HEALTH CARE ADVISORY BOARD

Meeting Summary
June 11, 2007

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
J. Martin Lebowitz
Rosanne Rodilosso
John Clark
Edna Cruz

STAFF
Sherryn Craig

GUESTS
Dr. Gloria Addo-Ayensu, Health Department
JoAnne Jorgenson, Health Department
Rosalyn Foroobar, Health Department
Tom Crow, Health Department
Michelle Milgrim, Health Department
Laura Suzuki, Health Department
Bob Eiffert, Health Department
Ken Connolly, CareFax

The meeting was called to order at 7:40 pm.

Approval of the Minutes

Add the word "budget" after FY08 in the first sentence of "FY 2008 Budget Update." Spell out IDEA on page 4. Paginate the meeting summary.

The minutes of the May 14, 2007 HCAB meeting were revised and accepted.

Update on Zoning of Emergency Care Centers (ECCs)

Sherryn Craig reviewed the status of the zoning interpretation. It had been expected that the HCAB would have a copy of the draft to review, but DPZ has not completed its internal review process. DPZ is aware that the next HCAB meeting will not be until September.

At the May 14 HCAB, Bill Finerfrock noted that the definition of ECCs does not include facilities with operating room capabilities, blood products, or emergent dialysis. Sherryn contacted Deputy Chief Andrew Snead for clarification. Chief Snead assured Sherryn that ECCs, like the Springfield Healthplex, have OR capabilities and blood products

available; however, these resources are for “emergent” patients only. The transport protocol that was provided to the HCAB is still undergoing revision, and he stated that those exclusions would need to be clarified for general and emergent patients.

Long Term Care Presentation

Bob Eiffert was introduced as the new Long Term Care Program Manager. Bob began his presentation with a discussion of the Fairfax County Incentive Fund. The purpose of this fund is to provide seed money to organizations and/or programs that provide services to “un-served” and/or “underserved” populations. Un-served populations are defined as residents who currently are not receiving services due to a special circumstance for which existing programs/services are unable to accommodate their needs. Underserved populations are defined as residents who may be receiving services, but may not be receiving the correct services or enough services for their circumstance. Sixteen organizations submitted proposals. A Selection Advisory Committee (SAC) identified five organizations for funding: PRS, Inc., SeniorNavigator, Korean Community Senior Center, the ARC of No. VA, and Specially Adapted Resource Clubs (SPARC). The Fund will provide $300,000 over a period of three years to the five awardees. This money is one-time funding as awardees were required to submit plans on how they intend to sustain their efforts.

Bob also discussed the Fairfax County Care Fund. The County will contribute up to $500,000 to an assisted living provider to be matched by at least $1 million from the provider. The combined funds are to be used by the provider as an investment fund or foundation to subsidize the cost of assisted living for low income residents of the facility. The Care Fund is one-time funding. The request for proposals (RFP) for the Care Fund will be released later this summer.

Bill Finerfrock asked a question about the relationship between special exceptions and the Care Fund’s RFP process. Bill explained that the HCAB has already been able to encourage assisted living providers to offer a percentage of their beds (usually around 4%) for low income persons who would not otherwise be able to afford the facility. Bob said that the Care Fund would not want to supplant the facility's existing subsidies, but instead would expect the facility to use the Care Fund to add additional beds for low income persons. Bill asked if an assisted living facility were to apply for a special exception application to expand its building, it may be appropriate that as a condition of development they contribute a certain percentage to the Care Fund. Bob thought that might be a good idea to explore further, although there would have to be a fair way to value the contribution according to the cost the facility would actually incur if it subsidized beds for low income persons.

Rose Chu asked how the Incentive Fund SAC is different from the Community Funding Pool SAC. Bob said that the SAC was comprised of County staff whereas the Funding Pool SAC was comprised of community members.

Bob then introduced Ken Connelly, the new Executive Director of CareFaxLTC. CareFaxLTC is a non-profit long term care organization that will work to leverage the funds it raises with matching dollars from other sources, such as foundations and grants. CareFaxLTC will use those funds to help private providers increase the long term care services available in the community. Once Ken acclimates to his new position, he will return to the HCAB to brief the group further on CareFaxLTC.

Environmental Health Presentation

Tom Crow provided an overview of the Environmental Health Division. The Environmental Health Department is comprised of 7 programs:

- Air Quality
- Community Health and Safety
- Disease Carrying Insects
- Environmental Hazard Investigation
- Food Safety
- Onsite Sewage and Water
- Technical Review & Information Resources

In previous years, the **Air Quality** section was responsible for monitoring and compliance, but today, the section is tasked with monitoring only. Air Quality specialists monitor for primary air pollutants (e.g. nitrogen dioxide, sulfur dioxide, particulate matter, carbon monoxide, and ozone. The specialists provide data to formulate the daily air quality index and thereby any necessary advisories (e.g. Code Orange Day). Air Quality also works collaboratively to address regional air quality issues, such as ozone and global warming.

The **Community Health and Safety** Section (CHS) regulates approximately 900 permitted establishments—swimming pools, hotels, motels, child care facilities, and group homes. 700 of these establishments are swimming pools. CHS uses a limited term employee during the summer to inspect the 600 pools that are classified as seasonal. CHS is also responsible for enforcing the Health or Safety Menace Code. CHS receives approximately 1,500 complaints per year related to rats, trash, bed bugs, and animal wastes. CHS also performs rabies inspections. In 2006, a worse than average year, CHS conducted 1,000 rabies inspections. CHS also chairs the Hoarding Task Force, a multi-agency, county-wide group, and participates on the Code Enforcement Strike Teams.

The **Disease Carrying Insects Program** conducts mosquito and tick surveillance while doing community education and outreach. The program has been collecting data on mosquitoes since 2003 and ticks since 2005. These surveillance efforts have led to preemptive mosquito control, with approximately 100,000 treatments per year.

The **Environmental Hazards Investigation Section** was established in January 2007. The Health Department received funding for two positions and some specialized equipment. This group will monitor emergency response sites for environmental hazards. Its investigations will focus on indoor air quality, lead, radon, asbestos and mold.

The **Food Safety Section** (FSS) enforces the county food code in more than 3,100 food service establishments, including routine and follow up inspections and complaints. Fairfax County is the only county in the region that inspects every establishment twice. FSS provides education and outreach, and performs food borne illness investigations both independently and collaboratively with the Communicable Disease (CD)/Epidemiology (Epi) unit. The FSS is working toward compliance with the Food and Drug Administration (FDA)'s National Retail Food Program Performance Standards. The FSS currently meets 8 out of the 9 standards, with the ninth being the ratio of inspectors to establishments. The FDA ratio is 1:150, but the County is averaging 1:211.

The **Onsite Sewage and Water Section** (OSW) enforces the County codes regulating Individual Sewage Disposal Facilities and Individual Water Supplies (e.g. siting requirements, Chesapeake Bay preservation). OSW monitors approximately 30,000 onsite sewage disposal systems and 15,000 private water wells throughout the County.

The **Technical Review & Information Resources Section** was established in January 2007. This group reviews engineered plans for subdivisions, single lots, and foodservice facilities and conducts permit issuance, inspections and approvals. The group also performs marina inspections and mobile food vendor enforcement. Geographic Information Systems (GIS) and web-based information systems are also organized under this section.

Tom segued from an overview of the Environmental Health Division to the challenges the department will face in the future. Environmental Health has identified four challenges areas:

- Preventing the spread of communicable disease;
- Emergency response;
- Partnerships, education, and outreach; and
- Environmental Health caseload.

The first challenge is preventing the spread of communicable diseases such as West Nile Virus (WNV) and Lyme Disease. West Nile first appeared in 1999 primarily in the New England region, but by 2002, the disease had migrated south. The County had 13 cases of West Nile and 1 fatality in 2002. That year the County established the Disease

Carrying Insects Program. The number of cases has since declined: 3 cases in 2003, 1 case in 2004, 0 cases in 2005, and 2 cases in 2006.

Tom explained the intricacies of mosquito surveillance. Entomologists collect mosquitoes and then separate them by species. Once the species are divided, they are placed in a pool—a test tube of 20-40 mosquitoes. The pools are sent to Richmond for analysis where they are squished and tested for West Nile. In 2004, the first year for which data were collected, 4,901 pools were sent to Richmond and 234 tested positive for West Nile. In 2005, viral activity was low; 33 out of 5,339 pools tested positive for WNV. In 2006, a large increase in viral activity occurred—a residual of the Huntingdon floods. 167 of 3,413 pools tested positive for WNV.

Lyme Disease surveillance is more difficult to report than WNV due to competing definitions. One definition is clinical: physicians report suspected cases of Lyme Disease based on the appearance of a bull's eye rash. The Centers for Disease Control and Prevention (CDC)'s definition requires a positive blood test, in addition to the bull's eye rash. In 2005, the first year that surveillance began, there were 231 suspected cases of Lyme Disease, but only 27 CDC confirmed cases. Similarly, in 2006, there were 236 suspected cases, but only 84 confirmed. Based on the pools of ticks collected and sent to Richmond, there was an 11.6% tick infection rate in 2005 and a 15-22% infection rate in 2006. Dr. Gloria noted that the Health Department hopes to do more outreach in the provider community. The discrepancy between the two definitions could be reconciled if physicians ordered a blood test after diagnosing the rash.

Another challenge to preventing the spread of communicable disease is the effect of residential development on environmental quality. Fairfax County is home to approximately 15,000 wells and 30,000 onsite sewage disposal systems. An estimated 22.8 million gallons of raw sewage are discharged daily into county soils. Developers have been moving toward higher maintenance, alternative sewage disposal systems as a way to compensate for lots with poor soil quality. Currently, the County is prohibited from approving disposal systems that are on the state's experimental list. Coupled with new technologies, the OWS must also educate homeowners on how to maintain their individual systems.

Tom identified six ways to enhance the Division's ability to prevent communicable disease:

(1) Improve reporting of Lyme disease.
(2) Enhance surveillance and education efforts.
(3) Better characterize the etiology of WNV and Lyme disease, especially the role of rodents and other small mammals (Lyme disease) and health threat indicators.
(4) Build a legislative agenda to address the pressures of residential development.
(5) Establish a Responsible Management Entity to ensure adequate operation and maintenance of onsite waste disposal systems.

Besides communicable disease, the Division has also faced challenges in meeting its emergency response responsibilities, specifically: (1) building relationships with other emergency response units in the County and region, (2) completing training and equipping the Environmental Hazards Section, and (3) integrating emergency response into the Division's workload.

Environmental Health is committed to partnerships, education, and outreach, and is looking to the HCAB to help prioritize these efforts. The Division currently engages in the following outreach and education activities:

- Disease Carrying Insects Team Mosquito activities;
- Food Safety Section temporary event food handler training sessions;
- Home food safety video (Channel 16);
- Air Quality Section regional partnerships;
- Hoarding Task Force;
- Plan Review Summit; and
- Local Emergency Planning Committee.

Tom identified several areas where he hopes to improve outreach and communication:

- Ethnic food community;
- Residential development community;
- Medical community (Lyme Disease);
- Community advisory groups (HCAB)
- Community assessments; and
- Media relationships.

Tom said he would like to get out in front of these issues, and welcomed the HCAB's partnership in organizing a forum.

Tom concluded his presentation with the challenges facing the Food Safety Section. As stated previously, the ratio of food inspectors to establishments is not in compliance with FDA standards. Moreover, the County's ratio, which does not take account of the 1,000 temporary events a year, exceeds Arlington (1:137) and Alexandria's (1:92) ratios. The FSS has a large caseload and many staffing challenges, but the unit continues to do its best given available resources.

Marlene Blum asked the group for suggestions on how the HCAB could help to address environmental hazards in the community.

Bill Finerfrock suggested that the Division better explain why it takes certain actions.

Edna Cruz suggested that the results of the CAP study be released to the public.

Marlene suggested that legislators be educated on environmental health risks, especially those associated with onsite sewage and water. JoAnne Jorgenson said the Health Department was well poised to do one-on-one education.

Sherryn was asked to provide Tom's contact information to Marlene. Marlene will follow up with Dr. Yarborough, who has agreed to chair the Environmental Health Committee. Sherryn was also asked to compile legislation dealing with onsite sewage and water and prepare a position statement for the 2008 Legislative Program

Beginning Steps for Parents Program

JoAnne Jorgenson informed the group that Inova may discontinue funding on August 1, 2007 for the Beginning Steps for Parents Program (BSPP). The BSPP is based out of Inova Fairfax Hospital which provided actual investment of $30,000 (out of $50,000) in FY07. BSPP works with resources located throughout the Northern Virignia Region, however the majority of referrals are for Fairfax County residents. The goal of BSPP is to create an integrated referral and assessment system that connects families with appropriate post-natal and parenting support programs in their communities. The desired outcomes of the program are to promote healthy infant/child development, enhance parenting skills, and strengthen the families' ties with surrounding community resources. The Health Department has a nurse assigned to this program, and Inova provides a coordinator to screen and facilitate referrals.

Dr. Lebowitz asked if there was any mechanism to tabulate the outcomes of the program, such as cost avoidance. Rosalyn Foroobar said that data had been collected on the number and type of referrals, but the cost-benefits had not been calculated. There was also a question about leveraging charitable contributions from those patients selected to participate in the program. Rosalyn said that the Health Department cannot solicit contributions; any fundraising would need to be initiated by Inova. After considerable discussion, the group decided to raise this issue with Inova at the July 16, 2007 budget meeting.

Hepatitis C Pilot Presentation

Michelle Milgrim provided an update on the Hepatitis C program. Hepatitis C (HCV) is the most prevalent blood-borne disease in the United States. An estimated 100,000-130,000 people in Virginia are HCV+, but only 25 percent are aware of their infection. Nationally, HCV is four times more prevalent than HIV (900,000 HIV+ vs. 4,000,000 HCV+). Hepatitis C is the leading cause of hospitalization and death in HIV+ persons.

On June 21, 2004, during a presentation on Hepatitis Awareness Day, the Health Care Advisory Board was directed to examine the issue of a hepatitis prevention program and report back to the BOS with a list of recommendations. The HCAB convened its Communicable Disease Committee for a series of meetings to review the County's

programs and discuss recommendations on hepatitis prevention and control. The HCAB submitted its report to the BOS on July 15, 2005. The report consisted of six recommendations.

Recommendation 1: Expand Community Education on Viral Hepatitis

Given its status as the most common chronic blood borne viral infection in the United States, public awareness of the risk of hepatitis C (HCV) infections is surprisingly low. Consequently, the Health Department has expanded its public informational activities and materials:

- ✓ The Health Department instituted a hand washing campaign in 2004, "Your Health Is In Your Hands," to emphasize the importance of routine hand washing to prevent diseases. Since 2004, the Health Department has distributed hundreds of posters to commercial establishments, private medical providers, the Fairfax County Public Schools (FCPS), Parent Teacher Associations (PTAs), community fairs and meetings, and at all pandemic influenza community events in the County.
- ✓ The agency's Public Health Nurses (PHNs) have educated County partners in hepatitis C prevention. Some of these partners have included the Adult Detention Center (ADC), Juvenile Detention Center (JDC), Group Homes, Alternative High Schools, New County Employees, and FCPS teachers.
- ✓ A Health Educator was hired and a portion of her job is dedicated to the development and implementation of community HCV education targeting at-risk populations.
- ✓ Hepatitis C education is included in the FCPS 8th Grade Family Life Education Curriculum.

Recommendation 2: Expand Provider Education on Viral Hepatitis

Providers require education about the need to screen patients for viral hepatitis C, interpretation of diagnostic test results, differences between acute and chronic infection and case reporting requirements.

- ✓ Inova Juniper's HCV-specific grant to provide HCV education to clinicians and other community providers ended in September 2006. However, the Inova Juniper Program continues to provide HCV education to interested practitioners. Since 2006, 9 trainings have been completed with approximately 140 attendees.
- ✓ In December 2006, the Health Department's HCV Program Coordinator conducted HCV awareness training for clinic staff in all Health Department District Offices. Comprehensive HCV testing and counseling training is still planned for HD clinic and Community Health Care Network (CHCN) staff.

Recommendation 3: Improve Countywide Surveillance

In 2004, the number of Fairfax County residents infected with hepatitis C was unknown. Moreover, the Health Department did not have a clear understanding of how many of its clients were at risk for acquiring hepatitis C.

As a pilot site for the Virginia Department of Health Hepatitis C Program (VDH HCV), the Health Department has implemented a system for data collection and surveillance.

- ✓ A screening questionnaire was developed and implemented at all 5 district offices and 3 CHCN sites.
- ✓ Data is collected on eight risk factors, testing and vaccine administration.
- ✓ At the district offices, 133 high risk clients were tested for exposure to hepatitis C; 125 tested HCV- while 8 tested HCV+.
- ✓ This preliminary data suggests that HCV prevalence in Fairfax County is approximately 6 percent.
- ✓ The HCV Program Coordinator (20 hour L-term employee) manages the data in an Access database.

Recommendation 4: Institute Vaccine Program for High-Risk Population

It is recommended that persons with hepatitis C and those at high risk of acquiring the virus are vaccinated for hepatitis A and B. Through the VDH HCV Program, the Health Department has been able to provide Twinrix® vaccine free of charge to the agency's high-risk clients.

- ✓ The vaccine program has been integrated in all HD STD clinic services.
- ✓ High risk CHCN clients are referred to the Health Department for vaccine.
- ✓ To date, 125 total doses of the Twinrix® vaccine (series of 3 vaccines) have been administered. 105 clients have started on the vaccine series and 20 clients have received the second vaccine.
- ✓ Between January and June 2007, The Health Department has sent out 376 letters to clients who tested positive on a screening test for HCV in the community. The purpose of the letter was to encourage individuals to seek follow up at a HD clinic and confirmatory testing.

The vaccine program has been administered among HD clients only. The VDH HCV Program limits the agency from providing vaccines to Residential Treatment Facilities or the Adult Detention Center.

Recommendation 5: Support Federal Hepatitis C Epidemic Control and Prevention Act

A new bill was introduced that calls for the creation of an Office of Men's Health within the Department of Health and Human Services. As part of its mission, the Office would

be charged with preventing and controlling HCV in the prison population. Staff will continue to track the Federal Hepatitis C Epidemic Control and Prevention Act, but as of now, this legislation has not been reintroduced. (NOTE: After the HCAB meeting, staff learned that the Government Printing Office (GPO) had just published the Federal Hepatitis C Epidemic Control and Prevention Act on the Library of Congress website, Thomas. The Hepatitis C Epidemic Control and Prevention Act (S.1445/H.R. 2552) directs the Secretary of Health and Human Services (HHS) to establish, promote, and support a comprehensive prevention, research, and medical management referral program for hepatitis C virus infection.

Recommendation 6: Continue Efforts to Facilitate Access to Care

Clients who test positive for hepatitis C and do not have health insurance may find that treatment is prohibitively expensive (around $20,000 for a full course of treatment). Realistically, the County does not have the resources to identify and treat all persons in the County who are chronically infected with hepatitis C. However, the HCV Program Coordinator has provided assistance to HCV+ clients by connecting them to medical treatment and support services in the community. The Health Department will continue to participate in regional efforts to facilitate greater access to health care services.

Michelle outlined a plan for moving forward on HCV prevention. A HCV Prevention Program, <u>without</u> additional funding, would have the following elements:

(1) The Health Educator will continue community education on viral hepatitis.
(2) The HD and IJP will continue provider education on viral hepatitis.
(3) Clinic PHNs and the HD Epidemiologist will continue county-wide HCV surveillance.
(4) Clinic PHNs will provide hepatitis A and B vaccine for high-risk populations for a fee.
(5) HD Staff will continue to monitor HCV-related legislation.
(6) HD and CHCN staff will continue efforts to facilitate access to care.
(7) The HCV Program Coordinator position will be eliminated. The Epidemiologist and Admin Support Staff will assume the coordinator's responsibilities.

An HCV Program, <u>with</u> additional funding, would have the following elements:

(1) Continue with education prevention and surveillance efforts.
(2) Offer Hepatitis C testing to high risk individuals.
(3) Provide vaccine at no cost.
(4) Include Hepatitis B testing prior to vaccine at no cost.
(5) Hire a part time HCV Program Coordinator.
(6) Participate in the VDH program as available.

(7) Expand the Hepatitis C Program to Residential Treatment Facility high-risk clients. Expansion to ADC will require further consideration given its transient population.

An estimated $105,002 would be needed to implement a comprehensive program. If the VDH pilot continues, the HD would need $60,506, as opposed to the full $105,002, for a comprehensive program. Expansion to Residential Treatment Facilities, like New Beginnings or Crossroads, would require an additional $29,500 for vaccine only.

Dr. Lebowitz felt that it was misleading to imply that Hepatitis A and B vaccines would have an effect on Hepatitis C. Dr. Gloria stated that studies have shown patients who are HCV+ and receive vaccinations for Hepatitis A and B experience better health outcomes than patients who do not receive these vaccines.

Dr. Lebowitz asked what percent of patients completed all three doses of the vaccine. Laura Suzuki said it was too early to tell since very few people were eligible for the 6 month vaccine.

The HCAB agreed to send an informational memo to the BOS on the status of the HCV program recommendations. The HCAB will address possible program expansion during the budget process.

Other Business

The HCAB is scheduled to meet with Inova on Monday, July 16 at 12:00 pm to discuss the upcoming budget. Sherryn will send out a reminder to all HCAB members.

There will be no meeting in July and August. The next HCAB meeting will be Monday, September 10. Sherryn will send out a reminder.

The meeting was adjourned at 10:21 pm.