



Public Health  
Advisory Commission  
of Alexandria, VA

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**PUBLIC HEALTH ADVISORY COMMISSION**

**Thursday, August 15, 2019  
5:30 – 7:00 p.m.  
Fourth Floor Conference Room  
Alexandria Health Department**

- I. Establishment of Quorum
- II. Approval of the July 2019 Minutes
- III. Health Department Updates
- IV. Updates from Work Groups
- V. Legislative Agenda Discussion
- VI. Budget Priorities Discussion
- VII. September Meeting Date
- VIII. Public Health Institute Statement
- IX. Adjournment

| <b>Commission Members</b>            |  |
|--------------------------------------|--|
| <input type="checkbox"/>             | Chair, <b>Stacy Biddinger</b>                      |
| <input type="checkbox"/>             | Vice-Chair, <b>Patricia Rodgers</b>                |
| <input type="checkbox"/>             | <b>Daniel Hawkins</b>                              |
| <input type="checkbox"/>             | <b>John Herring</b>                                |
| <input type="checkbox"/>             | <b>Brian Hricik</b>                                |
| <input type="checkbox"/>             | <b>Patrick Killeen</b>                             |
| <input type="checkbox"/>             | <b>Allen Lomax</b>                                 |
| <input type="checkbox"/>             | <b>Michael Millman</b>                             |
| <input type="checkbox"/>             | <b>Allison Miner</b>                               |
| <input type="checkbox"/>             | <b>Richard Merritt</b>                             |
| <input type="checkbox"/>             | <b>Andrew Romero</b>                               |
| <input type="checkbox"/>             | <b>Dr. Michael Trahos</b>                          |
| <b>Alexandria Health Dept. Staff</b> |  |
| <input type="checkbox"/>             | <b>Dr. Stephen A. Haering,</b><br>Health Director  |
| <input type="checkbox"/>             | <b>Janine B. McCormick,</b><br>Executive Secretary |
| <input type="checkbox"/>             | <b>Natalie Talis,</b><br>Health Planner            |



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**Minutes of the Thursday, August 15, 2019  
PHAC Meeting  
5:30 – 7:00 p.m.  
Fourth Floor Conference Room  
Alexandria Health Department**

|                            |  |
|----------------------------|--|
| <b>Present</b>             | Tricia Rodgers (Vice-Chair), Allen Lomax, Michael Millman, Richard Merritt, Dr. Michael Trahos, Andrew Romero, Patrick Killeen |
| <b>Absent (Excused)</b>    | Stacy Biddinger (Chair), Dan Hawkins, John Herring, Dan Hawkins  |
| <b>Absent (Unexcused)</b>  | Allison Miner, Brian Hricik  |
| <b>AHD Representatives</b> | Dr. Stephen A. Haering, Natalie Talis, Dr. Anne Gaddy  |
| <b>Guests</b>              | Jennifer Reifke  |

**I. Establishment of a Quorum**

- Tricia Rodgers (TR), chairing this meeting, called the meeting to order at 5:30 pm. A quorum was established

**II. Approval of the July 2019 Minutes**

- Allen Lomax (AL) moved to approved the June 2019 minutes, Michael Trahos (MT) seconded, all in favor, minutes approved

**III. Health Department Updates**

- Stephen Haering (SH) introduced Alexandria Health Department's (AHD's) new Deputy Director Dr. Anne Gaddy who briefly introduced herself. No other significant updates at this time.
- Natalie Talis (NT) – the Partnership for a Healthier Alexandria, AHD and the community is moving into the CHIP – public meeting Saturday 10/5/2019, 9 am – 12 noon; currently interviewing outside facilitators.

**IV. Updates from Work Groups**

- No significant updates

**V. Legislative Agenda Discussion**

- See Attachment “Issues for Legislative Agenda Discussion Public Health Advisory Commission July 18, 2019 (revised August 12, 2019) Submitted by Richard Merritt”
  - AL moved to include #2: “Adopt the key provisions in Governor Northam’s Gun Control Legislation” in the Commission’s recommendation for inclusion in the City’s legislative package; Patrick Killeen (PK) seconded; all in favor; motion adopted
  - AL moved to include the first part of the first sentence of #3 (“Support Senator Adam Ebbin’s bill to tax e-cigarettes at a rate of 40 percent of the wholesale price”) in the Commission’s recommendation for inclusion in the City’s legislative package; Andrew Romero (AR) seconded; all in favor; motion adopted
  - RM moved to include the following: “request that the City of Alexandria be authorized to tax e-cigarettes and associated products in the same manner they are currently authorized to tax cigarettes” in the Commission’s recommendation for inclusion in the City’s legislative package); MT seconded; all in favor; motion adopted
  - AL moved to include the following: “support a state tax on sweetened beverages to tackle rising rates of obesity and type 2 diabetes, especially among children” in the Commission’s recommendation for inclusion in the City’s legislative package; AR seconded; all in favor; motion adopted

## **VI. Budget Priorities Discussion**

- AL moved to request the City Manager to fund two positions, a Population Health Coordinator and a Community Health Outreach Worker, to enable efficient and effective implementation of Alexandria’s Community Health Improvement Plan; MT seconded; all in favor; motion adopted
- AL moved to request the City Manager to maintain financial support for Neighborhood Health to help it endeavor to meet the demand for medical, behavioral health, and oral health services that Alexandrians are not able to obtain elsewhere; RM seconded; all in favor; motion adopted

## **VII. September Meeting Date**

- The Commission decided the next meeting shall be on Thursday September 12, 2019, from 5:30-7:00 pm (Alexandria Health Department, 4480 King Street, 4<sup>th</sup> Floor Communications Center Conference Room) and shall not meet on September 19.

### **VIII. Public Health Institute Statement**

- RM moved that PHAC accept the statement from the Public Health Institute Statement (see attached "Public Health Institute 'Failure to act is fast becoming complicity': PHI Statement on White Nationalism, Gun Violence") and be forwarded to City Council for consideration; PK seconded; motion did not pass

### **IX. Other Business**

- MT distributed a document (attached, "Highest Paid Executive at Non-profit Health Systems Get Big Raises") and noted that Inova Health System's Knox Singleton was the 2<sup>nd</sup> highest paid executive, at \$14 million, in 2017, and MT is opposed to the City of Alexandria providing Inova Alexandria Hospital nearly \$1 million annually

### **X. Adjournment**

- TR moved to adjourn the meeting, RM seconded, meeting adjourned at 7:03 pm

Issues for Legislative Agenda Discussion  
Public Health Advisory Commission  
July 18, 2019

Submitted by Richard Merritt

(1) Increase state cigarette tax to \$1.20 a pack (300 percent increase over current level of \$0.30 a pack; Alexandria taxes cigarettes at \$1.26 a pack) and rebate 50 percent of increased revenue back to community health centers, local health departments and free health clinics to increase access to comprehensive primary care services (including behavioral, mental health and oral health) for low-income, uninsured residents.

Discussion: Even though rates of tobacco use have been declining across the U.S. (and including in Alexandria), not all populations experience that decline, and the corresponding health benefits in the same way. Smoking rates (and exposure to secondhand smoke) are disproportionately high among racial and ethnic minority individuals.

2019 Community Health Assessment shows progress (i.e reductions) in cigarette smoking among middle and high school students in Alexandria, but finds that e-cigarette use among middle and high-school students has worsened. Adult smoking in Alexandria, according to the County Health Rankings Survey, have been at 15% in 2017 and 14% in 2018 and 2019.

Commonwealth Institute of Richmond estimates that with the implementation of Medicaid expansion, at least 3,000 non-elderly adults with incomes at or below 138% of FPL (the limit for Medicaid expansion) will remain uninsured in the city of Alexandria; a total of about 7,250 if all below 200% of FPL are included. Almost 50% of the total uninsured are Hispanic or Latino; 30% African American or Black. (138% of FPL is approximately \$16,000 for an individual or about \$22,00 for a family of three; 200% of FPL is about \$25,000 for an individual or about \$42,000 for a family of three)

If adopted, Virginia would become only the second state in the U.S. – California is first – to guarantee *Primary Care for All*.

(2) Adopt the key provisions in Governor Northam's Gun Control legislation that went unaddressed at the July 9 Special Session of the General Assembly -- (e.g. requiring background checks on all firearm sales, banning assault weapons and high

capacity magazines, reinstating law allowing only one handgun purchase within a 30 day period, prohibiting all individuals subject to final protective orders from possessing firearms, enhancing punishment for allowing access to loaded, unsecured firearm by a child from a Class 3 Misdemeanor to a Class 6 felony, etc.) -- and support greater authority for local government to protect the public safety and health of their residents through local ordinances that would:

- prohibit the possession of firearms (either by open carry or concealed carry) in public buildings;
- prohibit possession of firearms of any type on school property
- implement Extreme Risk Protective Orders (ERPOs) through their local courts
- prohibit possession of firearms (either open carry or concealed carry) in restaurants and bars where alcohol is served
- implement gun buy-back programs without a requirement (as exists in state law) to resell all guns acquired to a registered firearms dealer
- 

(3) Restrict sale of e-cigarettes to those 21 or older; tax e-cigarettes at state level and authorize cities and counties to tax sales of e-cigarettes.

Discussion: 2018 National Youth Tobacco Survey found the number of U.S. high school students who reported being current e-cigarette users increased 78 percent between 2017 and 2018 to 3.05 million (or 20.8 percent). Numbers among middle school students rose 48 percent to 570,000 (or 4.9 percent).

“The markedly accelerating rate of e-cigarette use among U.S. youth within the past year is a cause for grave concern,” said CDC Director Robert R. Redfield, M.D. “E-cigarette use is unsafe among youth, and it’s critical that we implement proven strategies to protect our Nation’s youth from this preventable health risk.”

From a public health perspective the number one concern is the addiction power of nicotine. Research shows that the younger you are when exposed to nicotine, the more likely it is that one will become highly addicted to it. Young people are “significantly more likely” to become addicted to nicotine than adults. Other research shows that nicotine exposure in kids is also linked to development in mood disorders, attention disorders, and other drug seeking behaviors.

A 2018 study by Rand Corp. surveyed more than 2,000 people in California, ages 16 to 20, over a three-year period, and found that the longer they used e-cigs, the more likely they were to also start smoking regular cigarettes. Researchers have long known that nicotine in cigarettes can raise blood pressure, but it’s only recently been shown to have the same effect when it’s in e-cigarettes too.

Some of the research above propelled San Francisco's decision to ban e-cigarette sales early in 2019, becoming the first city in the U. S. to do so.

(4) Support a state tax on sweetened beverages to tackle rising rates of obesity and type 2 diabetes, especially among children; most of new revenue should be rebated to local governments for health education and community wellness initiatives.

Discussion: Almost one-third of children and young people and two-thirds of adults are overweight or obese. (County Health Rankings Survey report adult obesity in Alexandria at 20% in 2017, and 22% in 2018 and 2019.)

In a joint statement earlier this year, the American Academy of Pediatrics and the American Heart Association endorsed a range of strategies designed to curb children's consumption of sugary drinks – including taxes on sugary drinks, limits on marketing sugary drinks to kids and financial incentives to encourage healthier beverage choices. According to Natalie Muth, a pediatrician and the lead author of the joint policy statement, “For children, the biggest source of added sugars often is not what they eat, it's what they drink.” By one estimate, kids and teens get about 17i percent of their calories from added sugars – and about half of those calories come from drinks.

Research in Berkeley California, which began taxing drinks in March 2015, found that the consumption of soda in low-income neighborhoods decreased by 21 percent. Voters in Boulder, Colorado, approved a 2-cent per ounce tax, surpassing the City of Philadelphia (1.5 cent-per-ounce) as the jurisdiction with the highest tax on sugary beverages in the country. Boulder's ordinance requires that revenues be designated for “health promotion, general wellness programs and chronic disease prevention ... such as access to safe and clean drinking water, health foods, nutrition and food education and physical activity. “ An evaluation of Philadelphia's soda tax showed that total volume sales of taxed beverages decreased by 1.3 billion ounces after the tax was implemented in 2017 to 1.2 billion from nearly 2.5 billion.

Researchers at University of California-Berkley School of Public Health concluded: “Current evidence suggests that sugar sweetened beverage taxes are associated with increased prices of taxed beverages and reduced sales and purchases. .... Taxes are raising substantial revenues that are being invested in programs that focus on community needs and address health inequities.”

## Highest Paid Executives at Non-profit Health Systems Get Big Raises

|  | 2017 EARNED COMPENSATION | % CHANGE FROM 2016 |
|--|--------------------------|--------------------|
| <b>Bernard Tyson</b><br><i>Chairman and CEO, Kaiser Foundation Health Plan and Hospitals</i> | \$16,082,753             | 73.80%             |
| <b>J. Knox Singleton</b><br><i>President, Inova Health Care</i>                              | \$14,176,752             | 146.90%            |
| <b>Anthony Tersigni</b><br><i>President and CEO, Ascension</i>                               | \$13,627,686             | -2.20%             |
| <b>Dr. Rod Hochman</b><br><i>President and CEO, Providence St. Joseph Health</i>             | \$10,533,384             | 156.60%            |
| <b>Lloyd Dean</b><br><i>President and CEO, Dignity Health</i>                                | \$9,569,824              | 24.30%             |
| <b>Peter Fine</b><br><i>President and CEO, Banner Health</i>                                 | \$8,542,030              | 6.90%              |
| <b>Robert Henkel</b><br><i>Executive vice president, Ascension</i>                           | \$8,125,113              | -2.00%             |
| <b>James Skogsbergh</b><br><i>President and CEO, Advocate Health Care</i>                    | \$7,805,356              | 14.50%             |
| <b>Dr. Robert Grossman</b><br><i>Dean and CEO, NYU Langone</i>                               | \$7,758,904              | 16.10%             |
| <b>Kenneth Samet</b><br><i>President and CEO, MedStar Health</i>                             | \$7,751,857              | 56.90%             |

Source: Modern Healthcare

Medscape

The *Modern Healthcare* list found that the combined compensation for the 25 top paid executives of nonprofit health systems rose to \$197.9 million in 2017 from \$148.6 million in 2016.

That's a pay increase of 33% for top executives of nonprofits. It far outstrips the kind of gains reported for professions more directly involved with the care of patients in 2017.

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