

**DALLAS COUNTY HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH ADVISORY  
COMMITTEE**

MINUTES  
APRIL 19, 2012

*The meeting was called to order at 9:30 A.M. by chairman, Commissioner John Wiley Price. The minutes were distributed and approved by Richard Briley and second by Jim Cummings.*

**Zachary Thompson, Director** welcomed Dr. Christopher Perkins HHS' Medical Director/Health Authority and Patricia Huston, Public Information Officer. Mr. Thompson expressed appreciation to Dr. Steve Wilson for his services and dedication to the Department. Dr. Wilson served as the Interim Medical Director/Health Authority.

**Sue Pickens, Director, Population Medicine with Parkland Health and Hospital System introduced Dr. Jerry Roberson:**

Sue discussed infant mortality, briefly. She went on to say, that the staff goes out and interviews the infants death; the information is specific in its nature. The case review team writes a report based on the information received. The community action team takes information from the report and turns it into an action plan. They develop and implement action: Phase I – babies are dying because mothers are unhealthy, prior to pregnancy. Child fatality review team is geared more toward abuse and neglect. Fetal mortality focuses on the mother. The fetal mortality review team is an essential part of the equation.

**Dr. Jerry Roberson, University of Texas School of Public Health, Associate Faculty, Fetal Infant Mortality Review “The next step in addressing infant mortality in Dallas County”**

National Fetal and Infant Mortality Review (FIMR) is a collaborative effort between the American College of obstetricians and gynecologists, Federal Maternal and Child Health Bureau, Health Resources and Services Administration. The FIMR goal is to describe significant economic, cultural, safety, health and system factors that contribute to mortality. The FIMR is comprised of health, social services and other experts. The review team examines case summary, identifies issues and make recommendations for community changes. The FIMR is best described as a “cycle of improvement.”

The FIMR committee primarily searches for issues in which the program failed the child and look for areas to improve public health related services, as well as implement specific actions to improve the health and well-being of women, infants and families.

In addition, the staff interview parents who have suffered an infant's loss. Most women are considered unhealthy before they become pregnant. Jimmy Stephens asked, “What unhealthy issues are most common?” Stress is a known factor that contributes to fetal mortality. There is also a lack of health practices such as exercise and maintaining a healthy lifestyle. **Commissioner Price** asked which communities are impacted the most. **Dr. Roberson** stated there are higher numbers in zip codes 75208 and 75241. African American women have the highest rate of fetal mortality prior to birth. Their babies are being born too early, and too small. Hispanics have the highest infant mortality rate after birth; infant death. The babies are being born but are dying shortly thereafter.

**Dr. Gordon Green** applauded Dr. Roberson, and asked if the Legislature specifies how the team is selected or appointed? Dr. Roberson said that the committee is selected by the community; lawmakers may add to the team, but they do not decide who is on the team.

**Dr. Jennifer Jones, DCHHS Performance Improvement Manager**, presented to the committee on STD/HIV Prevention Education within Dallas County Independent School Districts (ISD's). Dr. Jones began by informing the committee of an assessment conducted among Dallas County Independent School District's regarding an STD/HIV curriculum. The assessment provided detailed information regarding STD/HIV prevention education offered to the 13 to 18 age group in Dallas County ISD's.

There were approximately ten school districts that cooperated with the assessment. Those districts fully participated in notifying parents of the basic content of human sexuality instruction. An average of 63.9% of the parental consent forms that were distributed approved student participation. Most ISD's have a STD/HIV education curriculum. However, parents are uncomfortable with the information taught at school and certainly don't believe the subject is a problem in their district. The assessment also revealed there is a need for Dallas County ISD's to provide a comprehensive STD/HIV training course for Instructors.

DCHHS would like for Dallas County ISD's to consider requiring Health Education beginning in the 6<sup>th</sup> grade and continuing through the 8<sup>th</sup> grade. DCHHS also encourages ISD's to distribute health department pamphlets in school and adhere to abstinence teaching. Additionally, promote Opt-in to further explore the disconnection and impact of "requiring" a course that addresses STD/HIV that has a contradictory option for students/parents to opt out. Dr. Jones mentioned that Georgia, California, and San Antonio ISD's all have effective STD/HIV curriculums.

**Barry Mullins, HIV Prevention Epidemiologist**. Barry informed the committee that in 2010, there were 35 new diagnoses of HIV infection in persons between ages 13 to 18 years. Eighty-one percent of the reported new HIV infections in the 13 to 18 year age group occurred in 17 and 18 year olds. From 2006 to 2010, males accounted for the majority of new HIV diagnoses, with African Americans being the most affected group. The majority of newly infected in this age group were attributed to male to male sexual contact.

In 2010, there were 11 new diagnoses of primary/secondary syphilis infections in persons between ages 13 to 18 years. Sixty-nine percent of the reported infections in the 13 to 18 year age group occurred in 17 and 18 year olds. Of the newly diagnosed infections between 2006 and 2010 African Americans made up ninety-one percent of the cases; with females as the majority of primary and secondary syphilis.

From 2006 to 2010, 83% of chlamydia infections in 13 to 18 year olds were diagnosed in females; fifty-five percent of the newly infected were mostly in African Americans. Chlamydia and Gonorrhea are the most common sexually transmitted infections in 13 to 18 year olds. Individuals who are infected with sexually transmitted disease are at least two to five times more likely than uninfected individuals to acquire HIV infection, as they are exposed to the virus through sexual contact. In 2010, there were nearly 4,000 chlamydia cases diagnosed in persons between the ages of 13 to 18 years old. **Commissioner Price** questioned medical personnel by

asking at what point and time did this become an epidemic? **Dr. Wendy Chung** responded that this is an elevation of cases of the norm, but, the question now becomes what is the norm? **Dr. Jerry Roberson** asked if we are data rich to be able to understand why? **Commissioner Price** stated we are not data rich, we are just beginning to put our arms around this issue, and this is only a preliminary report. **Zachary Thompson** mentioned it is a continuation of where we are going. This data should help get us to where we need to be.

**Dr. Wilson** indicated that the Feds doesn't understand. They don't think there is a risk; education is left out. **Dr. Perkins** said, "In order to decrease health risks, we must educate the kids." Jennifer McFarland, Texas Department of Health mentioned that in 2009 doctors were allowed to provide their offices with Chlamydia and Gonorrhea vaccines. However, the State still need help with educating the providers.

**Dr. Wendy Chung, Chief Epidemiologist** discussed Hepatitis. Hepatitis is a virus transmitted via fecal-oral mode by ingesting contaminated food or water; close person-to-person contact and sexual contact. Persons at increased risk for infection are travelers to countries with high rates of Hepatitis A, household members, care givers, and sexual contacts with infected persons. Symptoms of Hepatitis A are nausea, vomiting, fatigue and malaise, abdominal pain, low-grade fever, enlarged liver, dark urine and jaundice. The incubation period is an average of 28 days. There are lots of false positives. Therefore, in addition to looking at the symptoms, blood tests are done to ensure a person has Hepatitis A. Almost all recover about six months after continued use of prescribed medicine. Case fatality rate is less than 1.8 % in persons 60 years old.

Recently, DCHHS investigated a confirmed Hepatitis A case. DCHHS followed proper protocols and procedures. The site was visited and the staff was interviewed. DCHHS recommended that all staff receive the Post Exposure Prophylaxis (PEP), and a risk assessment was completed on patrons.

**Vikki Yeatts, Chairperson, *Clinical (absent)***. Richard Briley mentioned that the Texas Department of State Health Services (TDSHS) accepted a recommendation to change the contract, giving flexibility to move within the budget up to 25% per line item, and the new electronic vaccine goes into effect next month.

**Zachary Thompson** made the committee aware of the new immunization policy. The Texas Department of State Health Services has developed policy changes to the Texas Vaccines for Children (TVFC) childhood vaccine program, in response to reductions in State and Federal funding.

Effective January 1, 2013, children who have private insurance that cover vaccines will no longer be eligible to receive vaccines at DCHHS' Immunization clinics. These children will be referred to their medical home for immunization services. "This policy change will impact thousands of children," said Zachary Thompson. In 2011, DCHHS immunized over 41,000 children.

**Jim Cummings, Chairperson, *Public Health***. On May 19, 2012 Dallas County Public Health Preparedness will conduct a full-scale Medical Countermeasure Dispensing Exercise. Operation Wildcat will take place at Woodrow Wilson High School. We are encouraging all

Cities to get involved. Jim mentioned that volunteers are needed to act as patients during the exercise. The Public Health Preparedness (PHP) committee will meet before the exercise on May 14, 2012. Additionally, Jim is requesting that a copy of the MOU between Dallas County and Grand Prairie ISD be sent to Pat Shull.

**Commissioner Price** stated that we need to have a court resolution from the committee, to raise it to a higher level. People don't realize the importance of having volunteers.

**Bill Alsup, Chairperson, Environmental (Absent)**

**Jason Chessher, Chairperson, Legislative.** Jason only mentioned that we're several months away from legislation.

**Commissioner Price** thanked all presenters.

*The meeting adjourned at 11:00 A.M.*