



# Public Health Advisory Council Meeting

---

## MEETING MINUTES – March 22nd, 2017 @ 4:00pm

Health Department Board Room, 2<sup>nd</sup> floor  
2030 Tecumseh Road  
Manhattan, KS 66502

In attendance: *Please see attached sign in sheet.*

### 1. Welcome and Sign In

- a. Adam called the meeting to order at 4:12 pm
- b. Call for other items to be added to the agenda
- c. No public comment.
  - i. Two community members that attended the BoCC Meeting on March 9<sup>th</sup> brought their concerns to the PHAC Meeting today. They're concerned that some BoCC do not understand reproductive health. These community members are interested in helping with this issue. The two public members also questioned if there is a demand for a methadone clinic in Manhattan. Those in need of this service, must travel to Topeka. A PHAC Member questioned what evidence we have that would support this program. Is this something Riley County would be interested in pursuing? Karen attended a break out session regarding the widespread opiate addiction in our country and thought this be interesting to look into for our community. The medical community understands that they can't give out six months of pain killers. They follow up with their patients before prescribing additional pain killers. Adam asked if methadone clinics are a private or a government entity. Another PHAC member replied that the methadone clinics are organized by the health departments in the East Coast. Andrew will obtain addiction statistics from Via Christi Hospital to help us assess the problem. Unfortunately, there are others that are addicted to opiates in our community but they are not trackable if they haven't been to the hospital. Andrew presented a fact to the board on opiate addiction. For every person that takes an opioid for 10 days, almost 1 and 5 will be taking them a year later. Those that are unable to obtain pain killers move to heroin because it's cheaper than scripts. A PHAC Member suggested we have a "Pill Take Back Day" for those wanting to dispose of unused prescriptions. These are placed in a locked and secure container to be destroyed properly. These unused prescriptions should not be flushed down the toilet. This program must be accompanied by the police department. Karen will have a conversation with Brad Schoen with RCPD to see if this event can be organized.

### 2. Director's Report

- a. RCHD is hiring a new WIC Clerk that will start in April. We are currently interviewing for the APRN position. Please notify Jennifer if you have ideas for recruitment.
- b. The Board of Health approved our application of the KDHE Aid to Local Grants and the KDHE OPEI Grant. We submitted an application to the GMCF to support WIC Breastfeeding and Becoming a Mom Classes. We are planning to send a letter of intent to the Peine Foundation which is due April 7<sup>th</sup>.
- c. The Robert Wood Johnson County Rankings is the most comprehensive report to compare the overall health of nearly every county in all 50 states. They use standard measurement of how healthy people are and how long they live. This County Health Rankings put Riley County at # 14 last year. This information will be available on our Facebook page and on the RCHD Website after March 29<sup>th</sup>.
- d. We've been developing a performance management system to track our progress. We are establishing quarterly meetings with Riley County Environmental Health. We've developed databases to track our community partners, PHAC attendance, and evidence-Based Programs. The PHAB Pre-Requisites should

be completed by fall which includes the CHIP, Workforce Development Plan, Branding Strategy, and the QI Plan. Our last Strategic Planning meeting will be next week.

- e. Julie Hettinger is our new Health Educator. She will be leading our Accreditation efforts.
- f. Reproductive Health is a challenge
  - i. 45% of all pregnancies in the State of Kansas were unintended (2010).
  - ii. The teen birth rate in Riley County is 17 births per 1000 females from ages 15-19.
  - iii. There are 9,190 women age 13-44 in need of publically funded contraception services. There are 3 clinics in Riley County, and 2 of those provide IUD's and implants. There is a number women that need access to family planning services.
  - iv. STD Rates:
    - A. 317.8 Cases of chlamydia per 100,000 population
    - B. 49.2 of gonorrhea per 100,000 population
    - C. 3 cases of primary and secondary syphilis
    - D. 3 cases of latent syphilis
  - v. We have high rates of STD's in the Wildcat Region and statewide.
  - vi. Jennifer displayed [thenationalcampaign.org/data/state/kansas](http://thenationalcampaign.org/data/state/kansas) website to the council to present additional information on reproductive health in our County. The map demonstrates the lack of access to family planning services in the surrounding counties. These folks from the surrounding counties seek these services in our county.
  - vii. We are Title X funded which dictates "All projects must provide for medical services, related to family planning and the effective usage of contraceptive devices and practices..." It also states that "All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services..." Jennifer states that we are not able to pick and choose what forms of contraceptives to use. We provide health education and counseling for adolescents, women, and men. We perform well-women exams, pap tests, and a range of family planning options from abstinence to IUD's and implants. Most condoms we provide to the public, RCHD received at no cost. We also offer STD and HIV testing for patients.
  - viii. Long Acting Reversible Contraception (LARC) does not cause abortion. The CDC states that this is the first line of defense for all women and teens. The teens are the ones that forget to take the pill. For all women at risk of an unintended pregnancy, OBGYNs should provide counseling on all contraceptive options including implants and IUD's. Jennifer explains that our clinic counsels on ascendance and all methods of contraception. This allows the patient to make an educated choice to best fit their needs. Advocate for coverage and appropriate payment and reimbursement for every contraceptive method by all payers in all clinically appropriate circumstances.
  - ix. Reducing Unintended Pregnancy and Public Health Care Costs
    - A. Save taxpayers \$7.09 for every \$1 spent on publically funded family planning services.
    - B. Save \$17,000 in public medical costs for each publically funded unintended birth averted.
    - C. Child trends (2017: Simulation to estimate nationwide pregnancy outcomes if all women not seeking pregnancy used mix of effective contraceptive methods.
    - D. Unintended pregnancy rates fell 64%.
    - E. Improved maternal, infant, and child outcomes.
    - F. Saved \$12 billion in public health care costs.
  - x. Research shows that regardless of a women's religious views, 99% of them used a form of contraception other than natural family planning. Most women use a contraception that is highly effective.

- xi. One council member responded by saying that one commissioner does not want Riley County tax payer's money to support birth control such as the IUD which he perceives as abortive. The same council member explained that the IUD works to thin the lining of the uterus to prevent fertilization and to prevent the egg and the sperm meeting.
- xii. A Meta-analysis of condom distribution intervention from 1998-2007 shows and increased condom use, increased condom acquisition/condom carry, an increase of delayed sexual initiation/abstinence (youth), and a decrease in STD incidence. There was no effect on the number of sexual partners. The clinic distributes condoms during office visits with patients that are here for other needs. Anna Binder questioned if the BoCC is open to reproductive health education? Or is educating the BoCC going to happen? Jennifer will present this education to the BoCC. It was recommended to notify the public of the date a time of this presentation. Karen mentioned that the PHAC would be happy to study this topic and make recommendations. Folks also take these for medical reasons in addition to preventing unintended pregnancies. A council member mentioned that her friend's daughter took them to help with acne. Jennifer was moved by the amount of support coming from the Public that attended the BoCC Meeting. Adam questioned what would be the most effective way to present this information to the BoCC? Should we invite them to the PHAC meeting individually? Or together? It's important to notate that \$12 billion are saved in public health care costs with contraception use. If you are anti-abortion, you would want contraception to prevent abortions from unintended pregnancies. There should be a plan in place if one does not want get pregnant. It was suggested that we have more than one meeting on this topic. What is our time line? Jennifer indicated that contracts are signed in June. The budget timeline is moving to May this year. A Council Member urged Jennifer to notify the public about this date. Jennifer will present the staff report on April 6<sup>th</sup> to the BoCC. The PHAC will write a letter of endorsement, which will be reviewed at the next meeting. Adam suggested that PHAC send their letters to him.
- xiii. Yvette questioned if there is any public education for those attending Country Stampede on alcohol and assault. A Council also questioned what the data showed from "Fake Patty's Day." Andrew is currently organizing data such as overdose and loss of conciseness. The national site is currently down due to maintenance. Once completed, he will report his findings at the next PHAC Meeting.

### 3. Role of the PHAC

- a. There were a lot of public at the BoCC. Some commissioners don't support the Family Planning Program. One commissioner was upset that RCHD gave condoms away to the public.

Meeting adjourned at 5:11 pm Ginny

**Next Meeting: April 26<sup>th</sup>, 2017 @ 4:00pm**