

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

April 20, 2010

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, April 20, 2010, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Dr. Reid Woodard, Chairman, Dr. Michael Blocker, Vice-Chairman, Dr. Donald Courtney, Ms. Kara Marshall and Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Ms. Christy Bradsher, Mr. Carl Carroll, Ms. Nancy Sartin, Mr. Eric Nickens, Ms. Mollie Todd and Ms. Janna Elliott.

The following guests were present: Ms. Irene Kittrell, representing Blue Ridge Environmental Defense League.

I. Call to Order and Introductions

Dr. Reid Woodard, Chairman, called the meeting to order at 6:38 pm, and announced the meeting would begin with non-voting items until Ms. Marshall arrived.

II. Public Comment

Ms. Irene Kittrell representing the Blue Ridge Environmental Defense League thanked the board for the opportunity to speak. She thanked the Health Department for the State of the County Health (SotCH) Report she received and stated she found it very helpful. Ms. Kittrell informed the board about Stericycle, a medical waste incinerator located in Alamance County. She stated that Stericycle stays within its guidelines and keeps its emissions within EPA limits; however, the state allows the facility to put out some very toxic chemicals. Ms. Kittrell stated that they emit 5,000 pounds of particulate matter in a year as well as lead, mercury and dioxins. Stericycle's permit is up for renewal; the governing body over the permit is the Division of Air Quality under the Department of Environmental and Natural Resources. The state has granted a locally held hearing in regards to Stericycle's permit to be held on May 25, 2010, at 6:00 pm at Alamance Community College, 1247 Jimmie Kerr Road, Graham, NC 27258. Individuals may register to speak and written comments will be accepted. Written comments must be postmarked or received by June 1, 2010, and may be mailed to Donald van der Vaart, DAQ Permits Section, Re: Stericycle Permit, NC Division of Air Quality, 1641 Mail Service Center, Raleigh, NC 27699-1641 or emailed to

guatam.patniak@ncdenr.gov. Dr. Michael Blocker stated that regardless of when Stericycle's permit is renewed, the facility will be held to any new regulations EPA may put into place. Ms. Kittrell stated that Stericycle has a large autoclave facility in the southern part of the state. She would like to see the Alamance County facility converted to autoclave instead of incinerating waste. Ms. Kittrell stated that incinerating the medical waste creates immediate air pollution and the remaining ash is taken to the Person County landfill. Dr. Woodard thanked Ms. Kittrell for the information she provided.

III. Administrative Report

A. Personnel Update

Ms. Janna Elliott provided the board with the following Personnel Update:

April 20, 2010

PERSONNEL UPDATE

New Hires / Transfers / Resignations:

- Rebecca Caison began employment in the vacant Processing Assistant III position, replacing Shirley Scott, effective March 3, 2010
- Debra Garrett, Public Health Nursing Director III, resigned effective March 31, 2010, to accept another employment opportunity.

Recruiting to fill the following positions:

- Dentist I (50%), replacing Roberta Osborn
- Nutritionist III – WIC (newly established position)
- Foreign Language Interpreter II – WIC, replacing Maria Oakley
- Public Health Nurse I (50%), replacing Kelly Mendenhall

The following positions have been frozen:

- Physician Extender II, replacing Rebecca Owens (frozen until June 30, 2010)
- Public Health Nursing Director III, replacing Debra Garrett (frozen until June 30, 2010)

B. Budget Amendments/Transfers

Ms. Bradsher presented the Health, WIC and Dental amendments and transfers 22 - 30 for the 2009 - 2010 fiscal year for board approval:

Budget Amendments and Transfers FYE 10				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	22		DEPT. NAME:	WIC
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5150-190	Professional Services	10,939.75	10,939.75	10,939.75
Revenue:				
310-3515-300	WIC Program	10,939.75	10,939.75	10,939.75
Explanation: Funds received from the state WIC branch for the new Breastfeeding Peer Counselor program.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	23		DEPT. NAME:	Health
STATE BUDGET:			TRANSFER:	
	National Women's Health Week		AMENDMENT:	X
Expenditures:				
110-5110-603	National Women's Health Week Grant	1,500.00	1,500.00	1,500.00
Revenue:				
310-3511-203	National Women's Health Week Grant	1,500.00	1,500.00	1,500.00
Explanation: Funds received from the U.S Department of Health and Human Services. Funds will be used to cover expense for events during National Women's Health Week (May 9, 2010 - May 15, 2010)				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	24		DEPT. NAME:	Health
STATE BUDGET:			TRANSFER:	
	NC Division of Public Health		AMENDMENT:	X
Expenditures:				
110-5110-190	Professional Services	3,558.00	3,558.00	3,558.00
Revenue:				
310-3511-309	Women's Health State Grant	3,558.00	3,558.00	3,558.00
Explanation: Funds received from the NC Division of Public Health, Women's Health Section. Funds will be used to provide family planning methods including but not limited to sterilizations.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	25		DEPT. NAME:	Health
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-120	Salaries & Wages	9,896.06	9,896.06	9,896.06
110-5110-180	Insurance FICA & Retirement	4,042.05	4,042.05	4,042.05
Revenue:				
310-3511-319	Environmental Health	13,938.11	13,938.11	13,938.11
Explanation: Performance based distribution of 2008-2009 compliance for inspections of food and lodging establishments.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	26		DEPT. NAME:	Health
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-120	Salaries & Wages	611.00	611.00	611.00
110-5110-180	Insurance FICA & Retirement	250.00	250.00	250.00
Revenue:				
310-3511-364	JCPC	861.00	861.00	861.00
Explanation: Additional funds received from the NC Juvenile Justice and Delinquency Prevention Department. Fund will be used to support the salary and benefits of the Health Educator I, who is currently performing the duties of the program.				

Budget Amendments and Transfers FYE 10				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	27		DEPT. NAME:	WIC
STATE BUDGET:	WIC		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-190	Professional Services	-5,000.00	-5,000.00	-5,000.00
110-5150-321	Telephone & Postage	5,000.00	5,000.00	5,000.00
110-5150-190	Professional Services	-1,000.00	-1,000.00	-1,000.00
110-5150-220	Supplies-Computer	1,000.00	1,000.00	1,000.00
Explanation: Transfer of funds to cover computer supply expenses and telephone & postage expenses for the remainder of the fiscal year.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	28		DEPT. NAME:	WIC
STATE BUDGET:	WIC		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-120	Salaries & Wages	-20,000.00	-20,000.00	-20,000.00
110-5150-440	Contracted Services	20,000.00	20,000.00	20,000.00
Explanation: Transfer of funds to cover contracted services for the remainder of the fiscal year.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	29		DEPT. NAME:	Health
STATE BUDGET:	Health		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5110-241	Supplies-Small Tools, Equipment	-5,048.00	-5,048.00	-5,048.00
110-5110-510	Capital Outlay-Equipment	5,048.00	5,048.00	5,048.00
Explanation: Transfer needed to purchase additional security/badge swipe devices.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	30		DEPT. NAME:	Health
STATE BUDGET:	Health		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5110-241	Supplies-Small Tools, Equipment	-3,000.00	-3,000.00	-3,000.00
110-5110-220	Supplies-Computers	3,000.00	3,000.00	3,000.00
Explanation: Transfer of funds to cover cost of replacing five old printers that were either not working or ran the risk of not working in the short term.				

A motion was made by Dr. Michael Blocker to approve the Health, WIC and Dental budget amendments and transfers 22 - 30 for FY 2009-2010. The motion was seconded by Dr. Donald Courtney and was approved by the board unanimously.

IV. Approval of the February 16, 2010, Board of Health Minutes

A motion was made by Mr. Charles Wilson to approve the February 16, 2010, Board of

Health minutes. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

V. Personal Health Committee Update

Dr. Michael Blocker presented the minutes from the March 16, 2010, Personal Health Committee meeting.

Alamance County Board of Health

Personal Health Committee

The Personal Health Committee met on Tuesday, March 16, 2010, at 6:00 pm, in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Rd, Burlington, North Carolina.

The following committee members were present: Dr. Michael Blocker, Mr. Charles Wilson and Dr. Reid Woodard.

The following staff members were present: Mr. Barry Bass, Dr. Kathleen Shapley-Quinn, Ms. Debra Garrett, Ms. Michele Herbek, Mr. Eric Nickens and Ms. Janna Elliott.

Call to Order

Dr. Michael Blocker called the meeting to order at 6:07 pm.

North Carolina County Health Rankings 2010

Mr. Eric Nickens presented the 2010 North Carolina County Health Rankings. The Population Health Institute of the University of Wisconsin assembled this data through a grant from the Robert Wood Johnson Foundation and includes every county in the country. This is the first time this information has been collected and reported in a ranking format. Mr. Nickens explained the rankings were determined by health behaviors (30%), clinical care (20%), socio-economic factors (40%) and physical environment (10%). Alamance County is ranked 26 in Health Outcomes and 28 in Health Factors. Health outcomes represent how healthy a county is while health factors are what influences the health of the county. Mr. Nickens was unaware how North Carolina ranked among the nation, but hoped to provide this information at the Board of Health meeting in April.

WIC Update

Ms. Herbek provided the committee with the following WIC Report:

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March 16, 2010

WIC

Departmental Monthly Report

February 2010

Clinic Activities:

1053 Clinical Nutrition contacts provided by Nutritionist

501 Hemoglobin's done in WIC

241 Nutrition Education lessons provided by WIC Clerical

Most recent report of dollar amount of WIC vouchers redeemed in Alamance County 386,351.99. Number Food Vouchers redeemed –12,050

Clinic show rate - 73% (942 appointments kept/1283 appointments scheduled)

Clinic profile: 4584 or 102% of assigned caseload 4517

Racial Ethnic composition of caseload- 39% White- Black 22% -39% Hispanic – <1% Asian.

Grocery Store Bulletin board

WIC Staff Meeting 2-3-2010

Donna attended Maternity Care Conference

Catherine and Michele attended the quarterly breastfeeding peer counselor program training in Raleigh 2/17

Donna and Michele attended the Neonatal Nutrition Conference in Houston 2/28

Submitted by

Michele Herbek and Robin Robertson

Ms. Herbek informed the committee that the Board of Commissioners approved the establishment of the Breastfeeding Peer Counselor program, which will involve one full-time and two part-time employees.

Personal Health Update

Ms. Debra Garrett reported that clinics are now fully staffed with the exception of one vacant 50% nursing position. Ms. Mollie Todd is the new Postpartum Home Visit nurse who started on March 1, 2010.

Ms. Garrett discussed that an RN Work Group was created and charged with the task of increasing the number of immunizations given through the Women's Health Clinic. All Women's Health Nurses agreed to participate and donate \$1 each month to provide a gift card incentive to the nurse that offers immunizations most often. For the month reviewed, 228 patients were assessed. 67% of those patients (93) were given vaccines. Ms. Tamika Martin won the incentive for February. Since this work group has worked out well, a new work group will be set-up for STD Clinic.

An H1N1 clinic was held at Elon University on March 16, during which 28 vaccinations were given. H1N1 vaccinations continue to be available at Alamance County Health Department on a walk-in basis Monday through Friday from 8:30 am until 11:30 am and from 1:00 pm until 4:00 pm. H1N1 is being given free of charge.

Medical Director's Report

Dr. Kathleen Shapley-Quinn gave the Alamance County Health Department Maternity Clinic Volume and Payment Source Statistics as well as Women's Health Clinic / Pregnancy Test / STD Monthly Report and STD Demographics Graph:

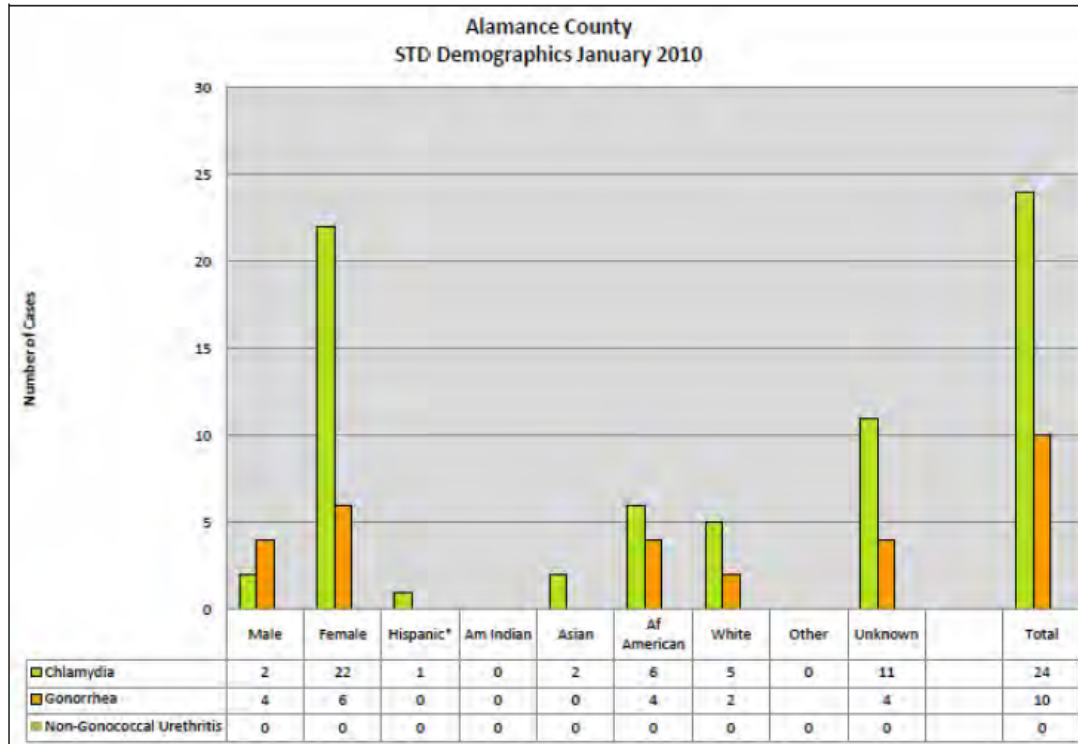
ACHD MATERNITY CLINIC VOLUME STATISTICS

Month/Year	Total Pts	Total Visits	Hispanic Client Visits	% Of total	Asian Client Visits	% of total
Jan-09	250	480	200	43%	5	1%
Feb-09	268	477	220	46%	4	1%
Mar-09	273	522	218	41%	6	1%
Apr-09	274	495	245	49%	11	2%
May-09	263	481	229	50%	10	2%
Jun-09	266	511	258	50%	17	3%
Jul-09	253	507	250	49%	14	3%
Aug-09	247	446	217	49%	8	2%
Sep-09	255	482	217	47%	10	2%
Oct-09	268	513	219	43%	6	1%
Nov-09	265	452	220	49%	2	<1%
Dec-09	276	518	252	49%	3	1%
average/month						

** Hispanic & Asian client information now reflects number of visits and not unduplicated numbers; percentage of total calculated using total visits

Month/Year	Total Pts	Total Visits	Hispanic Client Visits	% Of total	Asian Client Visits	% of total
Jan-10	265	459	232	51%	8	1%
Feb-10						
Mar-10						
Apr-10						
May-10						
Jun-10						
Jul-10						
Aug-10						
Sep-10						
Oct-10						
Nov-10						
Dec-10						
average/month						

** Hispanic & Asian client information now reflects number of visits and not unduplicated numbers; percentage of total calculated using total visits



Dr. Shapley-Quinn provided information to the committee about the “HEY Ladies” (Health Education for You) program Health Educator, Ms. Stacie Saunders, has created. To date, 422 patients have been referred to Ms. Saunders. Most patients are referred for weight and smoking cessation. The average age of a participant is 25.2 years. Over 60 women have been referred to additional resources, 200 have received wellness prescriptions, and 355 have received multivitamins through the HEY Ladies preconception health education program. 28% of those women who met with Ms. Saunders to talk about smoking actually reduced cigarettes or quit smoking. The average number of cigarettes smoked prior to HEY Ladies was 10.2. The average number of cigarettes smoked post HEY Ladies was 5.5 and 3 women quit smoking all together. Since the program’s inception in October 2007, more than 1,400 patients have participated in the HEY Ladies program.

Health Director’s Report

Mr. Bass stated that the Association of North Carolina Boards of Health (ANCBH) is seeking members to serve on its board. If any board members are interested on ANCBH, please let Mr. Bass or Ms. Elliott know.

Alamance County administration has invited Board of Health members to attend the UNC School of Government’s Ethics Training Webinar for Local Elected Officials on March 25, 2010, from 4:00pm – 6:00pm in the Commissioners Meeting Room at the Alamance County Office Building. If board members would like to attend, please let Mr. Bass or Ms. Elliott know.

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Mr. Bass informed the committee that the Dental Clinic's "Give Kids a Smile" event will be held on April 10 from 8 am until 1:30 pm.

Mr. Bass informed the committee that there are two facilities which have been issued second notices of violation in regards to House Bill 2. If these places are deemed to be out-of-compliance a third time, they may be fined \$200 per day.

Closed Session

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 6:55 p.m. on a motion by Dr. Michael Blocker for the purpose of discussing a personnel issue. The motion was seconded by Mr. Charles Wilson.

The closed session adjourned into open session at 7:08 p.m. on a motion by Dr. Michael Blocker and second by Mr. Charles Wilson.

Dr. Woodard announced that Mr. Bass's performance evaluation was discussed during the closed session. Ms. Elliott will ask Board of Health members and Management Team members for input on Mr. Bass's performance from June 30, 2008 – June 30, 2009. The board will conduct Mr. Bass's performance evaluation during a closed session at the April 20, 2010, Board of Health Meeting.

Adjournment

With no further business, the meeting adjourned at 7:10 pm.

**Respectfully submitted,
Janna Elliott
Clerk to the Board of Health**

VI. Personal Health Update

Ms. Nancy Sartin reported that the Women's Health Work Group and Incentive program has proven successful in increasing the number of vaccines offered and administered. Ms. Tamika Martin has won the incentive two months in a row. Nurses are rotating half-day shifts in the Women's Health Immunization Nurse role to ensure availability to Women's Health patients.

Ms. Sartin reminded the board that H1N1 became a prevalent issue one year ago in April 2009. Influenza-like illness (ILI) has continued to decrease with .5 to 1% of patients presenting at hospitals with ILI. The North Carolina weekly ILI report dated April 15, 2010, listed 80 cases of ILI out of 17,070 patients seen in emergency room visits; there have been no recent deaths related to ILI. The state epidemiologist reports that H1N1 continues to be sporadic and there does not seem to be a third

wave happening at this time. Although they are no longer testing, H1N1 seems to be the dominate virus. It is still recommended for everyone to be vaccinated against both H1N1 and seasonal flu. Alamance County Health Department (ACHD) currently has 19 doses of seasonal flu vaccine for children less than 36 months of age as well as greater than 1,000 doses of H1N1 vaccine for all ages. Vaccines are being given free of charge on a walk-in basis from 8:30 am to 11:30 am and 1:00 pm to 4:00 pm, Monday through Friday. ACHD has given 5,272 doses of H1N1 vaccine. Looking ahead to next flu season, one vaccine will incorporate both strains of seasonal flu as well as H1N1 strain(s). There is currently no guidance from Centers for Disease Control and Prevention (CDC) in regards to individuals receiving vaccine now and again in the fall.

VII. Environmental Health Committee Update

Dr. Donald Courtney, Chairman of the Environmental Health Committee, presented the minutes from the March 16, 2010, Environmental Health Committee meeting.

Alamance County Board of Health**Environmental Health Committee**

The Environmental Health Committee met on Tuesday, March 16, 2010, at 12:00 pm in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Dr. Donald Courtney and Mr. Chad Huffine.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Terri Craver, Mr. Eric Nickens and Ms. Janna Elliott.

Call to Order

Chairman Donald Courtney called the meeting to order at 12:06 pm.

North Carolina County Health Rankings 2010

Mr. Eric Nickens presented the 2010 North Carolina County Health Rankings. The Population Health Institute of the University of Wisconsin assembled this data through a grant from the Robert Wood Johnson Foundation and includes every county in the country. This is the first time this information has been collected and reported in a ranking format. Mr. Nickens explained the rankings were determined by health behaviors (30%), clinical care (20%), socio-economic factors (40%) and physical environment (10%). Alamance County is ranked 26 in Health Outcomes and 28 in Health Factors. Health outcomes represent how healthy a county is while health factors are what influences the health of the county. Mr. Nickens was unaware how North Carolina ranked among the nation, but hoped to provide this information at the Board of Health meeting in April.

House Bill 2 Update

Mr. Carl Carroll provided the committee with an update on how the implementation of House Bill 2, "Smoking in Public Places," is progressing. Violators are mostly bars, two of which have received second violation notices. Mr. Carroll makes visits only when complaints are received.

New well VOC water sampling update

Mr. Carroll stated that UNC is providing assistance in putting together a single database of "known releases." The rule will go into effect October 1, 2010, which will require any new well located within 500 feet of a known release to be sampled for VOCs (volatile organic compounds).

Stericycle medical waste incinerator information

Mr. Carroll discussed that Stericycle, a medical waste incinerator, receives waste from all over North Carolina. It is a permitted facility and its permit is coming up for renewal. A concerned citizen called Dr. Blocker about this, so other board members may receive phone calls as well. Mr. Carroll has talked with the State Division of Air Quality, who oversees and permits this facility. The permit is a renewal and does not involve an increase in the amount of waste the facility incinerates.

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New EPA regulations may be going into effect soon. According to the Division of Air Quality, Stericycle will have to comply with the new regulations when they become effective, regardless of when its permit renews.

Environmental Health Update

Mr. Carroll reported the Environmental Health will host a Rabies Clinic on April 24.

The new spay and neuter clinic will open on March 27 and will provide low cost spay and neuter services to the public. Its goal is to decrease the number of animals in the shelter and thus having to be euthanized.

Health Educator, Kelley Kimrey, has worked with Environmental Health and the Asthma Coalition to create and implement the use of air quality awareness magnets on Environmental Health vehicles.

Health Director's Update

Mr. Bass stated that the Association of North Carolina Boards of Health (ANCBH) is seeking members to serve on its board. If any board members are interested on ANCBH, please let Mr. Bass or Ms. Elliott know.

Alamance County administration has invited Board of Health members to attend the UNC School of Government's Ethics Training Webinar for Local Elected Officials on March 25, 2010, from 4:00pm – 6:00pm in the Commissioners Meeting Room at the Alamance County Office Building. If board members would like to attend, please let Mr. Bass or Ms. Elliott know.

Mr. Bass informed the committee that the Dental Clinic's "Give Kids a Smile" event will be held on April 10 from 8 am until 1 pm.

Mr. Bass reported that incidence of influenza-like-illness (ILI) has remained steady; Moses Cone currently has three patients hospitalized with ILL.

Adjournment

With no further business, the meeting adjourned at 12:35 pm.

**Respectfully submitted,
Janna Elliott
Clerk to the Board of Health**

Dr. Michael Blocker inquired about the use of air quality magnets. Mr. Carl Carroll stated the magnets display the current outdoor air quality and serve to increase air quality awareness.

VIII. Environmental Health Update

Mr. Carroll stated that since the Environmental Health Committee meeting, Environmental Health has received one or two complaints every week. No third violations have been documented at any facility; however, several facilities have been cited for two violations. Environmental Health staff has received numerous inquiries about meeting exceptions to allow smoking on premises. No facilities in

Alamance County currently meet the exceptions. The previously discussed hookah bar has gone out of business.

Mr. Carroll reported that the draft of VOC (volatile organic compounds) sampling rules is complete and being reviewed. ACHD and UNC are working together to provide a GIS format to establish where known releases are located. This is a pilot for the state.

The first documented case of rabies for 2010 involved a raccoon which tested positive after fighting with an unvaccinated dog. The dog was euthanized.

Mr. Carroll informed the board that NSCU will host a Biosolids Educational Summit on April 27-28, 2010, at the McKimmon Center for a cost of \$25 per person, which includes two lunches. The goal of the summit is to address areas of concern regarding land application of biosolids, provide science-based facts on biosolids, provide information on current practices, and discuss alternatives to land application in terms of cost and environmental concerns.

IX. Health Director's Report

A. Medicaid Cost Settlement

Mr. Barry Bass informed the board about a letter he received from the state in regards to ACHD's Medicaid Cost Report from 2005. Ms. Bradsher and Ms. Becky Perkins have worked hard to gather information and met with Mr. Steven Garner, our state Medicaid Cost Analyst, to analyze the audit findings and determine the amount of recuperation involved. Another notice was received from DMA (Division of Medical Assistance) stating that Alamance, along with seven other health departments, owe DMA in payback. The amount allocated to Alamance County is \$386,300 in revenue offset and \$90,594.72 from other accounts such as Dental, which equals \$476,895, multiplied by 5 years would equal \$2,384,475 that DMA want to recoup from ACHD. Two other counties have been added, one being Durham, to this audit. Mr. Bass explained that this is a consolidated cost settlement that affects the entire state of North Carolina. Mr. Bass stated that the audited counties have filed an appeal and will need to retain counsel. Public Health is 0.8% of the total Medicaid budget. The Department of Public Health (DPH) does our Medicaid cost settlement reporting by using their staff, not an auditing firm, and we are dependent upon them to report accurately, which they did not do and now they have placed the counties in a bind. They have used questionable practices. The NC Local Health Directors Association has enlisted Parker, Poe, Adams and Bernstein, for a retainer fee of \$1,000 for each county. They have already been able to find immediate problems with DMA's recouping methods based on audit findings. Mr. Bass has consulted with County

Management and County Legal, who supports our fight on this. This would decimate our fund balance as well as the county's fund balance if we were forced to pay this assessment. Cost settlements are completed annually based on health department costs and the actual number of services provided to determine the cost of Medicaid services. After DMA visits all health departments, they determine the average cost of services for each health department billable service within the state. Generally, ACHD's rates are lower than the state's average rate of reimbursement. What we get reimbursed is actually lower than what the costs are. This is federal money the state is trying to recoup. Dennis Williams with the state is a guru with Medicaid on the Public Health side has come out of retirement to help in the effort. DMA tried to cut the Community Health Partners program, but a judge filed a junction against them for that. So, they are trying to make drastic cuts. Mr. Bass promised to keep the board posted on the status of this.

B. Health Information System (HIS)

Mr. Bass reminded the board that approximately one and one half years ago, the board approved the purchase of Insight, health information system (HIS) just for public health agencies. The new program has been installed and is working wonderfully. The state has been working on a new HIS rollout for several years now. Mr. Bass informed the board that while Dorothy Cilenti was Health Director, she signed a survey agreeing that ACHD would participate in the state's HIS rollout. The state is now doing the rollout and although ACHD asked to be a batch county, we have already been made to convert to the state's HIS system. This required double-entry of information into both our Insight and the state's HIS programs. Also, ACHD has the first Dental Clinic that has been involved with the state's HIS program. This has been a nightmare. We are consulting with legal counsel to determine if the survey Dr. Cilenti signed is a binding legal document. Mr. Bass stated that he has invited County Management, Legal and MIS to come see what the state's HIS system is costing ACHD in time and money. The state's nurse consultant who has been assisting with the rollout of the HIS program at ACHD even wondered why the state is using its own HIS system, when our program is clearly superior. If we are forced to continue to do double-entry into both programs, we would potentially need to hire three additional full-time staff members to accommodate the number of patients we have. Mr. Bass will keep the board informed on this situation.

C. 2010 – 2011 Fiscal Year Budget Update

Mr. Bass reported that the Board of Commissioners met on April 19, 2010. He also stated that a Department Head meeting was called for earlier in the day on April 19. Another 1% cut or approximately

\$70,000 is being requested from ACHD's budget. One of the cuts already made was to the universal vaccine line item, because it had been put back into the budget on the state level; however, Mr. Bass stated that we may end of having to cover the costs for universal vaccine after all. Mr. Bass stated that two grant funded positions were not funded for the upcoming fiscal year: the Targeted Infant Mortality Reduction (TIMR) and the Minority Infant Mortality Reduction (MIMR) grants will end on June 30, 2010. The County Manager has proposed five mandatory furlough days, which would involve mandatory closure of county offices and services and coincide with existing holidays to provide employees with a four-day weekend in most cases. Mandatory furlough would reduce employee salaries by 2%. Mr. Honeycutt's proposal also includes three bonus vacation days being allotted to staff. There is a possibility of a 2% increase in January if things turn around. No reclassifications or new positions will be considered. WIC is federally funded and the Dental Clinic is self-sustaining, so those requests are still in the budget at this time. County Administration is looking at performance based budgeting in the coming years. Mr. Bass explained that ACHD basically already does this through the criteria we have to meet with the state contracts and agreement addendums. Mr. Bass stated that Mr. Sutton provided an example in that the Department Head could receive a bonus if all goals are met.

D. Out of State Travel Requests

Mr. Bass stated that several out-of-state travel requests have been submitted to the Commissioners for approval. Ms. Karen Saxer and Ms. Elizabeth Sciora are hoping to attend the annual Certified Nurse Midwives conference in Washington, DC. Both individuals would lodge with family or friends, so no lodging fees would be incurred. Dr. Krzysztoforska and Ms. Karen Medlin are requesting to attend the annual Pediatric Dental Conference in Chicago. Ms. Shannon Alley, Preparedness Coordinator, has requested to attend a FEMA and Department of Homeland Security course on Preparedness.

E. UNC School of Government's Ethics Training Webinar for Local Elected Officials

Mr. Bass stated that he and Dr. Courtney attended the Ethics webinar offered by County Administration to elected officials and board members. It was a very enlightening program.


X. Old Business

A. Request for Approval of Changes to Fee Policy

Mr. Bass presented revisions to the Fee Policy:

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S
HEALTH IN ALAMANCE COUNTY”



Alamance
County
Health
Department

EveryWhere.EveryDay.EveryBody.

FEE POLICY
01- 02

APPROVAL DATE BY BOARD OF HEALTH
July 1, 2006

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Title:	Fee Policy	Number:	01-02
Approved by:	Alamance County Board of Health	Program Area:	Administration
Effective Date:	July 1, 2006		
Revised Date:	March, 2010		

I. **GOAL:**
To ensure health department services are provided to clients regardless of inability to pay.

II. **PURPOSE:**
To ensure accuracy, consistency and standardization in the development of fee policies and procedures and standing orders for Alamance County Health Department; to establish a methodology to be followed by the Board of Health and the Health Director in the formulation, approval, and execution of establishing new fees for new services, and new fees for existing services.

III. **REFERENCES:**
Formulation of Policy and Procedures

North Carolina Public Health fees for health department services are authorized under NC G.S. 130A-39

NC G.S. 150A authorizes Debt Set-Off program

IV. **DEFINITIONS:**
Bad Debt: Any outstanding balance in which **one year** or more has lapsed since the last date of client account activity.

Sliding Scale: Percentage based scale (see attachment)

Poverty Level: Each February the U.S. Census Bureau releases updated Federal Poverty Guidelines for the 48 contiguous states, D.C., Alaska and Hawaii. These guidelines are used to determine how many Americans live in poverty and eligibility for a wide range of federal and state public assistance programs. They are also known as the HHS Poverty Guidelines.

Flat Fee: Set fee amount for services rendered unless prohibited.

V. **FOCUS POPULATION:**
Alamance County residents

VI. **POLICY:**
Fees for health department services are authorized under NC G.S. 130A-39, provided that (1) they are in accordance with a plan recommended by the health director and approved by the Board of Health and the County Commissioners, (2) they are not otherwise prohibited by law.

1. New fees for new or existing services can be set at any time. The Board is advised at that time of the fee recommended and both the rationale for the fee and the cost analysis which set the rate. The Board then approves the fee and, if approved by the Board of County Commissioners, the fee is implemented immediately.

Title:	Fee Policy	Number: 01-02
Approved by:	Alamance County Board of Health	Program Area: Administration
Effective Date:	July 1, 2006	
Revised Date:	December 14, 2009	

2. All existing fees are to be reviewed at least once a year during the initial month of the fiscal year by management. This fee review is administrative only and does not have to be reviewed by the Board. The Board accepts the fees carried over from the Alamance County Health Department and treats them as existing fees.
3. Fees will be charged for health services to individuals unless prohibited by law or regulation. Separate fees may be charged for laboratory and other technological services when these are not included as a part of the current procedure terminology (CPT) for service.
4. Flat fees, not subject to sliding scales, may be established for certain screening or program services. *Charges for non-essential supplies or replacement pills will be charged to Family Planning clients according to the sliding scale and not as a flat fee.*
5. Patients whose income falls at poverty level or below on the sliding fee schedule can not be charged a flat fee for services provided for State supported programs. Example: Family Planning, Maternity or Child Health. The sliding fee schedule must slide to zero for these state-supported programs. *No minimum fee or surcharge/flat fee will be indiscriminately applied.*
6. The health department may adopt separate sliding fee schedules for clinic services; however the fee schedule cannot exceed 250% of Poverty for Women's Health. Any fee schedule above 200% of Poverty must receive state approval.
7. Patients are billed based on a sliding scale fee scale adopted for their program as determined by the State or Federal requirement unless prohibited. Fee-for-service clinics may bill the patient directly for payment, and in many cases, bill another third party. Third parties include:
 - Private Health Insurance
 - Medicaid
 - North Carolina Health Choice
 - Medicare part B
 - Employers/Variou Agencies (With whom the Alamance County Health Department has a contract)
8. Proof of income is required annually, or upon income and family size changes, for personal health services (unless prohibited by State and Federal regulations) subject to sliding fee charges for Medicaid-covered services. Clients shall be informed when appointment is made that proof of income is required at initial visit. If proof of income is not provided, the sliding fee scale charges are assessed at the 100% rate unless prohibited by State and Federal regulations. Adjustments may be made to the changes if proof of income is provided within 45 days of service.

Title:	Fee Policy	Number:	01-02
Approved by:	Alamance County Board of Health	Program Area:	Administration
Effective Date:	July 1, 2006		
Revised Date:	December 14, 2009		

9. The Health Director has the authority to waive fees under special extenuating circumstances.

10. Bad Debt Summaries will be done no less than annually. A bad debt is defined as an outstanding balance in which 1 year or more has elapsed since the last date of any activity on a client's account. Bad debts under \$50.00 will be written off at the end of each fiscal year (June 30).

If a client returns for services within 1 year after bad debt has been written off, the debt amount will be added back to the client's account. At no time will the client be informed that a bad debt had been written off.

11. Debt Set-Off:
The department will participate in the Debt Setoff Program administered by the Tax Office in accordance with the North Carolina General Statutes, Chapter 105A, The Debt Setoff Collection Act. The Debt Setoff Program allows outstanding account balances to be submitted to the North Carolina Department of Revenue for collection by applying the debt (s) against any income tax refund in excess of \$50.00.

VII. SERVICE PLAN:

A. Program reviews and committee meetings comprised of all disciplines will meet, within the Health Department setting, as necessary to determine the cost of providing services and discuss the "setting of rates", for the services provided. The following procedures define the methods used for setting rates:

1. The "Medicaid Cost Analysis" provided by the Office of Medicaid Reimbursement will be utilized to compare how much it costs the Health Department to provide a service. The Medicaid Cost Study is performed annually in all Health Departments. The actual results are in this document and shared with each county. The cost of providing services is compared throughout the State, from one Health Department to another. This information gives a realistic figure to work with and compares cost to perform a service to all other counties within the State.

2. The Office of Medicaid Reimbursement issues their reimbursement rates, usually in January of each year. These rates will be used as a baseline when comparing to other third parties.

3. Medicare, surrounding community rates (ex: community physicians' rates, local labs, hospital rates, etc), plus a comparison of surrounding counties' Health Department fees are also contributing factors in determining rates.

Once the above information has been reviewed and discussed with the Health Department staff, fees will be taken to the Board of Health and Board of County Commissioners for their discussion and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "schedule

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Approved by: Alamance County Board of Health	Program Area: Administration
Effective Date: July 1, 2006	
Revised Date: December 14, 2009	

of charges". Board approvals (Health and County Commissioners) will be reflected in the respective minutes.

4. *Where reimbursement is available from Title XIX of the Social Security Act, a written agreement with the Title XIX agency at either the state level or the county level is required.*

B: Fee Schedules used by the Alamance County Health Department are:

- Health Department Clinic Services 101% – 250% of poverty
- Dental Clinic – 200% of poverty
- WIC Program – 185% of poverty

VIII. APPENDIX:
 Sliding Fee Scale
 Alamance County Health Department Service Eligibility Policy

A motion was made by Dr. Michael Blocker to approve the Fee Policy as presented. The motion was seconded by Dr. Donald Courtney and was approved by the board unanimously.

B. Request for Approval of Changes to Service Eligibility Policy

Mr. Bass presented the board with revisions to the Service Eligibility Policy:

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S HEALTH IN ALAMANCE COUNTY”



Alamance
County
Health
Department

EveryWhere.EveryDay.EveryBody.

Service Eligibility Policy
(includes Identification of Clients)

APPROVAL DATE BY BOARD OF HEALTH:

3-09

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Service Eligibility Policy		Policy Number:		
Approved by:	Alamance County Board of Health		Program Area:	Personal Health	
Effective Date:					
Revised Date:	3-2009	3-2010			

I. GOAL

A. To establish policy and procedures for the determining eligibility for services offered by the Alamance County Health Department.

II. PURPOSE

A. To ensure that all clients who wish to receive services are treated equally.

III. REFERENCES

Formulation of Policy and Procedures
 North Carolina Public Health fees for health department services are authorized under NC G.S. 130A-39
 NC G.S. 150A authorizes Debt Set-Off program
NC G.S. 42 CFR 59 Grants for Family Planning Services
Title X Regulations (January 2001), section 6.3
DMA guidelines for Medicaid and Family Planning Waiver Clients

IV. DEFINITIONS

- A. Alias - otherwise called; otherwise/also known as; aka
- B. Economic Unit- number of individuals living at an address, who work and either divide expenses equally or pool expenses.
- C. Essential service- services that the State shall assure because they are essential to promoting and contributing to the highest level of health possible for the citizens of North Carolina (§ 130-A-1.1, (b))
- D. Proof- certified (genuine), valid (official, such as drivers license, insurance card, immunization record), and current (recent, within the last 60 days or with valid dates such as with a drivers license).
- E. Residency- where a person lives, (not a post office box). Proof provided may be in another family member's name or another member of the household other than the applicant, the proof can represent each applicant in the family.

V. FOCUS POPULATION

A. The focus population for this policy includes all clients of the Alamance County Health Department.

VI. POLICY

A. In order to be consistent and fair in determining service eligibility for the people in the community, the Alamance County Health Department will require proof of identification, residency and income as part of the eligibility process. Persons requesting services in a program where Federal/State rules prohibit financial and

Alamance County Health Department

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Approved by:	Alamance County Board of Health			Program Area:	Personal Health
Effective Date:					
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residency requirements or where eligibility is not an issue shall be exempt from residency and financial proof only. Identification will still be required. At no time can this policy create a barrier to an essential service.

VII. SERVICE PLAN

PROOF OF IDENTIFICATION

Upon initial eligibility request proof of identification and place a copy in the patient medical record. Should there be a name change, a copy of the new proof of identification should be made and placed in the medical record.

The following may be used as proof of identification:

- Medicaid Card
- Social Security Card
- Driver's License
- Insurance Card/Policy
- NC Health Choice ID
- Paycheck with their name (less than 60 days old)
- Bill in their name (less than 60 days old)
- Health Record
- Work ID With Photo
- Official Student ID With Photo
- Passport (no date limitation)
- Military Card
- Birth Certificate
- WIC Folder

If no proof of identity is available due to theft, loss, or disaster, an individual is homeless, a migrant, document the reasons for the no proof on the Patient Registration Form (PAPS).

Upon subsequent visit, request one form of acceptable proof of identification.

USE OF PERSONAL DATA CONTINUATION SHEET

- a. Upon registration, or at any time during the client's care, if the client requests the use of an alias name, they will be required to complete the "Personal Data Continuation Sheet".
- b. The "Personal Data Continuation Sheet" will allow for the use of only one alias name by the client.
- c. Staff will enter the alias name on the "alias" line of the patient registration screen.
- d. The "Personal Data Continuation Sheet" will be filed in the client medical record under the "Patient Data" tab.

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- e. New patient labels, which include the alias name, will be printed and placed on the outside of the medical record and on all current any new forms in the medical record.
- f. All forms of correspondence completed on behalf of the client (i.e. work notes, disability forms, etc) will include both the name under which they are registered and the alias name. The format for use of both names will be:
 Patient: Susie Jones aka Susan Smith
- g. If the client wishes to change the alias name being used to another name, this may be done. The client will be required to complete a new "Personal Data Continuation Sheet" at the time of the new request. Use of all prior "alias" names will be discontinued at that time.

PROOF OF RESIDENCY

Upon initial eligibility, request proof of residency and document on the Patient Registration Form (PAPS). If address changes, request proof of new residency.

Proof of residency must be at least one acceptable form such as:

- Medicaid Card with address
- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60 days old)
- Bank Statement
- Pay check stub
- Driver's License or DMV identification
- Third party Confirmation Letter (with client's routine nighttime address and signed on behalf of the participant who may be living in a shelter, facility, or a migrant/farm worker living on a farm.)

If no proof of residency is available due to theft, loss or disaster, an individual is a homeless individual, a migrant or a transfer with no proof, document the reasons for no proof of residency on the Patient Registration Form (PAPS).

PROOF OF INCOME

Proof of income is required annually, or upon income and family size changes, for personal health services (unless prohibited by State and Federal regulations) subject to sliding fee charges for Medicaid-covered services. At **each visit** inquire about income and work place. Should either change, request proof of income. **Verification of income is based on family size and income of the economic unit. We are not required to retain copies of proof of income provided, with exception of the Third Party Confirmation Letter.**

One of the following is acceptable proof of income:

Alamance County Health Department

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- Check stub
- Recent tax statement if self-employed
- Current Leave and Earnings Statement
- Letter from employer stating gross income and frequency
- W-2 forms or income tax return for most recent calendar year
- Alimony/Child Support payments (court decree or copies of check)
- Unemployment letter or notice
- Social Security Income Stub
- Foster child placement letter/foster parent award letter with amount received for foster care
- Third Party Confirmation Letter (See Attachment and file in medical record)

Verification of Income – In cases where documentation of income is questionable, staff should attempt to verify the documentation through another source e.g. employer verification of wages, local welfare office verification.

Client's whose income falls at or below the poverty level will not be charged (with the exception of flat fee services)

Voluntary donations to the agency will be accepted

THIRD PARTY CONFIRMATION LETTER

A client reporting no income must have Third Party Confirmation Letter from a reliable third party such as social services staff, church, relief organization, legal aid society, school counselor or school nurse. Health Department employees, relatives of the applicant or members of the economic unit cannot be third party verifiers. The Third Party Confirmation letter must be signed, dated and a telephone number must be included. This letter will be filed in the medical record.

If no proof of income is available due to theft, loss, or disaster, an individual is a homeless individual, a migrant and applicants paid in cash whose employer(s) will not document on paper the applicant's income, document the reasons for no proof on Patient Registration Form (PAPS).

Failure to bring proof of income or Third Party Confirmation letter will result in the individual being charged 100% (with the exception of Family Planning services*). Charges will remain at 100% if proof of income is not presented within 45 days.

* Clients seeking Family Planning services are not required to provide written documentation of income. If when asked for income verification, a client refuses to produce written documentation, verbal documentation is sufficient. Document that verbal documentation was given on the patient financial record.

Alamance County Health Department

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EXCEPTIONS:

CONFIDENTIAL SERVICES REQUESTED BY ANY CLIENT WILL BE DETERMINED AS A UNIT OF ONE. (No income verification is required) *(REVISED 9/1/07)*

STUDENTS REQUESTING SERVICES, EITHER LIVING ON CAMPUS OR AT HOME, WILL PROVIDE PROOF THEY ARE A FULL TIME STUDENT AND WILL BE DETERMINED A UNIT OF ONE. A DECLARATION OF INCOME WILL BE GIVEN.

SSI (Supplementary Security Income) and/or earnings on savings accounts, will not be counted as income.

INSURANCE AND THIRD PARTY BILLING

A client who has been determined to have third party coverage (insurance, Medicaid and/or Medicare coverage) and does not present information (card), will be considered as self-pay and income applied to the sliding fee schedule. After 45 days it becomes the responsibility of the patient to file insurance.

Failure to present Medicaid Card within 6 months from date of service will result in patient being responsible for account balance as determined by the sliding fee schedule.

The sliding scale is not applied to co-pays when billing private insurance. The health department is exempt from requirements for collecting a Medicaid co-payment. All bills to third parties (including Medicaid) will be for the full amount without applying any discounts.

COLLECTION OF REVENUE PROCEDURES

It is the policy of the Alamance County Health Department to attempt to collect for fees incurred for services rendered at the time the service is provided. The patient will be informed of any outstanding balance at each visit. *Family planning clients will be given a statement of services rendered including any sliding scale discounts applied.* At the time of each visit the client will be asked if they are paying by check or cash, or credit card. Established procedures for accepting payments and issuing receipts will be followed. Options available to clients who cannot satisfy the balance owed include making arrangements for reasonable monthly payments. A mailing envelope will be given to the client.

Statements of client accounts will be mailed no less than quarterly, provided confidentiality is not jeopardized. At the same time patients will be notified failure to make regular payments may result in further action. *Accounts receivable reports are run every other month and identify accounts that are 30, 60, 90, 120 and 121days + in age.*

Alamance County Health Department

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Client(s) will be informed at the time of service that they may be charged for some outside laboratory services.

The Alamance County Health Department participates in the Debt Set-Off (DSO) program. This program allows for overdue accounts (no activity for a period of 1 year) to be submitted to the NC Local Government Debt Setoff Clearinghouse. If a client whose account has been submitted to this program, receives a federal tax refund, all or a portion of that return may be withheld to pay the debt owed. Additional fees will be added by the NC Local Government Debt Setoff Clearinghouse as part of the debt withheld from the income tax return. This process will continue until the debt is paid in full. If a client chooses, they may pay the debt themselves to avoid their tax return being withheld.

Any debt that has been submitted to the DSO program will be maintained on the health department books for a period of 10 years (which is the maximum length of time the debt can remain in the DSO program). If at any time during that 10 year period, a payment is received, this amount will be posted on the client's account and the DSO program will be notified of the payment. Clients who have been submitted to the DSO program will not receive a regular statement from the health department.

SERVICE LIMITATIONS

No services will be limited or denied due to "inability to pay". Inability to pay is determined by the use of the sliding fee schedule and the income of the economic unit.

Exception: Due to a Title X ruling, the Alamance County Health Department will not limit, deny or fail to provide any emergency services for Family Planning patients who have been determined at 250% or below on the poverty scale.

Documentation of an outstanding balance will be noted on the Patient Registration screen. Client(s) with outstanding balances will be referred to the Cashier at each visit to the health department.

BAD DEBT WRITE-OFF

A bad debt is defined as an outstanding balance in which **1 year** or more has elapsed since the last date of any activity on a client's account. Bad debts under \$50.00 will be written off at the end of each fiscal year (June 30).

If a client returns for services within 1 year after bad debt has been written off, the debt amount will be added back to the client's account. At no time will the client be informed that a bad debt had been written off.

Alamance County Health Department

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VIII. APPENDIX

- A. Alamance County Health Department Personal Data Continuation Sheet (A1-English and A2-Spanish)
- B. Instruction Sheet: Use of Personal Data Continuation Sheet
- C. NC Local Government Debt Setoff Clearinghouse Manual
- D. NC General Statute 130A
- E. Alamance County Health Department Fee Policy

A motion was made by Ms. Kara Marshall to approve the Service Eligibility Policy as presented. The motion was seconded by Dr. Michael Blocker and was approved by the board unanimously.

Mr. Bass reminded the board about their approval of a \$10 fee for pregnancy tests given. Since that fee was approved, ACHD has collected about \$1,000 and there was actually a slight increase in the number of tests administered. Mr. Bass will continue to keep the board informed on this matter.




C. Request for Approval of the 2009 State of the County Health Report

Mr. Eric Nickens reviewed the 2009 State of the County Health Report and requested approval of it from the board:

ALAMANCE COUNTY

STATE OF THE COUNTY HEALTH REPORT

DECEMBER 2009

ALAMANCE COUNTY DEMOGRAPHICS-AT A GLANCE

Below you will find the demographics for Alamance County and the state of North Carolina, according to the US Census, The Annie E. Casey Foundation-Kids Count Data Center, and the Employment Security Commission of North Carolina. Alamance County consists of nine municipalities. Burlington is the most populated city in the County, and Graham is the County's second most populated.

Demographics	Alamance County	North Carolina
Population (2008 est.)	148,053	9,222,414
White	67.88%	67.21%
African American	18.42%	21.20%
Hispanic/Latino	11.26 %	7.43%
Asian	1.21%	1.88%
American Indian	0.30%	1.13%
Other Ethnicity	0.93%	1.15%
Median Household Income (2008)	\$42,822	\$46,549
Mean Household Income (2008)	\$55,239	\$63,005
Per Capita Income (2008)	\$23,012	\$25,215
Persons Below Poverty (2008)	18%	15%
Persons without Health Insurance (2008)	17%	16%
Children Living in Poverty (under 18yrs old) (2007)	18%	20%
Households that Received Food Stamps (2008)	5,243	344,069
Unemployed (Sept. 2009)	12%	10%
Students Eligible for Free & Reduced School Lunch (2007)	54%	55%

IN THIS REPORT:

- *Statistical Update 1-2
- *Ongoing Public Health Work 3-5
- *Priority Area Progress 6-13
- *Emerging Issues 14

This SOTCH Report will be disseminated directly to the Alamance County Board of Health, Healthy Alamance Board of Directors, Alamance County United Way, Alamance County Community Council Members, Alamance County Libraries, Alamance-Burlington Schools, and Alamance Regional Medical Center. The information compiled in this report will be posted on the Alamance County website, www.alamance-nc.com, and the Health Alamance website, www.healthyalamance.com. A press release will be issued to all local media summarizing the contents of this report. To obtain more information about this SOTCH please contact Alamance County Health Department (336) 227-0101. To become more involved with the local initiatives please contact Healthy Alamance (336) 513-5590. Your time in reading this report is appreciated.

MORBIDITY-COMMUNICABLE DISEASE

Since the 2008 State of the County Health Report many of Alamance County's communicable disease rates have not significantly changed according to the latest trend data from the North Carolina State Center for Health Statistics.

Disparities

- Incidence rates for syphilis, gonorrhea, and AIDs are higher among minorities compared to the total rate for Alamance County.
- The minority gonorrhea rate, although higher than the total rate, continues to decline; from 630.0 in 2001-2005 to 581.3 in 2003-2007.
- The minority syphilis rate, though it remains higher than the total Alamance County rate and higher than the state rate, has continued to decrease from 9.8 in 2001-2005 to 8.2 in 2003-2007.

Communicable Disease Rates per 100,000 population (2003-2007)	North Carolina	Alamance County Rate
AIDS Rates	12	8.6
Gonorrhea	181.9	160.7
Primary & Secondary Syphilis	2.9	2.2

Strengths

- Alamance County's five year AIDS rates have slightly decreased from 9.1 per 100,000 in 2001-2005 to 8.6 per 100,000 in 2003-2007.
- Alamance County's gonorrhea rate remains steady at 160.7 per 100,000 compared to 161.6 per 100,000 in 2002-2006 and is significantly lower than the state rate of 181.9 per 100,000.

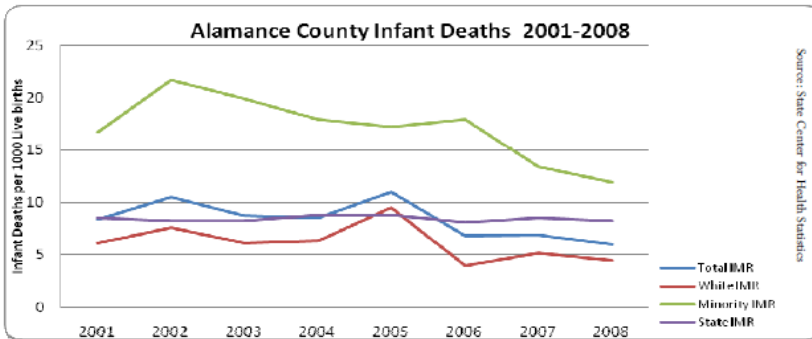
MORTALITY

Rank	ALAMANCE / Total Deaths
1	Cancer – All sites / 313
2	Heart Disease / 296
3	Cerebrovascular disease (stroke) / 100
4	Chronic lower respiratory disease / 73
5	Alzheimer's disease / 53
6	Other Unintentional injuries / 40
6 (t)	Diabetes mellitus / 40
8	Nephritis, nephrotic syndrome, & nephrosis / 37
9	Pneumonia & influenza / 22
10	Motor vehicle injuries / 21

The most recent data available from the North Carolina State Center for Health Statistics (2006) reveals that the leading causes of death in Alamance County are similar to those in counties across the state and nation. Cancer is the leading cause of deaths, heart disease accounted for 22% of deaths and stroke accounted for 7.4%. More than half of the deaths in the county were from one of these three causes. The rates for 2007 and 2008 should be available in January 2010 and can be accessed <http://www.schc.state.nc.us/SCHS/>.

INFANT MORTALITY

Infant mortality is defined as a death that occurs before an infant’s first birthday. Alamance County’s infant mortality rate for 2008 was 6.0 infant deaths per 1,000 live births. This marks the third year that Alamance County has achieved an infant mortality rate significantly lower than the previous five years. In addition, this is the third consecutive year that the county rate is lower than the state rate of 8.2 infant deaths per 1,000 live births. In 2008, the county reported 12 infant deaths. The state of North Carolina reported a total of 1,066 infant deaths in 2008. The white infant mortality rate for Alamance County decreased from 5.1 deaths per 1,000 live births in 2007 to 4.4 deaths per 1,000 live births in 2008. The infant mortality rate among minorities decreased from 13.4 deaths per 1,000 live births in 2007 to 11.9 deaths per 1,000 live births in 2008. The minority infant mortality rate has seen a downward trend for the last six years. However, the minority infant mortality rate in Alamance County is more than two times greater than the white infant mortality rate.



CenteringPregnancy®: In August 2009, Alamance County Health Department (ACHD) began offering CenteringPregnancy® prenatal care to maternity clients in an effort to improve birth outcomes. CenteringPregnancy® alters routine prenatal care by bringing women out of exam rooms and into groups for their care. Women have their initial OB visit in a traditional setting at which time they are invited to join 10-12 other women with similar due dates in meeting together regularly for prenatal care and health education. The groups form between 12 and 16 weeks of pregnancy and continue through the early postpartum period meeting every month for the first four months and then bi-weekly. Women learn not only from the facilitator but, more importantly, from one another and their own experiences. The inaugural ACHD group consists of nine maternity patients with varying backgrounds. Studies involving other sites have found that participants were less likely to experience preterm birth, maintained preterm pregnancies longer, had better birth weight outcomes, and initiated breastfeeding at a higher rate compared to traditional prenatal care participants (Ickovics, 2003 & 2007). In addition, participants have shown an improvement in prenatal knowledge and readiness in baby care compared to traditional care (Ickovics, 2007).

In 2007, the HEY Ladies program was created using targeted Infant Mortality Reduction Grant funds. HEY Ladies is a preconception health education program utilizing motivational interviewing to help individuals with behavior change.

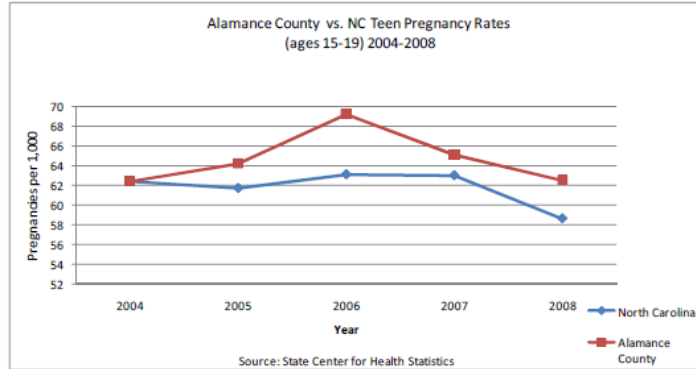
Since 2007, the HEY Ladies program has conducted over 1000 health education counseling sessions. Over 740 Multivitamins with folic acid and 560 wellness prescriptions have been distributed.

In 2008, using grant funds, the Healthy Beginnings Program began. This program works to improve social networks and social capital among African American women of childbearing age in an impoverished zip code.

Over 50 women have been served by the Healthy Beginning Program with ages ranging from 16-48 years. Services and classes offered include Financial Literacy, Self Esteem, Anger Management, Nutrition, Physical Activity, and SIDS prevention.

TEEN PREGNANCY

The Alamance County teen pregnancy rate decreased again in 2008 to 62.5 pregnancies per 1,000 girls aged 15-19 compared to 65.1 in 2007. Though the rate keeps decreasing in Alamance County, it still remains higher than the state rate of 58.6 in 2008 and 63.0 in 2007. In 2008, among girls ages 10-14, six pregnancies were reported compared to 14 pregnancies in 2007. There were 349 pregnancies among girls ages 15-19 in 2008 compared to 356 pregnancies in 2007. Strides are continuously being made to reduce the teen pregnancy rate in Alamance County.



In addition to the ongoing Teen Outreach Program (TOP) that has been implemented in Alamance County since 2003, progress is being made to increase parent-child communication. TOP, in collaboration with the Adolescent Health Partnership and Healthy Mothers, Healthy Babies Coalition of Alamance County (HMHB), hosted a Mother N' Daughter Walk-A-Thon. Participants walked a half mile trail and participated in a fact

finding scavenger hunt along the trail. They were given a set of questions regarding at-risk behaviors they had to answer using information posted on signs around the trail. The information included state and county statistics, pregnancy and STD information, abstinence, alcohol and drug information, self-esteem tips, and resources for teens. One of the community partner members translated the scavenger hunt questions and answers in Spanish to better serve the Hispanic community. Teens and parents also had an opportunity to visit booths representing agencies and organizations offering services for youth across Alamance County. The Mother N' Daughter Walk-A-Thon event was a strong and positive step towards preventing teen pregnancies and other health concerns for mothers and daughters in Alamance County.

To coincide with this event, TOP worked with community partners to purchase billboards to be posted throughout Alamance County which focused on parent-child communication with their children and served to kick off teen pregnancy prevention month. The billboards posted throughout the county featured this message "Every Morning an Alamance County Teen Wakes up Pregnant, Talk to Your Kids before it's Too Late". This message was launched to raise awareness about teen pregnancy and to encourage dialogue between parents and teens as a prevention tactic. The Alamance News featured an article about how the billboard draws attention to the county's teen pregnancies. The article presented information based on the 2007 reported pregnancy data. This article and the billboards made the community aware of the current teen pregnancy state in Alamance County and how much remains to be done.



AIR QUALITY

According to the 2007 Community Health Assessment (CHA), Alamance County has high levels of fine particle pollution, which is formed when gases from fuel react with sunlight and water vapor. This pollution has important health consequences for asthmatic children and the community at large. The EPA's acceptable cancer level due to pollution is one case in a million. The risk in Alamance County is 226 times greater than the acceptable level. While our proximity to the interstate is surely one cause of this problem, our own actions, such as idling, can exacerbate the issue.

According to the Alamance Burlington School System, there were a total of 1539 students with parent-reported asthma for the 2008-2009 school year, and the school system's medication survey showed 464 students taking asthma medications. Alamance County's hospitalization rate for childhood asthma was 5% higher than the state rate in 2005. According to Alamance Regional Medical Center, there were 238 children under the age of 18 that visited the hospital between October 2008 and September 2009 with asthma related symptoms, 173 of those had gone to the emergency department.

Because of the above facts, Alamance County community partners formed the Healthy Alamance Child Asthma Coalition. The Coalition continues to keep the community informed about the quality of air they breathe by seeking to reduce the burden of asthma in Alamance County through public awareness, education, and administration of asthma related activities. In October 2009, the Coalition was awarded the Enhancing Local Asthma Efforts grant to raise awareness on air quality. The current Air Quality Awareness Flag program will expand to include 26 additional community sites and place Air Quality Awareness magnets on all 16 Environmental Health vehicles. Anti-idling signs will be purchased and displayed at prominent drop-off and pick-up locations throughout the county. These signs will serve as a reminder to bus drivers, parents and caregivers the importance of turning off their car when waiting for their child.



Substance Abuse

Tobacco Prevention

Healthy Alamance Substance Abuse Task Force (SATF)



North Carolina, now serving smoke-free air!

On May 19th 2009, Governor Perdue signed House Bill 2, Prohibiting Smoking in certain public places into law. HB2 will go into effect on January 2nd, 2010 and provide protection from secondhand smoke in restaurants and bars across the state. HB 2 also authorizes some expansion of local control so that local governments can pass local ordinances restricting smoking in some other public places, including some worksites. The General Statute 130A-497, otherwise known as North Carolina's Smoke-Free Restaurants and Bars Law, was put into place because the NC General Assembly reviewed the finding that secondhand smoke has been proven to cause cancer, heart disease, and asthma attacks in both smokers and non-smokers. In 2006, the United States Surgeon General reported that "there is no risk-free level of exposure to secondhand smoke." This means that breathing in even a small amount of smoke from someone else's cigarette, cigar, or pipe could be harmful to you. The new law will protect people from the harm caused by secondhand smoke. The Alamance County Health Department will be working closely with business owners in regards to HB 2 legislation. To learn more, the state has developed a new website dedicated to educating the public on this issue, please visit: <http://www.smokefree.nc.gov>. The Healthy Alamance Chronic Disease Coalition, Child Asthma Coalition, and Substance Abuse Task Force have all been working hard to educate and advocate for smoke free workplaces and restaurants. On behalf of these committed volunteers and health professionals we would like to thank the representatives in Raleigh who supported HB 2.

The SATF acts as an advisory board for the administration of the Alamance-Caswell-Rockingham LME's NC Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation Initiative grant. Phase III concluded in June 2009, and Phase IV of this grant runs from July 2009 through June 2012. A variety of tobacco prevention activities are conducted through this grant and the SATF, including youth empowerment, support for the Tobacco-Free Schools policy in the Alamance-Burlington School System, merchant education, the award-winning smoke-free restaurant campaign, community education, and parent education.

ActUp, is Alamance County's TRU group. TRU – Tobacco.Reality.Unfiltered – is a statewide youth movement promoting tobacco use prevention and cessation among young people. ActUp is composed of teens from ABSS high schools and continues to expand its membership. The teens are trained in tobacco-related topics, from Tobacco 101 to Advocacy 101, and are actively involved in the planning and implementation of tobacco prevention programming in ABSS and across the county.

The SATF and ActUp continue to promote public knowledge of the ABSS 100% Tobacco-Free Schools Policy and also work with ABSS to promote best practices to increase compliance with the policy. The LME promotes cessation resources available to students and staff from Quitline NC, in-school through Not-On-Tobacco classes for teens, and cessation classes for adults through Alamance Regional Medical Center (ARMC) and the Alamance County Health Department (ACHD).

Tobacco Prevention

The LME continues to work with the local Alcohol Law Enforcement (ALE) to ensure that tobacco and alcohol merchants are educated on the laws surrounding the sale of age-restricted products. In the summer of 2009, ActUp visited 22 local tobacco retailers to promote the Red Flag campaign, which encourages the careful checking of ID for age-restricted products, and to conduct StoreAlert surveys, in which tobacco ads are identified and counted within stores. Half of the stores surveyed received failing grades for StoreAlert because they had too many ads or ads that were too accessible to youth (i.e. child eye level, or near candy).

To get involved with ActUp, contact AlamanceTRU@gmail.com. For more information on the SATF, please contact Healthy Alamance.

For resources to help you quit please contact, NC Tobacco Use Quitline.



Substance Abuse

Alcohol Prevention

Underage Drinking Prevention

Healthy Alamance Substance Abuse Task Force

Elon Community Coalition to Prevent Underage Drinking

Last year The Healthy Alamance Substance Abuse Task Force was awarded one of eight North Carolina Coalition Initiative (NCCI) grants that would build capacity of community coalitions to develop a strategic prevention framework leading to the development of environmental strategies to reduce substance abuse.

As a result of this funding, the Elon Community Coalition to Prevent Underage Drinking formed to narrow the geographic focus and to serve as a prototype of underage drinking initiatives that could be replicated in other parts of the county. This community was identified based on the unique needs of the area, support from local law enforcement, the school system and local university. This community includes both urban and rural areas including the Town of Elon, west Burlington and the northwestern parts of Alamance County.

The Elon Community Coalition to Prevent Underage Drinking partners with the Healthy Alamance Substance Abuse Task Force in addressing many issues related to substance abuse as well as other health and social issues that that impact the well being of all citizens in Alamance County

Below is a snapshot of recent projects:

- Working closely with Alamance Burlington School System, Elon University, and various other youth groups such as : Alamance County Youth Advisory Council, ABSS DREAM Team, and Elon's Peer Educators.
- Implemented several Community Awareness campaigns including the 0-1-2 Campaign. This is defined as 0 drinks for those under 21, those who are driving, are pregnant or in recovery. For those over 21, who choose to drink alcohol, the recommended daily use is 1 standard drink per day for women and 2 standard drinks for men (a standard drink is 12oz. beer, 5oz. Wine and 1.5oz. 80 proof spirits).
- Talk It Up-Lock It Up is part of the SAFE HOMES program where parents pledge to provide adult supervision and not serve alcohol to underage youth in their homes or property, secure alcohol,, prescription drugs, firearms and other hazardous items and to encourage communication with other parents. Talk It Up-Lock It Up encourages parents to lock up their alcohol, to monitor the alcohol in their homes and of purchase large quantities of alcohol that is not secured.
- Conducted alcohol purchase surveys where a person over age 21 attempts to purchase alcohol in local retail establishments. The goal is to determine stores that would sell to a youthful appearing person without checking for proper identification and refusing to sell without proper identification. The coalition is noting an improvement with those establishments who comply with the law since the surveys began in 2006.

Alcohol Prevention



Members of the *Alamance County Youth Advisory Council* receiving United Way's Outstanding Volunteer Award for their work in addressing underage drinking in the community!

- Currently conducting community conversations with a range of citizens regarding their views and behavior around alcohol. The goal is to identify issues and trends of community members' concerns to be used for strategic planning purposes as well as increase the awareness about the issue of alcohol and underage drinking in the community.
- The coalition has also been active in policy advocacy providing educational efforts to support increasing the beer tax, a proven method to reduce the use of alcohol by underage, price sensitive youth and advocate keeping the legal drinking age at 21, to counter a national movement from the Amethyst Initiative to lower the legal drinking age.
- Red Ribbon Week activities received media attention via 4-TV spots including: History of the Movement, K-9 Demonstration, Plant the Promise, Community Resources & Pray for the Children.

To get involved with the Elon Coalition, please email kwebb7@bellsouth.net

CHRONIC DISEASE

The Healthy Alamance Chronic Disease Coalition continues to be active since established because chronic disease remains a top priority. It was formed to encourage disease prevention and reduce health disparities related to Heart Disease/Stroke, Cancer, and Diabetes. The group works in three subgroups: programs, policy, and media. Educational sessions for coalition members have been conducted bi-monthly on topics such as cancer, diabetes, physical activity, tobacco and participatory research.

Below are some accomplishments from 2009.

- Alamance & Graham Downtown Walking programs have been ongoing for 6-weeks both in the fall and spring, resulting in over 100 participants.
- Healthy Alamance was recertified as a Healthy Carolinian Partnership.
- Hillcrest Elementary School received the Fruit and Vegetable grant from the USDA. The Alamance County Health Department and Healthy Alamance have partnered with the school system on this initiative.
- Healthy Alamance is now on Facebook.
- The Health Department continues to promote wellness through programming at child care centers and industries.
- Implemented an annual Winter Moving Fest to engage the community in physical activity in the wintertime in partnership with the City of Graham. (Photos from the event are below.)



CHRONIC DISEASE

Healthy Alamance was recognized by the state for work done in the faith community surrounding diabetes prevention with the Charles Blackmon Leadership Award for Eliminating Health Disparities in October 2009. The Being Healthy Counts to HIM program and Faith Based Initiative continue to be dynamic in the county. A Faith Forum is being planning for 2010 in which church leaders can come together and receive education on how to start a health ministry. This program was also recognized by NC State University and was presented at the Annual Southeast Chapter of the American College of Sports Medicine (SEACSM) in February 2009.



The Alamance County Health Department, Healthy Alamance, along with Elon University and Alamance Burlington School System have been working with the City of Burlington on the second year of funding through the FIT Community Grant, funded by the NC Health & Wellness Trust Fund and managed by Active Living by Design. The program, called North Park in MOTION, has truly taken shape in East Burlington where the year two activities are taking place. Opportunities for dance, walking, biking, and leadership are underway.

The Alamance County Health Department in partnership with Cooperative Extension had their first on-site Community Garden Program this spring and continued the weekly Farmers Market.



To get involved with the Chronic Disease Coalition please contact Healthy Alamance at 336-513-5590.



TRANSPORTATION**Study deems public transit possible for Alamance County in 2011**

[By Michael D. Abernethy / Times-News](#)

August 16, 2009

Results of a privately funded study show the possibility of fixed-route public transit in Alamance County by July 2011.

The 50-page report, which includes guidance for funding and routes, will be presented to the Burlington-Graham Transportation Advisory Committee, a board of local officials that works with the state on transportation issues. The report gives a timeline for three phases of bus service, beginning with park-and-ride service in October 2010 and expanding to fixed-route service by 2011.

The report was created using a 2006 feasibility study and input from residents in Burlington, Graham, Mebane, Elon, Gibsonville and Haw River, as well as the Piedmont Authority for Regional Transit — which runs bus service in Triad counties. PART is currently in talks with Burlington and Alamance County officials to start a commuter park-and-ride service here.

The city of Burlington has earmarked federal grants and stimulus money that would pay for buses and build three park-and-ride lots in Alamance County near Interstate 85/40, said City Manager Harold Owen. The City Council has endorsed a park-and-ride system, which hinges on action and additional taxes enacted by the Alamance County commissioners. The council has not endorsed a fixed-route transit system.

The study was funded by the Hayden-Harman Foundation, a private, nonprofit organization that supports large-scale projects in and around Alamance County. Kurt Neufang, with Charlotte-based planning firm URS Corporation, completed the report.

Patrick Harman, Executive Director of the Hayden-Harman Foundation, says the report is meant as a guide for local governments to move forward with planning and paying for public transit.

Bus fare would be \$1.25, with seniors and the disabled paying 60 cents per trip. The 2006 study estimated 150,000 passengers within the first year of service, growing to about 185,000 passengers in the second year.

Fares would only cover about 12 percent of the cost needed to pay for busses, fuel and maintenance. Most of the funding would come from a \$1 addition to local vehicle taxes. That measure has been discussed but not yet approved by the Alamance County commissioners.

It will take about \$3.8 million to pay for buses and park-and-ride lots for startup. A longer-range outlook shows a \$700,000 to \$800,000 annual financial commitment that would be shared between the county and municipalities.

A public transportation implementation study funded by the Hayden-Harman Foundation shows the possibility for fixed-route bus service as soon as July 2011. The study will be presented to local officials this week and includes the following steps:

TRANSPORTATION

- Phase IA — Park and Ride, October 2010
Shuttles to and from three park-and-ride lots, provided by Piedmont Authority for Regional Transportation, would begin bus service in Alamance County. The lots would be close to Interstate 85/40, near Alamance Regional Medical Center in Burlington, between N.C. 87 and N.C. 54 in Graham and near the Mebane Oaks Road exit in Mebane. The park and ride service would connect commuters to bus services in Greensboro and Winston-Salem and to Chapel Hill and the Triangle.
- Phase IB — Local feeder service, January 2011
Three feeder routes would take people to and from the park-and-ride lots to downtowns, shopping areas and the hospital. University Drive, Huffman Mill Road, Webb Avenue, and North Church Street to U.S. 70 East would be the major routes for picking up passengers at Elon University, ARMC, Alamance Crossing, downtown Burlington and Graham, Haw River and Mebane.
- Phase II — Fixed-route service, July 2011
Seven fixed-route shuttles would run hourly and half-hourly service. They are: Burlington-Gibsonville; Burlington-Graham-Mebane; West Church; East Burlington; Feeder Service Route 3, from east Burlington to Mebane; Burlington-Elon; and Elon-Alamance Crossing.

The Transportation Task Force that was formed after the 2007 Community Assessment has worked hard to educate and advocate for the development of public transportation in Alamance County. As a result, over 1,000 people signed a petition in 2009 in support of public transportation for Alamance County.

Public PetitionIn support of Public Transportation in Alamance County

To: All governing councils within Alamance County, NC

- Alamance County Commissioners
- Burlington City Council
- Graham City Council
- Town of Elon Board of Aldermen
- Town of Gibsonville Board of Aldermen
- Mebane City Council
- Town of Haw River Council

We, the undersigned petitioners, support the recent efforts of our local officials to learn about and discuss the development of a public transportation system within Alamance County.

We, the undersigned petitioners, support the effort of the Burlington City Council and Alamance County Commissioners to partner with the Piedmont Authority for Regional Transportation (PART) to develop a park-and-ride service for Alamance County.

We, the undersigned petitioners, request that our local governing councils support the development of a fixed-route service within Alamance County through capital investment, collaboration among municipalities, grant funds, and dedicated revenues.

We, the undersigned petitioners, believe a fixed-route service would be of the greatest benefit for us and our neighbors. A fixed-route service would allow us and our neighbors to access services, commute to work, maintain our independence, and meet everyday household needs while saving money.

We, the undersigned petitioners, commit to using a fixed-route service when implemented in Alamance County.

H1N1

In April 2009, a new flu virus was first detected in people in the United States. First called "swine flu", the virus is now identified as 2009 H1N1 flu. This virus is spread from person-to-person worldwide and was declared a pandemic on June 11. This was the first pandemic flu virus in more than 30 years, but no surprise to the Health Department, who has had a pandemic flu plan for several years.

Right away, the ACHD Epidemiology team stood up a response that coordinated efforts to reduce death, disease, and social disruption from this illness. The Health Department was the lead agency in a unified command with many local agencies. In a rapid pace of information and briefings, local public health and local emergency response partners gathered information about the unfolding situation and began an on-going public information campaign. Activities included delivering isolation and quarantine orders, and when those were no longer useful, establishing criteria for increased vigilance and recommendations for schools, child care centers, businesses, and area providers.

Human infections with 2009 H1N1 are ongoing in Alamance County. Unlike seasonal flu, most cases are children and young adults. In most cases, the virus is causing mild to moderate illness. In the beginning, the Health Department activated isolation and quarantine plans to contain the disease and coordinated testing and reporting of suspect and probable cases. By June, person-to-person transmission was established locally, so our strategy shifted away from testing to enhanced surveillance in schools and childcare centers, along with providing education and recommendations in a variety of settings about community mitigation and social distancing measures that will limit the spread of disease.

Most people who have become ill with this new virus have recovered without requiring medical treatment. In May and October, the Division of the Strategic National Stockpile (SNS) released assets, including antivirals and personal protective equipment, in case of local shortages.

When the H1N1 flu vaccine became available in mid-October, the Health Department hosted clinics and facilitated distribution in a blended campaign with more than 80 partners, ranging from private practice doctors' offices and pharmacies to worksites and schools.

To date the Health Department has administered over 2200 vaccines to the community, staffed the flu call line, answered hundreds of flu calls in house and kept our clinics going here at the health department, too.

For more information about H1N1 in Alamance County, please visit www.alamanceflu.com


A motion was made by Dr. Michael Blocker to approve the 2009 State of the County Health Report as presented. The motion was seconded by Dr. Donald Courtney and was approved by the board unanimously.

XI. New Business

A. Presentation and Approval of the 2009 Annual Report

Mr. Eric Nickens presented the 2009 Annual Report:

<p style="text-align: center;">Alamance County Board of Health</p> <p>Mr. Eddie Boswell, Commissioner</p> <p>Mr. James Gooch; R. Ph. Pharmacist; Chairman</p> <p>Dr. Donald Courtney; Retired Veterinarian</p> <p>Mr. Michael Steven Venable; Rep. of General Public</p> <p>Mr. Charles Wilson; Rep. of General Public</p> <p>Ms. Kara Marshall, RN, BSN, FNE; Rep. of General Public</p> <p>Dr. Reid Woodard; Optometrist, Vice Chairman</p> <p>Dr. Michael Blocker, MD, MPH; Physician</p> <p>Ms. Lynda Parham Puckett; Registered Nurse</p> <p>Charles D. Huffine, PE Engineer</p>  	<p style="text-align: center;">Emerging Issue</p> <p>In April 2009, a new flu virus was first detected in people in the United States. First called "swine flu", the virus is now identified as 2009 H1N1 flu. This virus was declared a pandemic on June 11. This was the first pandemic flu virus in more than 30 years, but no surprise to the Health Department, who has had a pandemic flu plan for several years. Right away, the ACHD Epidemiology team stood up a response that coordinated efforts to reduce death, disease, and social disruption from this illness. The Health Department was the lead agency in a unified command with many local agencies. In a rapid pace of information and briefings, local public health and local emergency response partners gathered information about the unfolding situation and began an ongoing public information campaign. Activities included delivering isolation and quarantine orders, and when those were no longer useful, establishing criteria for increased vigilance and recommendations for schools, child care centers, businesses, and area providers. In the beginning, the Health Department activated isolation and quarantine plans to contain the disease and coordinated testing and reporting of suspect and probable cases. By June, person-to-person transmission was established locally, so our strategy shifted away from testing to enhanced surveillance in schools and childcare centers, along with providing education and recommendations in a variety of settings about community mitigation and social distancing measures that would limit the spread of disease. In May and October, the Division of the Strategic National Stockpile (SNS) released assets, including antivirals and personal protective equipment, in case of local shortages.</p> <p>When the H1N1 flu vaccine became available in mid-October, the Health Department hosted clinics and facilitated distribution in a blended campaign with more than 80 partners, ranging from private practice doctors' offices and pharmacies to workites and schools. To date the Health Department has administered over 4600 vaccines to the community, staffed the flu call line, answered hundreds of flu calls in house and kept our clinics going here at the health department, too.</p>	<p style="text-align: center;">Alamance County Health Department</p> <p style="text-align: center;">2009 Annual Report</p> <p style="text-align: right;">Alamance County Health Department 319 North Graham-Hopedale Road Burlington, NC 27217</p>
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Program Performance Indicators	New Initiatives	A Message from the Health Director Barry Bass
Total Immunizations.....3,667	There's a new and exciting way to receive prenatal care at Alamance County Health Department. Our maternity clinic is now offering CenteringPregnancy® to women who are having a baby. Centering takes women out of the exam room and allows them to receive prenatal care and education in a group setting without losing any of the benefits of high quality prenatal care.	The Alamance County Health Department continues to provide timely and quality public health services to the residents of our county. We have certainly had our share of challenges this year with the arrival of the H1N1 virus. I was proud of how our staff and our community partners stood together to address this pandemic. The opportunity to establish a coordinated and collaborative preparedness response has provided a truly unique experience for all of us commiserating long hours around many tables.
WIC individual counseling sessions.....9,905	Eight to twelve women with similar due dates meet together on a regular basis, learn skills, take part in discussions and build a social network all while receiving prenatal care. Participants are allowed to become a part of their own care by taking their own weights and blood pressures while providers measure their bellies and check for the baby's heartbeat. Afterwards, the group discusses prenatal topics including nutrition, baby care, stress reduction, self esteem, parenting, and much more. The group style of prenatal care allows women not only to learn from their providers but also from each other.	The health department has implemented some new and exciting programs including CenteringPregnancy®, a nationally recognized best practice, where moms-to-be interact with one another in a group environment for prenatal service delivery. Enactment of the No Smoking in Public Places Law (HB2) should provide cleaner air for all residents visiting restaurants and bars in Alamance County and North Carolina. Our department received some well deserved recognition from the North Carolina Institute of Medicine, as we were featured in the Spotlight on the Safety Net section of the September/October edition of the North Carolina Medical Journal for our Teen Outreach Program (TOP), Targeted Infant Mortality Reduction Grant (TIMR), women's health, mental health services and maternity services we provide.
Family planning clinic visits.....5,852	To learn more about CenteringPregnancy®, visit http://www.centeringhealthcare.org or call the Maternity Clinic at 336-570-3860.	We continue to deal with budget reductions which provide us with a unique opportunity to constantly explore ways to be the most efficient and effective agency that we can be. We understand our accountability to county administrators to be prudent with fiscal and human resources allocated to us and take seriously our responsibility to be good stewards of your tax dollars while providing high quality services. Be assured that we continually seek collaborations with our community partners and, whenever possible, avoid any duplication of services. We will focus on addressing those conditions that make us unhealthy and result in preventable disease conditions. We are committed to reduce existing health disparities and maximize the potential of good health for every citizen in Alamance County.
Maternity clinic visits.....5,823		
Child health visits.....65		
Dental Clinic visits.....6,386		
HIV tests.....3,845		
Sexually transmitted disease clinic visits.....3,227		
Child Service Coordination contacts.....1,509		
Maternal Care Coordination contacts.....3,127		
Newborn home visits.....209		
Total Flu vaccines.....1309		
Environmental Health facility inspections2,122		
Health hazard investigations.....262		
Well inspections.....141		
Animals vaccinated against rabies.....489		
Soil/Site evaluations.....226		
Collected water samples.....1,045		
Specimens tested for rabies.....61		
Confirmed rabies in animals.....4		
Environmental Health Community Trainings.....58		
Health Education/Promotion Encounters.....10,775		
Health Education grants received.....\$53,431		
Lab Tests Performed.....27,832		
<ul style="list-style-type: none"> • State Lab.....11,866 • In House.....13,235 • Lab Corp.....2,741 		

A motion was made by Dr. Michael Blocker to approve the 2009 Annual Report as presented. The motion was seconded by Ms. Kara Marshall and was approved by the board unanimously.

B. North Carolina County Health Rankings 2010

Mr. Nickens presented the North Carolina County Health Rankings 2010:



County Health Rankings

Mobilizing Action Toward Community Health

2010

North Carolina



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

County Health Rankings: 2010 North Carolina

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



Institute of Medicine, 2002

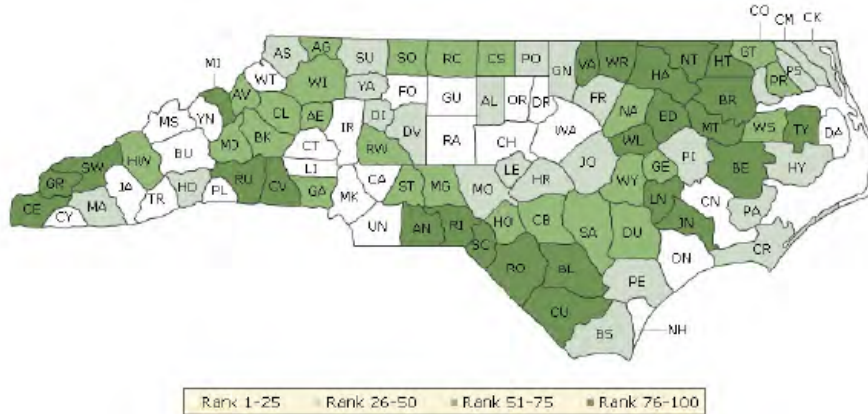
To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

County Health Rankings: 2010 North Carolina

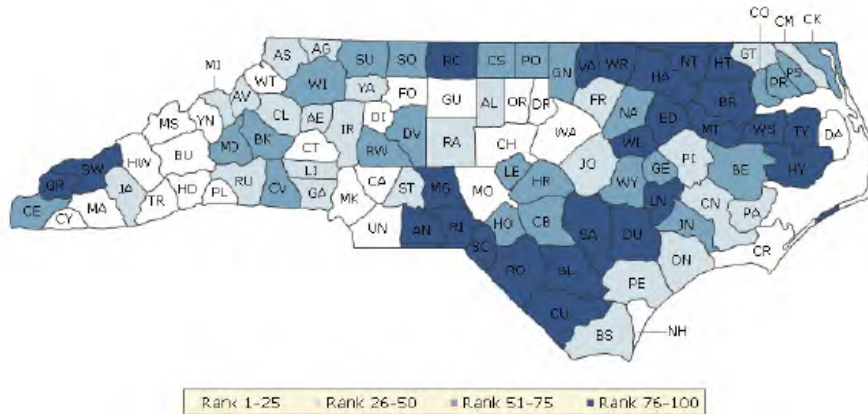
The maps on this page display North Carolina's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



County Health Rankings: 2010 North Carolina

Rank	Health Outcomes	Rank	Health Factors
41	Davidson	41	Randolph
42	Yadkin	42	Rutherford
43	Brunswick	43	Onslow
44	Macon	44	Franklin
45	Pitt	45	Caldwell
46	Lee	46	Avery
47	Person	47	Gates
48	Surry	48	Alleghany
49	Granville	49	Gaston
50	Chowan	50	Johnston
51	McDowell	51	Currituck
52	Avery	52	McDowell
53	Stokes	53	Stokes
54	Cumberland	54	Cumberland
55	Caswell	55	Cherokee
56	Haywood	56	Burke
57	Hoke	57	Wayne
58	Caldwell	58	Davidson
59	Montgomery	59	Lee
60	Alexander	60	Surry
61	Nash	61	Nash
62	Rowan	62	Wilkes
63	Wayne	63	Harnett
64	Wilkes	64	Rowan
65	Washington	65	Cleveland
66	Gates	66	Pasquotank
67	Sampson	67	Beaufort
68	Stanly	68	Jones
69	Greene	69	Chowan
70	Gaston	70	Granville
71	Rockingham	71	Caswell
72	Burke	72	Perquimans
73	Duplin	73	Greene
74	Alleghany	74	Person
75	Perquimans	75	Hoke
76	Graham	76	Wilson
77	Tyrrell	77	Bladen
78	Swain	78	Hertford
79	Cleveland	79	Montgomery
80	Beaufort	80	Washington
81	Wilson	81	Hyde
82	Jones	82	Sampson
83	Cherokee	83	Duplin
84	Mitchell	84	Lenoir
85	Rutherford	85	Rockingham
86	Scotland	86	Graham
87	Anson	87	Martin
88	Lenoir	88	Tyrrell
89	Northampton	89	Bertie
90	Richmond	90	Richmond

County Health Rankings: 2010 North Carolina

Rank	Health Outcomes	Rank	Health Factors
91	Vance	91	Swain
92	Warren	92	Anson
93	Hertford	93	Halifax
94	Edgecombe	94	Northampton
95	Martin	95	Scotland
96	Halifax	96	Vance
97	Bladen	97	Columbus
98	Robeson	98	Warren
99	Bertie	99	Edgecombe
100	Columbus	100	Robeson

County Health Rankings: 2010 North Carolina

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Morbidity
1	Wake	Wake
2	Orange	Chatham
3	Union	Polk
4	New Hanover	Orange
5	Mecklenburg	Union
6	Watauga	Jackson
7	Madison	Dare
8	Durham	Clay
9	Chatham	Mecklenburg
10	Camden	Moore
11	Guilford	Craven
12	Cabarrus	Cabarrus
13	Dare	Transylvania
14	Onslow	Guilford
15	Randolph	New Hanover
16	Davie	Lincoln
17	Pasquotank	Macon
18	Johnston	Carteret
19	Alamance	Yancey
20	Catawba	Randolph
21	Yancey	Onslow
22	Forsyth	Pamlico
23	Currituck	Catawba
24	Iredell	Iredell
25	Buncombe	Durham
26	Ashe	Forsyth
27	Jackson	Harnett
28	Transylvania	Watauga
29	McDowell	Lee
30	Lincoln	Buncombe
31	Hyde	Person
32	Henderson	Henderson
33	Pender	Nash
34	Clay	Brunswick
35	Franklin	Granville
36	Davidson	Swain
37	Craven	Yadkin
38	Caswell	Hyde
39	Carteret	Ashe
40	Surry	Franklin

County Health Rankings: 2010 North Carolina

Rank	Mortality	Morbidity
41	Stokes	Wayne
42	Rowan	Alamance
43	Harnett	Madison
44	Pitt	Montgomery
45	Gates	Pender
46	Yadkin	Sampson
47	Chowan	Pasquotank
48	Polk	Pitt
49	Alleghany	Hoke
50	Moore	Davidson
51	Tyrrell	Avery
52	Cumberland	Johnston
53	Wilkes	Cumberland
54	Brunswick	Greene
55	Avery	Haywood
56	Pamlico	Chowan
57	Caldwell	Alexander
58	Haywood	Gaston
59	Granville	Surry
60	Alexander	Caldwell
61	Person	Camden
62	Stanly	Cherokee
63	Burke	Washington
64	Lee	Davie
65	Washington	Currituck
66	Jones	Rockingham
67	Hoke	Duplin
68	Montgomery	Stokes
69	Macon	Stanly
70	Perquimans	Wilson
71	Rockingham	Rutherford
72	Duplin	Wilkes
73	Mitchell	Beaufort
74	Gaston	Caswell
75	Cleveland	Graham
76	Greene	Burke
77	Wayne	Anson
78	Graham	Perquimans
79	Nash	McDowell
80	Sampson	Gates
81	Beaufort	Martin
82	Lenoir	Rowan
83	Wilson	Scotland
84	Warren	Cleveland
85	Northampton	Alleghany
86	Cherokee	Edgecombe
87	Richmond	Robeson
88	Rutherford	Vance
89	Scotland	Mitchell
90	Hertford	Jones

County Health Rankings: 2010 North Carolina

Rank	Mortality	Morbidity
91	Swain	Tyrrell
92	Anson	Richmond
93	Vance	Northampton
94	Edgecombe	Hertford
95	Halifax	Bladen
96	Bladen	Columbus
97	Bertie	Halifax
98	Columbus	Lenoir
99	Robeson	Bertie
100	Martin	Warren

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
1	Orange	Orange	Orange	Hoke
2	Yancey	Durham	Wake	Yadkin
3	Polk	Buncombe	Currituck	Madison
4	Mecklenburg	Transylvania	Transylvania	Clay
5	Wake	New Hanover	Union	Onslow
6	Buncombe	Pitt	Watauga	Halifax
7	New Hanover	Forsyth	Camden	Tyrrell
8	Henderson	Catawba	Chatham	Polk
9	Moore	Rutherford	Polk	Ashe
10	Clay	Henderson	Dare	Craven
11	Avery	Haywood	Henderson	Brunswick
12	Macon	Guilford	Buncombe	Moore
13	Watauga	Wake	Davie	Buncombe
14	Union	Macon	Carteret	Swain
15	Catawba	Mecklenburg	Cabarrus	Nash
16	Chatham	Moore	Haywood	Mitchell
17	Transylvania	Madison	New Hanover	Richmond
18	Forsyth	Cleveland	Madison	Jones
19	Durham	Cumberland	Jackson	Robeson
20	Guilford	Mitchell	Iredell	Rutherford
21	Mitchell	Chowan	Mecklenburg	Franklin
22	Cabarrus	Yancey	Yadkin	Montgomery
23	Gates	Bladen	Johnston	Chowan
24	Alleghany	Alamance	Durham	Dare
25	Ashe	Burke	Moore	Scotland
26	Lincoln	Nash	Onslow	Pasquotank
27	Alexander	Scotland	Guilford	Cleveland
28	Greene	Vance	Pamlico	Duplin
29	Cherokee	Cabarrus	Stokes	Bladen
30	Brunswick	Caldwell	Forsyth	Henderson
31	Rutherford	Pamlico	Craven	Cherokee
32	Stanly	Polk	Catawba	Orange
33	Carteret	Hertford	Macon	Randolph
34	Alamance	Craven	Pender	Davie
35	Haywood	Edgecombe	Lincoln	Jackson
36	Iredell	Gaston	Clay	Alexander
37	Davie	Wayne	Alamance	Surry
38	Graham	McDowell	Franklin	Vance
39	Jackson	Stanly	Stanly	Perquimans
40	Pitt	Randolph	Avery	Graham

County Health Rankings: 2010 North Carolina

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
41	Washington	Pasquotank	Brunswick	Alamance
42	Wilkes	Rowan	Alexander	Harnett
43	Pender	Wilson	Granville	Wayne
44	Craven	Lee	Rowan	Yancey
45	Caldwell	Union	Ashe	Sampson
46	Madison	Bertie	Gates	Washington
47	Randolph	Halifax	Randolph	Gaston
48	Dare	Chatham	Harnett	Rockingham
49	Surry	Beaufort	McDowell	Chatham
50	Yadkin	Caswell	Wayne	Carteret
51	Cleveland	Clay	Yancey	Macon
52	Camden	Brunswick	Davidson	Catawba
53	Lee	Lincoln	Hoke	Warren
54	McDowell	Alexander	Cumberland	Stokes
55	Davidson	Davie	Person	Hertford
56	Jones	Person	Gaston	Pamlico
57	Tyrrell	Columbus	Caldwell	Pender
58	Gaston	Surry	Alleghany	Johnston
59	Harnett	Iredell	Mitchell	Lenoir
60	Wilson	Cherokee	Burke	Anson
61	Duplin	Hoke	Beaufort	Lee
62	Franklin	Carteret	Caswell	Pitt
63	Chowan	Davidson	Wilkes	Caldwell
64	Bladen	Richmond	Perquimans	Bertie
65	Pamlico	Lenoir	Pitt	Edgecombe
66	Burke	Robeson	Lee	Durham
67	Johnston	Granville	Surry	Cumberland
68	Nash	Anson	Pasquotank	New Hanover
69	Hyde	Washington	Rockingham	Burke
70	Perquimans	Franklin	Duplin	Wilson
71	Rowan	Hyde	Cherokee	Alleghany
72	Montgomery	Northampton	Sampson	Haywood
73	Stokes	Ashe	Nash	Beaufort
74	Hertford	Graham	Greene	Wilkes
75	Halifax	Jones	Jones	Hyde
76	Lenoir	Wilkes	Rutherford	Union
77	Wayne	Onslow	Montgomery	Davidson
78	Cumberland	Montgomery	Martin	Guilford
79	Martin	Pender	Swain	Transylvania
80	Onslow	Stokes	Hyde	McDowell
81	Richmond	Warren	Lenoir	Camden
82	Beaufort	Alleghany	Hertford	Caswell
83	Pasquotank	Rockingham	Wilson	Northampton
84	Anson	Perquimans	Chowan	Iredell
85	Caswell	Watauga	Cleveland	Greene
86	Sampson	Jackson	Bladen	Avery
87	Person	Dare	Northampton	Stanly
88	Currituck	Tyrrell	Washington	Gates
89	Bertie	Yadkin	Bertie	Currituck
90	Granville	Gates	Anson	Watauga

County Health Rankings: 2010 North Carolina

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
91	Columbus	Sampson	Tyrrell	Person
92	Rockingham	Martin	Richmond	Lincoln
93	Warren	Swain	Warren	Martin
94	Scotland	Greene	Columbus	Columbus
95	Northampton	Harnett	Graham	Cabarrus
96	Vance	Johnston	Vance	Granville
97	Swain	Currituck	Scotland	Forsyth
98	Hoke	Camden	Halifax	Wake
99	Robeson	Avery	Edgecombe	Rowan
100	Edgecombe	Duplin	Robeson	Mecklenburg

County Health Rankings: 2010 North Carolina

2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2006
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

CREDITS

Report Editors

University of Wisconsin-Madison
 School of Medicine and Public Health
 Population Health Institute
 Bridget Booske, PhD, MHSA
 Jessica Athens, MS
 Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Conceptual Development

David Kindig, MD, PhD
 Paul Peppard, PhD
 Patrick Remington, MD, MPH

Technical Advisors

Amy Bernstein, ScD, Centers for Disease Control and Prevention
 Michele Bohm, MPH, Centers for Disease Control and Prevention
 Vickie Boothe, MPH, Centers for Disease Control and Prevention
 Ethan Burke, MD, MPH, Dartmouth Institute for Health Policy and Clinical Practice

Research Assistance

Clare O'Connor
 Karen Odegaard
 Hyojun Park
 Matthew Rodock

Production and Editing

Chuck Alexander
 Alex Field
 Joan Fischer
 Irene Golembiewski
 Jennifer Robinson

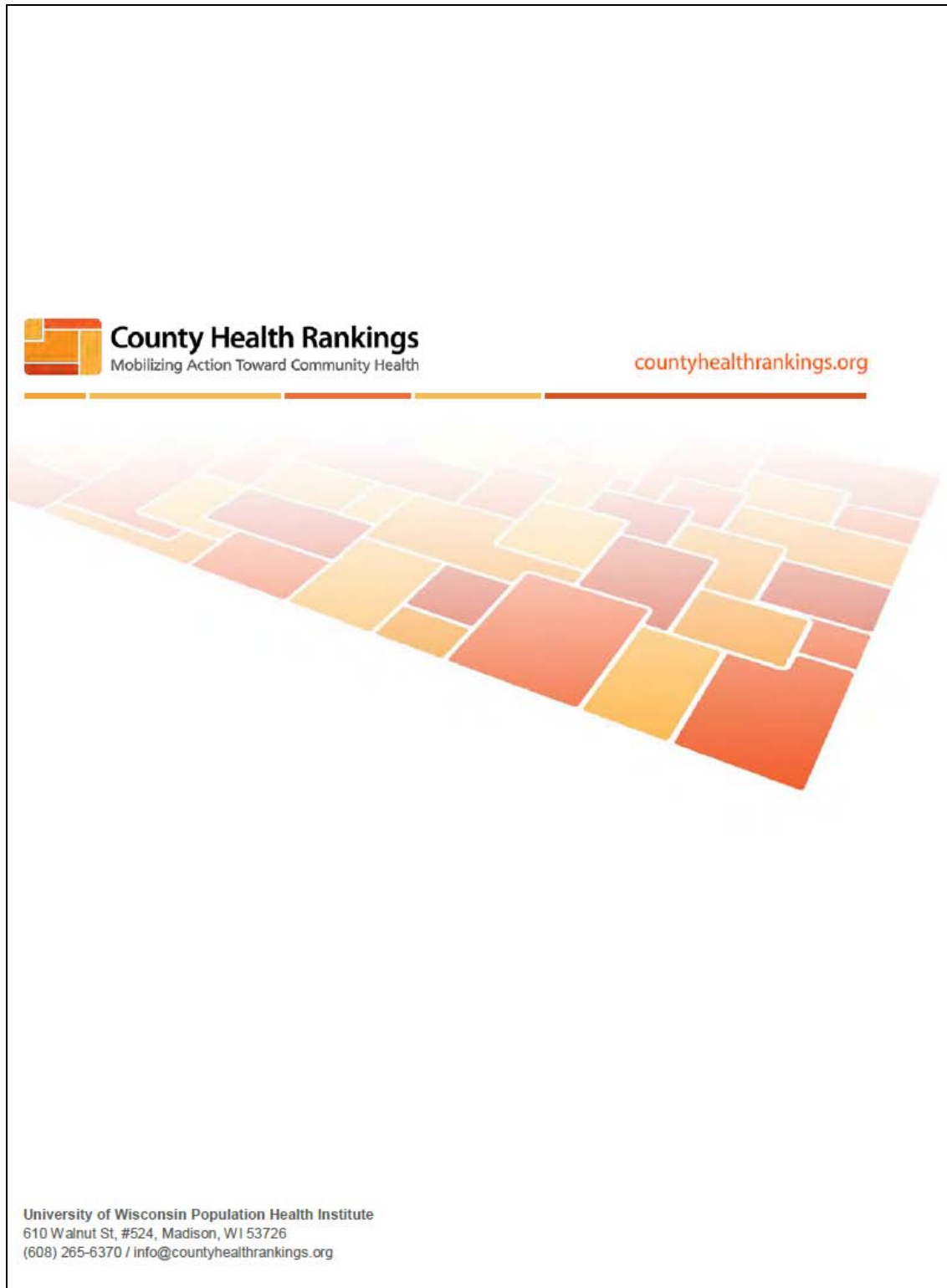
Design

Forum One, Alexandria, VA
 Media Solutions, UW School of Medicine and Public Health

Metrics Advisory Group

Yukiko Asada, PhD, Associate Professor, Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia
 Tom Eckstein, MBA, Principal, Arundel Street Consulting Inc, St. Paul, MN
 Elliott Fisher, MD, MPH, Director, Center for Population Health, Dartmouth Institute for Health Policy and Clinical Practice, and
 Professor of Medicine and Community and Family Medicine, Dartmouth Medical School, Lebanon, NH.
 Howard Frumkin, MD, MPH, Dr. PH, Director of the National Center for Environmental Health, ATSDR, CDC, Atlanta, GA
 Thomas Kottke, MD, MSPH, Medical Director for Evidence-Based Health, HealthPartners, Minneapolis, MN
 Ali Mokdad, PhD, Professor of Global Health, Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA.
 Roy Gibson Parrish, MD, Consultant in Population Health Information Systems, Peacham, VT
 Robert M. (Bobby) Pestronk, MPH, Executive Director, National Association of County and City Health Officials (NACCHO),
 Washington DC.
 Tom Ricketts, PhD, Professor of Health Policy and Administration, University of North Carolina
 Steven Teutsch, MD, MPH, Chief Science Officer, Los Angeles County Public Health, Los Angeles, CA.
 Julie Willems Van Dijk, PhD, RN, former Marathon County, WI Health Officer

Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2010*.



Mr. Nickens explained the methodology of this report and that it is based on counties within the specific state only. There is no state-to-state comparison within this report. America's Health Rankings compared North Carolina with the nation and ranked NC at 37 out of 50 in 2009.

XII. Other**A. 2010 Give Kids a Smile Event Update**

Mr. Nickens reported that the Dental Clinic hosted its annual Give Kids a Smile event on April 10. The event was rescheduled from its February date due to hazardous weather. Sixty-nine patients were evaluated. One volunteer dentist adopted every child he saw for follow-up and treatment. Mr. Bass commented that it was a most successful event with lots of local volunteer dentists and staff. Dr. Ray from the UNC School of Dentistry brought several residents to volunteer for the event also.

Mr. Bass invited board members to attend an upcoming sealant project at Sylvan Elementary School:



North Carolina Department of Health and Human Services

Division of Public Health • Oral Health Section
1910 Mail Service Center • Raleigh, North Carolina 27699-1910
Tel 919-707-5480 • Fax 919-870-4805

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

April 20, 2010

Dear Alamance County Board of Health Member,

As part of the North Carolina Oral Health Section's (NC OHS) continuing efforts to provide preventive services to school children, we have been conducting dental sealant projects across the state. Our staff will be conducting a sealant project in your community at Sylvan Elementary from May 3-6, 2010. On behalf of the NC OHS and the Alamance-Burlington School System (ABSS), we cordially invite you and your staff to attend this sealant project.

A sealant project involves providing dental sealants for a limited number of children at high risk for tooth decay, as well as preventive educational activities for teachers and their students. Dental sealants are thin plastic coatings placed on the chewing surfaces of the back teeth to prevent tooth decay. Students are identified by a dentist prior to the project to determine if they would benefit from the placement of sealants. Students who receive dental sealants must meet financial eligibility requirements and have parent or guardian permission. For this sealant project, a public health dental team from the NC OHS will set up a portable "dental office" at Sylvan in order to provide dental sealants for children.

As a preventive measure, dental sealants are underutilized in NC. One NC OHS goal is for 50% of school children to have dental sealants. According to the NC OHS 2008-2009 Assessment Data, only 44% of North Carolina 5th grade students had dental sealants on their teeth. In Alamance County, 31% of students had dental sealants on their teeth. The application of sealants only takes a few minutes, is painless to the child, and provides the child with protection during the most cavity prone years. When combining brushing, flossing, drinking fluoridated water and dental sealants, children have the potential to be cavity-free adults.

We encourage you to visit the sealant project and witness public health services being provided to citizens of NC. Should you have any questions regarding this project, please feel free to contact me by phone at 336-538-9918 or by email at kim.jemigan@dhhs.nc.gov. Directions to Sylvan Elementary are enclosed. I am excited about this opportunity to have you visit our upcoming sealant project.

Sincerely,

Kim Jernigan, RDH, MEd
Public Health Dental Hygienist
Serving Alamance County
NC Oral Health Section

CC: Jean Spratt, DDS, MPH



XIII. Closed Session

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 8:25 p.m. on a motion by Dr. Michael Blocker for the purpose of discussing a personnel issue. The motion was seconded by Ms. Kara Marshall.

The closed session adjourned into open session at 9:35 p.m. on a motion by Dr. Michael Blocker and second by Ms. Kara Marshall.

Dr. Woodard announced that a personnel matter was discussed during the closed session.

Mr. Bass stated that it is a pleasure to work with the Board of Health and that he enjoys his position with ACHD. He thanked the board for their nice words during his evaluation.

XIV. Adjournment

With no further action or discussion, the meeting adjourned at 9:40 pm p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Dr. Reid Woodard, Chairman

Mr. Joseph B. Bass, Jr., Secretary