

WV Health Innovation Collaborative  
Better Health Work Group  
Meeting Notes  
May 19, 2015

Persons Present: John Yauch, Bureau for Public Health, Health Promotion and Chronic Disease  
Heather Hazucha, Bureau for Public Health, Health Promotion and Chronic Disease  
Terri Jarvis, Bureau for Public Health, Health Promotion and Chronic Disease  
Kathy Danberry, Bureau for Public Health, Tobacco Prevention  
Dan Mace, Bureau for Public Health  
Bruce Adkins, Bureau for Public Health, Tobacco Prevention  
Nancy Sullivan, DHHR  
Julie Palas, James Tiger Morton Catastrophic Illness Commission  
Garland Holley, Bureau for Public Health, Tobacco Prevention  
David Deutsch, Bureau for Public Health, Tobacco Prevention  
Tina Ramirez, Kanawha Charleston Health Department & Putnam Health Department  
Judy Crabtree, Kanawha Coalition  
Jean Kranz, WV Health Improvement Institute  
Perry Bryant, West Virginian's for Affordable Health Care  
Anne Williams, Bureau for Public Health  
Christine DeRienzo, PEIA  
Debbie Waller, DHHR

Participating by  
Phone:

Leslie Cottrell, Co-Chair; Better Health Work Group; WVU  
Tony Gregory, WV Hospital Association  
Amanda McCarty, Bureau for Public Health  
Valerie McClung, Prevention Research, WVU  
Jerry Roueche, Primary Care Consultant

Anne Williams opened the meeting and welcome everyone. She informed the group that the Better Care Work Group meeting that was originally scheduled at 1:00 p.m. today was cancelled. The Lower Cost Work Group will be meeting on May 20<sup>th</sup>, 1:00 – 3:00 p.m.

Anne introduced Bruce Adkins, Associate Director, Office of Community Health Systems and Health Promotion. Mr. Adkins will be sharing with the group Tobacco 101 and Maintaining Best Practices: Update on Tobacco Prevention and Control in WV.

Mr. Adkins introduced Kathy Danberry, David Deutsch and Garland Holley, 3 key managers within the Division of Tobacco Prevention who will be available to answer any questions.

- Mr. Adkins shared a powerpoint presentation with the group and this presentation was shared with all work group members prior to the start of the meeting. He shared WV demographics and WV Minority Population Demographics. There is an abundance of advertising for tobacco products; in convenient stores, etc.

- WV adults using tobacco:
    - Adults who Smoke – 375,000 to 400,000
    - Adult Males who use Smokeless Tobacco – 150,000 – 175,000
- In 2013, WV adult smoking rate was 27.3%
- The most prevalent chronic disease of WV adult smokers is COPD
- 34.7% of West Virginia’s adult women of childbearing age (age 18-44) are current cigarette smokers
- Shared a chart of the percentage of WV women who smoked during pregnancy. He shared percentage rates from 2001 to 2011
- County-level data was shared showing adult smokeless tobacco use by males 18+ and adult smoking prevalence by county
- Lung cancer is the leading cause of cancer-related death in WV
- Tobacco use accounts for 30% of all cancer deaths, and 85% - 90% of lung cancer deaths in WV
- 2013 WV adult male smokeless tobacco use rate is 17.8% with females under 1%
- 2013 WV adult dual tobacco use rate is 9.7%. This percentage is smokers who also report frequent smokeless tobacco use
- E-Cigarettes and other vaping devices were shared.
  - Not regulated by FDA
  - There are many manufacturers, all over the world
  - Safety
  - Little or no research
  - Defined as “tobacco product” in WV state code
- According to the Surgeon General Report, smoking is now known to cause 13 different types of cancer, almost everywhere in the body. One out of three US cancer deaths are tobacco-related. Two more smoking-related cancers are document in the new SGR which are liver cancer and colorectal cancer, with colorectal cancer being the 2<sup>nd</sup> deadliest behind lung cancer
- Best practices:
  - Reduce initiation of youth tobacco use
  - Enable those who are using tobacco to readily quit
  - Enable passage of comprehensive clean indoor air regulations
  - Keep youth from initiating tobacco use
  - Provide low-cost, readily available quitline and cessation services
  - Eliminate tobacco-related disparities
- \$27M recommended funding per year for WV tobacco control efforts. Five recommended areas:
  - State and Community Programs
  - Cessation Interventions
  - Mass-Reach Health Communication, Media-Support and Intervention
  - Surveillance and Evaluation
  - Infrastructure, Administration and Management
- Due to state and federal funding cuts, the Division of Tobacco Prevention is working with nearly \$1M less annual funding than in recent years
- Funding comes from Centers for Disease Control and Prevention and State General Revenue Funds. To date, no other funding
- Clean Indoor Air Program accounts for 28% of Division of Tobacco Prevention funding. There is now a smoking regulation or ban in every county in WV
- Regional Tobacco Prevention Coordinators work in different regions in WV to strengthen/initiate Clean Indoor Air (CIA) regulations; promote WV Quitline; promote

SAVE FACE program (spit tobacco prevention); Assist youth program (RAZE) and promote smoke-free housing

- Very successful Tobacco Cessation Program, WV Quitline offers free or low cost services. Average quit rate is 34%.
- Save Face Spit Tobacco Initiative is an educational program overseen by the WVU School of Dentistry which addresses the high rate of spit tobacco use in WV. Additional Cessation Program initiatives include: Tobacco-Free Pregnancy Initiative; African-American Tobacco Prevention Initiative; Lesbian, Gay, Bisexual and Transgendered Tobacco-Free Initiative
- WV Youth Tobacco Prevention – reduce the prevalence of current smoking among high schools students in WV public schools to 23% or lower. The goal was met but much more work needs to be done.
- Works with the WV Prevention Research Center to assess the impact and effectiveness of the state's tobacco prevention and cessation efforts
- Tobacco tax increases are a recommended best practice.

A question and answer period followed. Ms. Williams thanked Mr. Adkins and the others from the Tobacco Prevention Program for a very informative presentation.

### **SIM Project Update/Population Health Assessment and State Health Improvement Plan Update** - Leslie Cottrell and Amanda McCarty

- Deliverables due the end of the month
- Creating an executive summary
- Creating a gap analysis
- WVHIC – created framework for the SHIP
- Health Statistics – survey results
- Creating a matrix
- Pulling measures together that already exist

### SIM

- Steering Committee met for the 2<sup>nd</sup> time. Secretary Bowling chairs this committee.
- Took a step back to review goals.
- Need leadership direction and will be back to talk about the strategies
- Will share information at the June 3 WV Health Innovation Collaborative Quarterly meeting.

→Leslie Cottrell and Bruce Adkins will schedule a time to talk and he will share data/information about the Tobacco Prevention Program

→Debbie will send final framework out to Collaborative.

Anne Williams thanked everyone for presenting and for all in attendance in person and by phone. She asked that people share any ideas they have on presenters or topics for

presentations. It was suggested to hear from Behavioral Health folks on mental health/drug abuse issues, etc. Suggestions included:

- DHHR, Behavioral Health and Health Facilities
- Highland – Cindy Persily, CEO
- Presteria – Karen Yost – outpatient perspective

Ms. Williams will work on getting something set up for the June or July Better Health Work Group meeting.

- **The WV Health Innovation Collaborative Quarterly Meeting**  
**June 3, 2015**  
**10:00 am – 12:00 pm**  
**One Davis Square, Suite 100 East**  
**Conference Room 134**
  
- **Better Health Work Group Meeting**  
**June 16, 2015**  
**10:00 a.m. – 12:00 p.m.**  
**One Davis Square, Suite 100 East**  
**Conference Room 134**