HEALTH AND HUMAN RESOURCES SUBPANEL,
GOVERNOR'S SECURE and RESILIENT COMMONWEALTH PANEL
Glen Allen Library, Henrico Virginia
September 10, 2019
Meeting Notes

Welcome

Ed Rhodes, Chair

- Introductions

Norm Oliver, State Health Commissioner

- Preparedness activity performed in preparation for Dorian was successful and provided beneficial practice for potential upcoming threats.
- Noted today is official midpoint of 2019 hurricane season.

Access and Functional Needs Annex – Plan Update Overview

Becky McCabe, Office of Emergency Preparedness

- Congratulations to Becky on her 15th anniversary with VDH and her upcoming retirement.
- Reviewed purpose of document (guidance, resources, consistent approach).
- The following entities reviewed the document, provided valuable input, and continue to work together closely:
  - Virginia Department of Emergency Management Access and Functional Needs Advisory Committee
  - Virginia Department of Behavioral Health and Developmental Services (DBHDS)
  - Virginia Department for the Deaf and Hard of Hearing.
- Official rollout of this plan is forthcoming.
- Definitions and components of document were reviewed. "Vulnerable Population" term being replaced by "Access" and "Functional Needs"; overview of 10 recommended next steps provided, including:
  - Coordinator role
  - Signage
  - Training, including online
  - Exercise scenarios
  - Full-scale exercise
  - Emergency operations plans update
  - emPOWER program education for localities.
- Special thank you to DBHDS for offering assistance with educating staff on medication assisted treatment (MAT) and how ESF-8 can assist before, during, and after a no-notice event.
- "A plan only works if action, dedicated persistence, and a driving need to do the right thing serve as its foundation."

Tribes Update

Michael Magner, Office of Emergency Preparedness – Central Region

- Chickahominy Tribe (~840 members, no reservation); outreach efforts continue amid challenges of responsiveness (e.g., low attendance at prior health fair events).

- Eastern Chickahominy tribe (~164 members, no reservation); outreach efforts continue amid challenges of responsiveness (e.g., low attendance at prior health fair events)
- Outreach and identifying inroads continues.

John Cooke, Office of Emergency Preparedness – Eastern Region

- 4 federally recognized tribes in eastern region:
  - **Mattaponi** (~450 members)
  - Upper Mattaponi (~575 members)
  - **Pamunkey** (~200 members)
  - Rappahannock (~500 members)
- Pamunkey and Mattaponi still have reservations that are recognized as community centers
- Pamunkey activities have included flu shot exercises and "What to do until help arrives" preparedness event; relationship and activities provide a beneficial example to Mattaponi and Rappahanock
- Mattaponi and Rappahanock: outreach efforts continue amid challenges of responsiveness
- In 2018, Three Rivers Health District entered into a cooperative agreement with the tribes.

Emerging Health Threats

Lilian Peake, Director-Office of Epidemiology, lilian.peake@virginia.gov, (804) 864-8207

- The Growing Threat to Antibiotic Resistance—the burden is a national priority and global threat.
- National goals were reviewed.
- It was noted that resistance and crossover from animals to humans is a threat.
- National strategies were reviewed (antibiotic stewardship, elimination of use for animal growth, lab testing, research, and surveillance).
- Surveillance capabilities were identified.
- Emerging five pathogens were identified (3 of 5 not seen in Virginia at this time).
- Candida Auris—Type, knowledge among providers, limited treatment options, transmission, and Virginia cases were discussed.
- Public health approach to ensure adherence to infection control measures reviewed and benefit identified (containment vs. no containment strategy). Points to a need for a very specific approach.
- VDH actions reviewed (additions to reportable disease list; implementation of CDC guidance; proactive onsite infection control assessments at healthcare facilities; guidance; U.S. Antimicrobial Resistance Challenge).
- Questions and Discussion: To what extent is VDH working across agencies? VHHA implemented a workgroup with agency partners. Rise of urgent care clinics has presented an added challenge (continued public education, managing expectations, cost of specialized antibiotics).

Fusion Center Update

Robin Liberto, Lead Intelligence Analyst - Terrorism Unit, Virginia State Police (robin.liberto@vsp.virginia.gov, 804-674-2241, Virginia Fusion Center, vfc@vsp.virginia.gov, 804-674-2196 (main), 1-877-4VA-TIPS (terrorism hotline)

- Active Shooter definition and national statistics provided.
- Notable national events in 2019 reviewed.
- Christchurch, New Zealand, attack and motivations highlighted.
- Incels (involuntary celibate individuals) 2014-2018 events reviewed
- Questions and Discussion: Is Virginia conducting surveillance activities? Majority of activity is responsive. Challenges include: law has not caught up with technology; no single profile of an active shooter. Fusion Center has behavioral threat assessment management team to address incidents on a case-by-case basis. Dark web monitoring is challenging (constant change, law/technology).
- Active shooter threat is an epidemic and should be approached in similar manner to other epidemics.

BREAK

Gun Violence as a Public Health Threat

Heather Board, Director-Division of Prevention and Health Promotion, Office of Family Health Services, VDH, (804) 864-7738, Heather.Board@vdh.Virginia.gov

- Non-fatal gun-related injuries and public health approach presentation.
- 2014-2018 emergency department visits for gun-related injuries presented (19% increase)
- Hospitalizations due to gun-related non-fatal injuries 2008-2017 presented; majority unintentional.
- Prevention strategies are driven by intent.
- 10 essential public health functions—monitor health; diagnose & investigate; inform, educate, empower; mobilize community partnerships; develop policies; enforce laws; link to/provide care; assure competent workforce; and evaluate.
- Public health and public safety collaboration is key; cross sectoral collaboration is integral.
- Violence prevention—key risk factors are changeable; importance of recognizing all forms of violence are interconnected.
- Reframing gun violence is key—guns as a mechanism of injury across all forms of violence. Different forms of violence are strongly interconnected.
- Different forms of violence share common risk and protective factors.
- Violent behavior is very complex; many factors at play (societal, community, relationship, individual) and, therefore, needs to be addressed from all factors. Peer-reviewed data results provided and analysis of behavioral-to-violence forms
- Importance of focusing on shared risks and protective factors emphasized.
- Maximizing violence prevention is key.
- Governor Northam announced that $2.45 million in Victims of Crime Act grant funds were awarded to the Virginia Hospital & Healthcare Association (VHHA) Foundation to support the implementation of hospital-based violence intervention programs at seven Virginia hospitals. Community-based programs are in process of being launched.

Rosie Hobron, State Forensic Epidemiologist, Office of the Chief Medical Examiner, VDH

- Death investigation systems presented and compared and OCME offices defined
- OCME case requirements defined; data (counts) presented for 2007-2017
- OCME data sources listed
- Data methods and limitations presented
- Data presented on top 3 methods of unnatural death in Virginia
- Virginia rate of gun-related deaths trend is similar to national trend.
- Suicide (2/3) vs. homicide (1/3) vs. accident (minimal)
- Over 56% of all suicides involve guns.
- Men are 5.7 times more likely to be a victim of gun-related suicide than females.
- White men are victims of gun-related suicide at a rate 5.6x of white females and 2.9x of black males.
- Gun type most commonly used is handgun (79.5%).
- Five-year aggregated rate of gun-related suicide 2013-2017 presented.
- Over 72% of all homicides involve guns.
- Men are 4.6 times more likely to be a victim of gun-related homicide than females.
- Black men are victims of gun-related homicide at a rate of 8.1x of black females and 11.3x of white males.
- Highest rates are in metropolitan areas gun-related homicides.
- Key points on gun-related deaths in Virginia provided.
- Questions and discussion: Does suicide data include profession? Not at this time.

Parham Jaberi, MD, MPH, Chief Deputy Commissioner, Public Health and Preparedness

- Definition of subpanel focus—to consider how to continue to build resiliency for health and medical entities to response to man-made and natural disasters.
- Thanks to participants and speakers, encouraged questions and thoughts as this panel serves as advisory to VDH and emergency preparedness planning.
- Consensus was reached in the room that gun violence is a public health threat.
- Target prevention efforts utilizing primary, secondary, and tertiary approach.
- Prevention measures: Community (primary); Gun Owners (secondary) (e.g., provide gun locks at local health departments); Individual Injury Response (tertiary).
- Community factors (education and awareness; lack of economic opportunities and low neighborhood support/cohesion—policy work needed); example provided of community gardens emphasized cohesion. Social isolation and loneliness are risk factors, which speaks to the high suicide rates in rural Virginia. How can we help communities address? Do we have information on hospital-based initiatives? Direct services at the small number causing the violence?
- Establishment of a review team—Patient coming to emergency department shot (typically not their first trauma associated with violence). Commonality identification is key, as well as developing language and methodology, awareness, and looking for opportunities. Data→Analyze where risks increase→targeted intervention→ Screening, Brief Intervention, and Referral to Treatment (SBIRT) to determine if a person is at increased risk→what can we now do to protect, intervene.

- Low hanging fruit: Fusion Center has "See something, say something." Focused communications (early intervention) (e.g., cardiac health public health campaign to mitigate risk factors.) Buy-in from private community critical. Programs in schools at all levels emphasized. Trauma-informed curricula, approaching school-aged children and equipping them with tools to process/cope. Fusion Center looking at community risk assessment; opportunity to work with businesses (e.g., Wal-Mart).
- Existing efforts: Threat assessment K-12—Virginia State Police involved. DBHDS walk-and-talk "lethal means." Department of Education information to families regarding safe storage (AAP).
- Suggestion made to elevate this issue to the Secure Commonwealth Panel—Nicky Zamostny, Assistant Secretary for Public Safety and Homeland Security will follow up on that suggestion.
- Electronic tool kit available within school system?
- Public health has a unique ability to address certain risk factors. Protective factors. What can we do to improve resilience?
- Tertiary prevention—Need for family assistance centers (VDEM); need continuum to establish at all local levels→communities collaborating well. VDEM open to input. Most smaller communities don't have resources→state vs. local role. Central regional family assistance plan started utilizing Homeland Security funding.

Public Health and Preparedness Update

Bob Mauskapf, Director, Emergency Preparedness, VDH

- Will pursue moving this topic to the Panel level.

Public Comment - No comments made

Closing Remarks

Ed Rhodes, Chair

- Meeting adjourned at 4:04 p.m.