outlook, please contact John Deskins at john.deskins@mail.wvu.edu

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## Invasive Meningococcal Disease Outbreak on a College Campus— Training for your Local Health Department

**Joel Massey, MD**

***Epidemic Intelligence Service Officer***

#### What is Invasive Meningococcal Disease?

Invasive meningococcal disease can refer to any illness that is caused by the bacteria *Neisseria meningitidis*, also known as meningococcus. Illness is often severe and may include infection of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia).

Symptoms of meningococcal disease include sudden onset of fever, headache, and stiff neck. Symptoms can start similar to influenza (flu) and will often also cause nausea, vomiting, increased sensitivity to light, rash, and confusion.

Meningococcus bacteria are spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing, sharing cups, lipstick, or cigarettes). Meningococcal disease can be treated with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

#### Who is at Risk of Invasive Meningococcal Disease?

Anyone can get meningococcal disease but certain people are at increased risk. Meningococcal disease is more commonly diagnosed among infants, adolescents, and young adults. Outbreaks of serogroup B meningococcal disease have been reported from college campuses during the last several years. As a result, there is now an effective vaccine against serogroup meningococcal disease; however, vaccination rates are low because it is not required for school or university attendance.

#### Why Are We Providing Training?

Several recent outbreaks of serogroup B meningococcal disease on college campuses highlight the challenges of controlling serogroup B meningococcal disease. The training we will provide results in an

effective response to an outbreak that reduces mortality and morbidity depending on rapid and well-coordinated efforts between the local health departments, healthcare providers, laboratory services, and college administration and communications departments.

#### What Are the Goals for the Training?

1. Improve awareness of surveillance and reporting requirements
2. Improve response capacity and efficiency for meningococcal outbreak on-campus
3. Build strategic connections for public health and threat preparedness responses
4. Work toward progressive policies of prevention (including immunization) on-campus

#### How Do We Register for the Training?

The training is currently in the planning stage. If your health department would be interested in assisting with the development of this training or participating in the training, please contact Joel Massey at the Division of Infectious Disease Epidemiology via phone at (304) 558-5358 or via email at joel.g.massey@wv.gov.

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## State Certification of Syringe Service Programs

*Nils Haynes*

*Prevention Specialist, OEPS*

Syringe Service Programs (SSP) are comprehensive programs designed to reduce the likelihood of transmission of blood borne diseases by providing sterile injection equipment to injection drug users (IDUs) and reducing the potential of sharing syringes among this population. SSPs also play a vital role in public health by collecting and providing safe disposal of used injection equipment, linking IDUs to treatment, social services, and by providing resources and education to the family members and friends of IDUs.

#### Is There a Need for SSP in West Virginia?

Due to the increase in injecting drug use throughout the state, there is a need for syringe service programs in West Virginia. West Virginia is among the leaders nationally in the rate of Hepatitis infection ranking 1<sup>st</sup> in Hepatitis B and 2<sup>nd</sup> in Hepatitis C. The Centers for Disease and Control (CDC) *County level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs* study identified 28 counties in the state at increased risk for an outbreak in the state.

#### Are There Guidelines for SSP Operation in West Virginia?

Any provider entity establishing a SSP and seeking Bureau for Public Health Certification must follow the same minimum standards which includes but are not limited to:

- Assessing community need and readiness for syringe services
- Building community support
- Developing Community Collaboration
- Waste Management for Syringe Disposal
- Operating Principles/Program Registration
- Health and Social Services – Provision of Linkage to Care
- Process Monitoring – Outcome Monitoring
- Program Quality Improvement
- Building Capacity of SSP Staff

#### How Will the Program Receive Funding?

Funding for SSP may be prioritized based on certification, which serves as documentation of agency infrastructure capacity to implement medical and education services to lessen the adverse consequences

of drug use and protect public health, policies and procedures, referral systems and ability to meet SSP guideline expectations. West Virginia's Bureau for Public Health is working closely with the Bureau for Behavioral Health and Health Facilities on federal funding opportunities to support expansion of SSP in West Virginia. The Bureau for Public Health will be launching SSP Guidelines and Certification soon, as well as assessing the capacity and interest in local health departments to establish SSP, particularly in high need areas. For more information, please contact Nils Haynes via email at [nils.c.haynes@wv.gov](mailto:nils.c.haynes@wv.gov).

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## Center for Local Health Website Update

*Candice Travis, MPH*

*Preparedness and Communication Specialist, CLH*

For the past few months, the Center for Local Health website has been under revision. The Center is thrilled to announce the revisions are complete and the Center's website is updated. Highlights on the website include:

- Information regarding the local public health system in the State of West Virginia; such as, organization and governance; funding; and programs and services;
- How the Bureau for Public Health assembled a Public Health Impact Task Force (PHITF) to produce recommendations that would modernize the public health system in West Virginia;
- How to locate a health department near your geographic location;
- Communications such as the monthly statewide conference call, news and events, FAQs and presentations and handouts;
- Local Health Department Quick Guide;
- Public Health Resources; and
- Statewide Reports

To access the Center for Local Health's website, please visit, <http://www.dhhr.wv.gov/localhealth>.

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## Community Health Assessment Survey

*Samantha Batdorf, MPH*

*Epidemiologist, CLH*

The Center received 34 responses to the community health assessment (CHA) survey which represents approximately 70% of local health departments (LHDs). The results of the survey are listed below.

- Interested in a CHA webpage (33 LHDs )
- Interested or are "maybe" interested in performing a CHA that is guided by the Public Health Accreditation Board (PHAB) standards for community health assessments (25 LHDs)
- All respondents indicated interest in secondary and quantitative data resources and frameworks for CHA assessment and planning
- Interested in primary data resources (31 LHDs)
- Interested in qualitative data resources (27 LHDs)

Given that all respondents indicated interest, secondary data sources and frameworks on CHA and planning will be out first priority for the new webpage.

### Secondary Data Sources

1. County Health Rankings and Roadmaps are produced by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. The website provides a range of county-level data related to health indicators and health outcomes. The 2017 edition of county-level data will be released on March 29, 2017. For more information, please visit <http://www.countyhealthrankings.org/>

2. Community Commons is a website that brings together a wide range of data to help you explore community health. You can create county level reports with data you choose, map indicators across the state or within your county, and compare health indicators in your county with state and U.S. rates. To access the community commons website, please visit <https://www.communitycommons.org/maps-data/>
3. The 2014 West Virginia Vital Statistics Report has recently been released and includes county-level rates for births, tobacco use during pregnancy, and selected causes of death (among other data). Due to the fact that morbidity and behavioral risk factors are both a part of the PHAB standards to CHA, this report may be useful in helping you meet requirements. To access the report, please click <http://www.wvdhhr.org/bph/hsc/pubs/vital/2014/2014Vital.pdf>
4. The 2012-2015 West Virginia Viral Hepatitis B and C Surveillance Report was recently released and includes county-level rates for Hepatitis B and C. This report may be useful to those interested in developing a picture of the burden of substance use. To access the report, please click <http://www.dhhr.wv.gov/oeps/disease/viral-hepatitis/documents/Hepatitis-Report-2016.pdf>