

## JEFFERSON COUNTY BOARD OF HEALTH

Wednesday, September 10, 2014 - 5:00 p.m.  
5<sup>th</sup> Floor Board Room

**PRESENT:** Katisha Vance, M.D., Steven Kulback, M.D.,  
Nicole Redmond, M.D., Ph.D., MPH, and Commissioner David Carrington

**ABSENT:** Jennifer R. Dollar, M.D. and Max Michael, III, M.D.

**OTHERS** Mark Wilson, M.D., Amy Benschoter, Kirsten Bryant, Haley Colson,  
**PRESENT:** Carolyn Dobbs, M.D., Michael Hansen, Heather Hogue, PharmD, Rodney  
Holmes, Ed Khan, M.D., Judy Madison, Bryn Manzella, David Maxey, Esq.,  
Jonathan Stanton, Latanya Tinnin, and Denisa Pridmore

### **Tuberculosis (TB) Program**

Ed Khan, M.D., Medical Director in Disease Control, shared examples of typical TB cases that have been diagnosed in Jefferson County and Alabama. He gave an overview of how their outbreak investigations are performed. Dr. Khan stated that new diagnostics are now available such as the GeneXpert MTB/RIF that detects DNA sequences specific for Mycobacterium tuberculosis and Rifampin resistance by polymerase chain reaction. Dr. Khan also discussed new drugs that have been approved since 2009 for multi-drug-resistant TB.

### **Call to Order**

The meeting was called to order by Dr. Kulback, Chair.

### **Minutes**

Minutes of the August 13, 2014 meeting were approved as distributed with Commissioner Carrington abstaining.

### **Financial Statement**

Ms. Judy Madison, Chief Accountant, discussed the August 2014 Financial Report.

A motion to accept the financial report was made, seconded and approved.

On the motion of Dr. Redmond, and seconded by Dr. Vance, the following resolutions were approved:

### **Holiday Schedule**

BE IT RESOLVED by the Jefferson County Board of Health that the official holidays for eligible Jefferson County Department of Health employees for fiscal year 2014-2015 shall

be the same as adopted by the Board of Health for 2014 including two variable days for a total of twelve holidays.

### **Write-Off Uncollectible Accounts**

WHEREAS, the Jefferson County Board of Health (the "Board") provides Primary Care and Dental services to primarily two categories of patients; those covered by the Alabama Medicaid insurance program and to the uninsured and,

WHEREAS, the uninsured have very limited financial resources and are often unable to pay the sliding fee portion of the fees charged for services provided by the Board and,

WHEREAS, it appears to the Board that writing off and ceasing collection efforts for aged, uncollectible accounts serves the public purpose by avoiding the costs associated with perpetually carrying of such accounts on the books;

NOW THEREFORE, BE IT RESOLVED, that accounts receivable balances representing Primary Care and Dental services prior to October 1, 2012 are deemed to be uncollectible after reasonable collection efforts and shall be written off of the Board's financial records.

The detail account information in support of Primary Care and Dental accounts written off (\$182,000.00 or less) shall be available upon request for auditing and internal control purposes.

### **Contracts**

A new contract with Walker Tracker, LLC (payee) to provide an employee wellness program focused on walking and other exercise plans at a rate not to exceed \$11,700 annually from August 1, 2014 through August 1, 2015.

A new contract with Sheila Moore (payee) to provide training and consultation to Board's employees in human research policy and regulations at \$50 per hour; not to exceed \$15,000 from August 14, 2014 through September 14, 2015.

Renewal of a contract with Jefferson, Blount, St. Clair Mental Health/Mental Retardation Authority (payee) to provide mental health access and services to Board patients who participate in the Child Health Primary Care Program at a rate not to exceed \$70,000 from October 1, 2014 through September 30, 2015.

An amendment to a contract with the Board of Trustees of the University of Alabama at Birmingham (payee) to change the terms of the contract from June 1, 2014 to May 31, 2015 to October 1, 2013 to August 31, 2014. UAB Division of Infectious Diseases staff to provide clinical support to JCDH STD Program at a rate not to exceed \$31,000 from October 1, 2013 through August 31, 2014.

Renewal of a contract with Children's of Alabama (payee) to provide on-call services for the Board to be handled by Registered Nurses at a rate not to exceed \$12.00 per call or \$60,000 annually from October 1, 2014 through September 30, 2017.

## Addressing Heroin and Prescription Opioid Drug Addiction and Overdoses

WHEREAS, there were 58 deaths from heroin overdose in Jefferson County in 2012 and 58 deaths again in 2013, up from a baseline of 13 in 2008 (1);

WHEREAS, drug overdose death rates in the United States have been rising steadily since 1992; the majority of these are accidental and the majority of these involve opioids (2);

WHEREAS, there are nearly 15,000 deaths per year in the United States confirmed to be the result of overdoses involving prescription opioids (2);

WHEREAS, in 2010, 1 in 20 people in the United States (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year (2);

WHEREAS, drug overdose was the leading cause of injury death in 2011, and among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle crashes (3);

WHEREAS, several public health, medical, and public policy organizations, including the American Public Health Association, the National Association of County and City Health Officials, the American Medical Association, the American Society of Addiction Medicine, the Substance Abuse and Mental Health Services Administration, and the Harm Reduction Coalition, have recommended wider distribution of naloxone for reversal of suspected opioid overdoses (4) (5) (6) (7) (8) (9);

WHEREAS, twenty-four states and the District of Columbia have amended their laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions (10);

WHEREAS, there is evidence that equipping law enforcement first responders with naloxone has resulted in a significant number of opioid overdose reversals and reductions in overdose death rates in some areas (11);

WHEREAS, as of 2010, a total of 188 United States programs distributing naloxone to laypersons reported training 53,032 persons and recording 10,171 drug overdose reversals (12);

WHEREAS, twenty-one states and the District of Columbia have enacted some form of a law giving immunity to individuals who call 911 in an overdose situation (13);

WHEREAS, the United States Conference of Mayors supports the continued establishment of emergency "Good Samaritan" policies to encourage individuals to call 911 in the case of an overdose, without fear of prosecution (14);

WHEREAS, a community strategic planning process to address the local heroin overdose epidemic is underway, initiated by the U.S. Attorney's Office of the Northern District of Alabama, and assisted by the Jefferson County Health Officer and the Dean of the UAB School of Public Health, and includes the following five strategic priority areas: Public

Awareness, Medical Community Engagement, Effective Research and Policy, Law Enforcement Partnership, and Access to Resources (15) (16) (17) (18);

NOW, THEREFORE, BE IT RESOLVED, that the Jefferson County Board of Health encourages the following community efforts to combat the epidemic of deaths and other adverse health outcomes related to heroin and prescription opioid abuse and addiction:

- 1) Conduct a public awareness campaign on the seriousness and widespread nature of the current epidemic of heroin and prescription opioid addiction and overdoses.
- 2) Expand efforts to educate prescribers on appropriate prescribing of opioids, the risks of addiction and diversion, ways to safeguard against addiction, ways to recognize addiction, and ways to avoid diversion, including use of the Alabama Prescription Drug Monitoring Database (PDMP).
- 3) Educate patients and families of patients, as well as the general public, on the risks of opioid abuse and addiction and the risks of inadvertent prescription opioid diversion, as well as measures to help prevent these problems.
- 4) Increase access to secure drug take-back sites (drop boxes) year-round, to lower the risk of inadvertent diversion of opioids and other controlled substances.
- 5) Enact policy change that would allow more first responders, including local law enforcement, to be equipped with naloxone and properly trained to use it for reversal of suspected heroin or other opioid overdose.
- 6) Evaluation by policymakers of the risk vs. benefit of opioid overdose prevention programs that emphasize broader distribution of naloxone to properly trained laypersons who may be in a position to provide first aid to a suspected opioid overdose victim.
- 7) Implementation of policy change that would provide immunity from arrest or prosecution, with certain restrictions, for "Good Samaritans" who call 911 for a suspected overdose situation.
- 8) Involve the medical prescriber community in problem solving to help prevent and reduce the risk of addiction and its consequences.
- 9) Increase availability and address barriers to access of effective drug rehabilitation programs including evidence-based opioid replacement treatments.
- 10) Endorse local or state efforts to increase research toward finding more effective ways to prevent and treat addiction.

**References:**

(1) Jefferson County Coroner's Office

(2) Centers for Disease Control and Prevention. "Vital Signs", November 2011.

(3) Centers for Disease Control and Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [online]. (2014) Available from URL: <http://wonder.cdc.gov/mortsql.html>

(4) APHA Policy: Reducing Opioid Overdose through Education and Naloxone Distribution. Policy Date: 11/5/2013. Policy Number: 20133. Available from URL: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1449>

(5) National Association of County and City Health Officials. Record of Action Proposed by NACCHO Injury and Violence Prevention Workgroup, Approved by NACCHO Board of Directors on July 8, 2014. Available from URL: <http://www.naccho.org/advocacy/positions/upload/14-04-Rx-Drug-Epidemic.pdf>

(6) American Medical Association. AMA Statement on Naloxone Product Approval. April 7, 2014. Available from URL: <http://www.ama-assn.org/ama/pub/news/news/2014/2014-04-07-naxolene-product-approval.page>

(7) <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/use-of-naloxone-for-the-prevention-of-drug-overdose-deaths>

(8) Substance Abuse and Mental Health Services Administration (SAMHSA). Opioid Overdose Toolkit. August, 2013.

(9) Harm Reduction Coalition. "Harm Reduction Coalition Applauds Release of SAMHSA Overdose Prevention Toolkit." Available from URL: <http://harmreduction.org/overdose-prevention/harm-reduction-coalition-applauds-release-of-samhsa-overdose-prevention-toolkit/>

(10) The Network for Public Health Laws. Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws [online]. May, 2014. Available from URL: [https://www.networkforphl.org/\\_asset/qz5pvn/network-naloxone.pdf](https://www.networkforphl.org/_asset/qz5pvn/network-naloxone.pdf)

(11) New York Times. "Anti-Overdose Drug Becoming an Everyday Part of Police Work" June 12, 2014. Available from URL: [http://www.nytimes.com/2014/06/13/nyregion/anti-overdose-drug-becoming-an-everyday-part-of-police-work.html?\\_r=0](http://www.nytimes.com/2014/06/13/nyregion/anti-overdose-drug-becoming-an-everyday-part-of-police-work.html?_r=0)

(12) Centers for Disease Control and Prevention (CDC). Community-based opioid overdose prevention programs providing naloxone - United States, 2010. MMWR Morbidity and Mortality Weekly Report 2012; 61(6):101-105.

(13) National Conference of State Legislators. Drug Overdose Immunity "Good Samaritan" Laws. August 25, 2014. Available from URL: <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

(14) The United States Conference of Mayors: Children, Health and Human Services Committee. "Saving Lives through Overdose Prevention." June, 2014. Available from URL: <http://www.usmayors.org/82ndAnnualMeeting/media/resolutions-final.pdf>

(15) AL.com. "Community action needed as heroin deaths rapidly climb" (Opinion from Joyce Vance). September 22, 2013.

(16) AL.com. "Heroin Epidemic in Birmingham" (Opinion by Mark E. Wilson, MD). June 2, 2014.

(17) AL.com. "Spike in 'needle-in-the-arm deaths' prompts heroin summit in Birmingham" by Carol Robinson. May 30, 2014.

(18) Pills to Needles -The Pathway to Rising Heroin Deaths: A Community Alert and Call to Action [online]. June 10, 2014. Available from URL:  
<http://www.justice.gov/usao/aln/Linked%20Documents/Pills%20To%20Needles%20summit%20advance.pdf>

Dr. Kulback stated the resolution listed on the Board's agenda for the Health Officer's Designee for Personnel Related Issues will be postponed until a future Board of Health meeting.

### **Health Officer Report**

#### **Board of Health Packet**

Dr. Wilson polled the Board members to see if they prefer to view the Board material electronically at the meetings or have a paper copy. Since the majority of members do not bring iPads, and viewing material via cell phones is not feasible, it was decided to continue using paper copies. If a member does not wish to have a paper copy, they may notify Dr. Wilson's office.

#### **Heroin Epidemic**

Dr. Wilson informed the Board that Martha Wise, Executive Director of the Jefferson County Medical Society (JCMS), plans to bring up the heroin epidemic at the next JCMS Board meeting. She will discuss the Medical Provider engagement part of the overall strategy. JCMS will also be asking physicians to promote the drug take-back day on September 27, 2014.

#### **Research**

Dr. Wilson reminded the Board that the Institutional Review Board (IRB) at ADPH was reviewing all human research requests for JCDH until recently when they decided to stop providing this service for us. JCDH has contracted with a consultant who has human research IRB experience and will help us update policies and procedures for requests to conduct research on JCDH patients and clients. The consultant will also help us get into a position to enter into agreements with other IRB's in the future.

#### **Mobilizing for Action through Planning and Partnerships**

Dr. Wilson shared that the Community Matters 20/20 Steering Committee met on August 15, 2014 and reviewed the Community Health Assessment data. From that data they identified the following five strategic issues or priority areas for our Community Health Improvement Plan for the next five years:

1. Reduce Health Disparities associated with Race, Ethnicity and Economic Status
2. Promote Physical Well-Being through Healthy Lifestyles
3. Optimize the Built Environment, Transportation System and Safety
4. Optimize Healthcare Access, Availability and Utilization
5. Improve Mental Health

Dr. Wilson asked the Board to let us know if they would like to provide any input on these issues.

Dr. Wilson noted that United Way of Central Alabama is concurrently working on its "Bold Goals" Initiative to improve health outcomes in the five Central Alabama counties. The three current Bold Goals are Education, Income, and Healthy Communities. The Healthy Communities Bold Goal group will focus on improving the counties' County Health Rankings which are published by the Robert Wood Johnson Foundation. The Community Matters 20/20 strategic issues are very similar and discussions are underway to use the Health Action Partnership model to accomplish the Bold Goals.

**Western Health Center (WHC)**

Dr. Wilson announced that the new WHC is expected to be completed by November. We are working on plans for moving the clinics and communicating with staff and patients. We anticipate moving in the new building by January 2015.

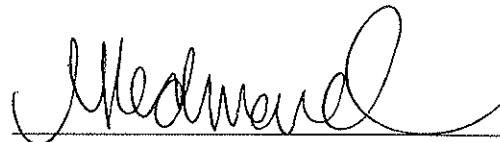
**Public Health Accreditation (PHAB)**

Dr. Wilson reported that JCDH is making progress with the documentation for standard compliance that will be submitted to the Public Health Accreditation Board. November 21, 2014 is our submittal date.

**JCDH Annual Report**


Dr. Wilson noted that copies of the 2013 JCDH Annual Report had been distributed for their review. The report is formatted to reflect the JCDH Strategic Plan and may be viewed on our website at a later date.

The next Board of Health meeting is scheduled for Wednesday, October 8, 2014 at 5:00 p.m. in the Fifth Floor Board Room. There being no further business, the meeting adjourned at 6:16 p.m.



Nicole Redmond, M.D., Ph.D., MPH  
Acting Secretary

Approved:

  
Steven J. Kulback, M.D., Chair