ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

June 15, 2010

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, June 15, 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: Mr. Eddie Boswell, Commissioner, Dr. Reid Woodard, Chairman, Dr. Donald Courtney, Ms. Lynda Puckett, Mr. Kent Tapscott, Mr. Michael Venable and Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Ms. Christy Bradsher, Mr. Carl Carroll, Ms. Nancy Sartin, Dr. Kathleen Shapley-Quinn, Mr. Eric Nickens, Ms. Glenda Linens, Ms. Kathy Brooks, Ms. Karen Schwabrow and Ms. Janna Elliott.

The following guests were present: Ms. Laura Kruczynski, Tobacco Prevention Coordinator with Alamance-Caswell LME, and Ms. April Durr, Health Alamance Coordinator

I. Call to Order and Introductions

Dr. Reid Woodard, Chairman, called the meeting to order at 6:33 pm.

II. Oath of Office for New Board of Health Member

Mr. W. Kent Tapscott, newly appointed Pharmacist on the board, were administered the oath of office by Ms. Janna Elliott.

III. Approval of the April 20, 2010, Board of Health Minutes

A motion was made by Dr. Donald Courtney to approve the April 20, 2010, Board of Health minutes. The motion was seconded by Mr. Charles Wilson and approved unanimously by the board.

IV. Public Comment

No public comments were made.

V. Administrative Reports

A. Personnel Update

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

June 15, 2010

PERSONNEL UPDATE

New Hires / Transfers / Resignations:

- Nicole Alston began employment as WIC Nutritionist III on May 3, 2010. This is the new position approved by the Board of Health and established by the Board of Commissioners.
- Tammi Deal resigned from her position as Public Health Nurse II – Communicable Disease Coordinator effective June 11, 2010.
- Aimee Vandemark is resigning from her position as Licensed Clinical Social Worker effective June 30, 2010.
- Jane Sellars, Program Assistant V under the MIMR Grant, will be terminated effective June 30, 2010, due to lack of funding.

Recruiting to fill the following positions:

- Public Health Nurse II – Communicable Disease Coordinator, replacing Tammi Deal
- WIC Breastfeeding Peer Counselors (1 full-time and 2 part-time), newly established positions
- Dentist I, replacing Roberta Osborn (this position is now a full-time 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 31 - 33 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.	31		DEPT. NAME:	WIC
STATE BUDGET:	WIC		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-239	Medical Scientific Supplies	-1,500.00	-1,500.00	-1,500.00
110-5150-351	Maintenance & Repair Building & Grounds	1,500.00	1,500.00	1,500.00
Explanation:	Transfer to cover the removal and replacement of old carpet with vinyl tile in three WIC offices.			

ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	32		DEPT. NAME:	Health
STATE BUDGET:	Health		TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-619	Alamance Partnership for Children	1,295.00	1,295.00	1,295.00
310-3990-902	Designated Fund Balance	1,295.00	1,295.00	1,295.00
Explanation:	Budget funds designated for the Smart Start Program. Funds were earned in the form of training revenue from previous fiscal years. The Smart Start program requires program revenue generated from trainings be used within two years of earning.			

ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	33		DEPT. NAME:	Health
STATE BUDGET:	Health		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5110-120	Salaries & Wages	-50,000.00	-50,000.00	-50,000.00
110-5110-190	Professional Services	50,000.00	50,000.00	50,000.00
Explanation:	Tranfer to cover professional service expenses for remainder of fiscal year.			

A motion was made by Mr. Charles Wilson to approve the Health, WIC and Dental budget amendments and transfers 31 - 33 for FY 2009-2010. The motion was seconded by Mr. Michael Venable and was approved by the board unanimously.

VI. Personal Health Committee Update

Dr. Reid Woodard presented the minutes from the May 18, 2010, Personal Health Committee meeting.

Alamance County Board of Health

Personal Health Committee

The Personal Health Committee met on Tuesday, May 18, 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. Nancy Sartin and Ms. Janna Elliott.

Call to Order
Dr. Reid Woodard called the meeting to order at 6:06 pm.

WIC Update
Ms. Nancy Sartin provided the committee with the following WIC Report:

WIC
Departmental Monthly Report
April 2010

Clinic Activities:

- 1140 Clinical Nutrition contacts provided by Nutritionist
- 491 Hemoglobin's done in WIC
- 298 Nutrition Education lessons provided by WIC Clerical
- Most recent report of dollar amount of WIC vouchers redeemed in Alamance County $296,235.85.
- Number Food Vouchers redeemed –14,238
- Clinic show rate - 58% (895 appointments kept/1533 appointments scheduled)
- Clinic profile: 4762 or 105 % of assigned caseload 4517
- Racial Ethnic composition of caseload:
  - 39% White
  - 24% Black
  - 37% Hispanic
  - <1% Asian
- Grocery Store Bulletin board
- WIC Staff Meeting 4/7
- Michele and Catherine attended the Breastfeeding Peer Counselor Program Manager Training in Raleigh/Greensboro on 4/14 and 4/21
- Michele and Catherine visited Piedmont Health Services to observe a breastfeeding peer counselor and learn about their system.
- Donna and Michele continue to participate in the Pediatric Nutrition Assessment online course offered through the Nutrition Services Branch.
- Catherine attended Healthy Mom, Healthy Babies Meeting on 4/26

- Health Department scales were calibrated by USDA.
- Annual WIC Media Release was sent to the Times-News and printed on 4/28.
- Nutritionists completed Multivitamin training that is required for distribution of multivitamins to all women of child bearing age that come to WIC for services.
- Michele attended the North Carolina Association of Local WIC Directors Meeting in Guilford County on 4/9
- We started the research study: "The New WIC Foods: Positive Impact on WIC Clients in Alamance County." This will be a cross sectional study to correlate nutrition risk assessment, obesity prevention and new WIC foods.

Submitted by Michele Herbek and Robin Robertson

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Clinic Show rate 58%: I am going to look into the barriers that are preventing ~600 clients from receiving program services last month. We started our new clinic scheduling system 5/3 and it has proven to make a significant difference in the clinic flow, ability to receive walk-ins and increase the number of scheduled appointments.

We are going to be moving forward with our breastfeeding peer counselor program starting in July. I have submitted a job description for the peer counselor position and will be seeking to fill one full-time and two part-time positions.

Michele Herbek

Personal Health Update

Ms. Sartin discussed staffing shortages in clinics. One nurse is on FMLA until August; one nurse will return mid June; Ms. Sartin's previous position has been moved out of clinic while she serves as Acting Director of Nursing; a part-time position is vacant; the Communicable Disease (CD) Coordinator is resigning effective June 11. The CD and part-time positions are being advertised. Two school nurses have agreed to work through the Alliance over the summer to help with the shortages.

Ms. Sartin reported the immunization clinic continues to give five to ten H1N1 vaccinations per week on a walk-in basis. The incidence of influenza-like illness continues to decrease.

Ms. Sartin presented the Respiratory Protection Program Policy and proposed changes for the committee to review. Ms. Sartin stated the proposed changes were also presented at the Environmental Health Committee meeting and that the board will vote on the revised Policy at the June 15 Board of Health meeting. Several changes were recommended by committee members and will be incorporated into the Policy for approval on June 15.

Medical Director's Report

A. Family Planning Patient Trend Data

Dr. Kathleen Shapley-Quinn discussed Alamance County Family Planning Patient Trend Data from fiscal years 2007 – 2009:

County Profile: Alamance County
Family Planning Patient Trend Data FY 07-09

	FY 07	FY 08	FY 09
New Patients	433	355	377
Continuation	2047	2196	2072
Total	2480	2531	2449
Medicaid Waiver Patients	75 (3.0)	90 (3.6)	138 (5.6)
Source: HBS 081 and HBAE 034A			
Teens < 20	781	737	636
Non-Teens >20	1699	1794	1813
Total	2480	2531	2449
Source: HBS 085			
Women In Need			
Teens < 20	2470	2760	2760
Non Teens > 20	5910	6480	6480
Total	8380	9230	9230
Source: AG1, 2002, 2009			
% Of Need Met			
Teens	(31.6)	(26.7)	(23.0)
Non Teens	(28.7)	(27.7)	(30.0)
Combined	(30.0)	(27.4)	(26.5)
Income (FPL)			
≤ 100%	1677 (67.6)	1682 (66.5)	1706 (69.7)
100 – 150%	428 (17.3)	446 (17.6)	384 (15.7)
151 – 200%	210 (8.5)	211 (8.3)	203 (8.3)
201 – 250%	98 (4.0)	114 (4.5)	85 (3.5)
250 % +	67 (2.7)	78 (3.1)	71 (2.9)
Source: HBS 085			
Contraceptive Method			
Pill (daily)	1215 (49.0)	1186 (47.0)	1105 (45.0)
Spermicide	35 (1.4)	0	0
IUD	2 (.1)	100 (4.0)	135 (5.5)
Vaginal Ring	20 (.8)	21 (.8)	12 (.5)
Sterile (User)	23 (.9)	45 (1.8)	48 (2.0)
Implant	0	1 (0)	1 (0)
Hormone Injection	796 (32.0)	761 (30.0)	762 (31.0)
No Method, Pregnant	6 (.2)	20 (.8)	18 (.7)
No Method, Other	91 (3.7)	83 (3.3)	60 (2.4)
Patch	18 (.7)	9 (.4)	6 (.2)
Condom	218 (9.0)	246 (9.7)	241 (10.0)

	FY 07	FY 08	FY 09
Race			
White	986 (39.8)	1022 (40.4)	935 (38.2)
White Hispanic	599 (24.2)	629 (24.9)	655 (26.7)
Black	869 (35.0)	852 (33.7)	830 (33.9)
Black Hispanic	3 (.1)	2 (.1)	1 (0)
American Indian	7 (.3)	6 (.2)	7 (.3)
American Indian/Hispanic	0	0	0
Asian	16 (.6)	20 (.8)	21 (.9)

Family Planning STD Data FY 06-08

Source: N.C. HIV/STD Surveillance Report 2008

CHLAMYDIA

		FY 06	FY 07	FY 08
COUNTY	Number of Cases	409	409	582
	% of all cases in NC	1.2	1.3	1.5
	Cases per 100,000 of the population	288.1	281.4	400.4
STATE OF NC	Number of Cases	33,614	30,612	37,555
	Cases per 100,000 of the population	379.0	337.8	414.5

GONORRHEA

		FY 06	FY 07	FY 08
COUNTY	Number of Cases	236	258	221
	% of all cases in NC	1.4	1.6	1.4
	Cases per 100,000 of the population	166.2	177.5	152.0
STATE OF NC	Number of Cases	17,309	16,659	14,866
	Cases per 100,000 of the population	195.2	183.9	164.1

Dr. 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	460	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	461	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	462	217	47%	10	2%
Oct-09	268	513	219	43%	6	1%
Nov-09	265	452	220	49%	2	<1%
Dec-09	276	516	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%	6	1%
Feb-10	266	453	239	53%	8	2%
Mar-10	296	538	262	49%	12	2%
Apr-10	276	500	246	49%	12	2%
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

ACHD MATERNITY CLINIC PAYMENT SOURCE STATISTICS*

Month/Year	Total Pts	MPW/CA	Sliding Scale % Pay	Sliding Scale NC	Third Party Insurance
Jan-09	250	70%	7%	20%	3%
Feb-09	268	71%	8%	20%	2%
Mar-09	273	72%	6%	20%	2%
Apr-09	274	64%	9%	23%	3%
May-09	263	65%	8%	24%	3%
Jun-09	253	63%	6%	29%	2%
Jul-09	247	67%	5%	26%	2%
Aug-09	247	62%	18%	18%	2%
Sep-09	255	70%	6%	22%	1%
Oct-09	268	69%	6%	23%	2%
Nov-09	265	69%	6%	23%	2%
Dec-09	276	pending	pending	pending	pending

Month/Year	Total Pts	MPW/CA	Sliding Scale % Pay	Sliding Scale NC	Third Party Insurance
Jan-10	265	497	36	161	20
Feb-10	266	545	45	172	21
Mar-10	296	604	57	185	26
Apr-10	276				
May-10					
Jun-10					
Jul-10					
Aug-10					
Sep-10					
Oct-10					
Nov-10					
Dec-10					

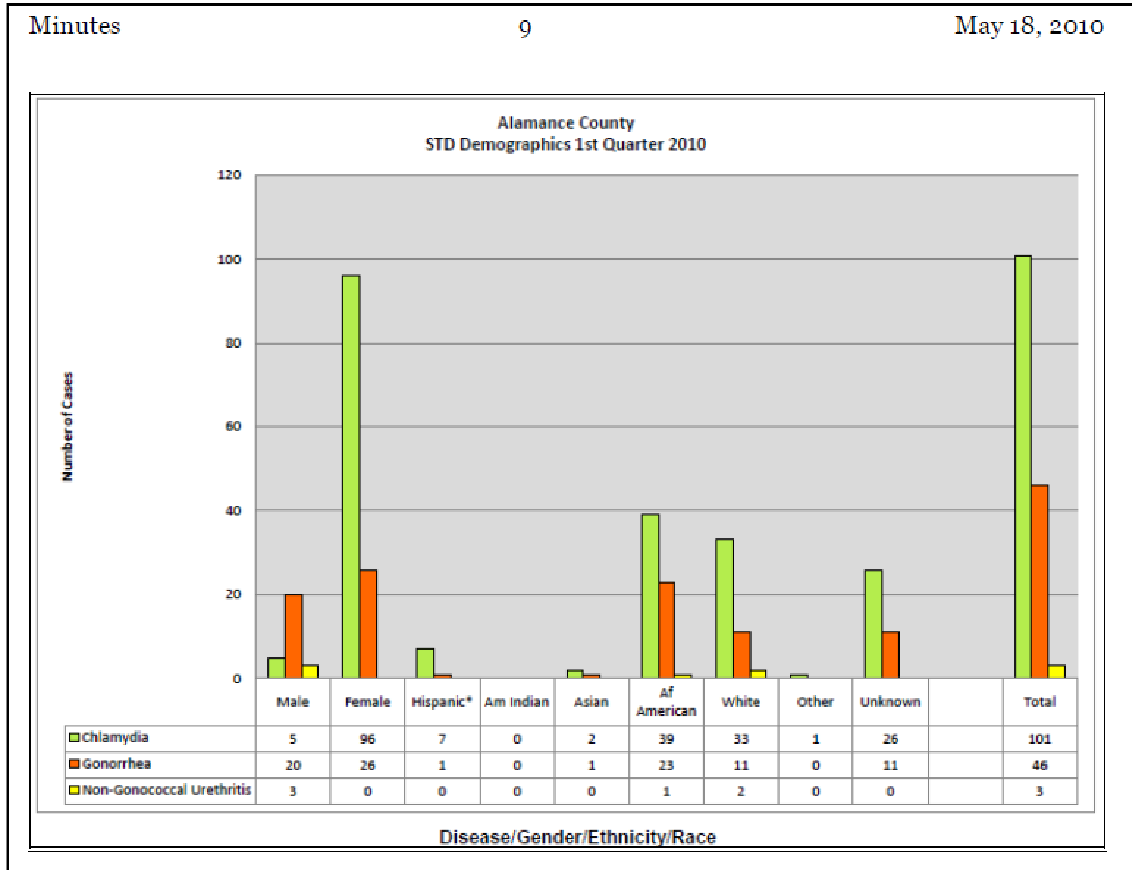
Women's Health/STD Clinic

Month/Year	Total Visits Completed	# Depo given	Total Visits STD Clinic	STD clinic visits by sex: Females	Males
Jan-10	492	186	238	151	87
Feb-10	492	187	202	122	81
Mar-10	599	190	335	198	137
Apr-10	487	200	253	149	104
May-10					
Jun-10					
Jul-10					
Aug-10					
Sep-10					
Oct-10					
Nov-10					
Dec-10					
TOTAL	2070	773	1028	620	409

Month/Year	STD visits by race & sex: Asian-F	Asian-M	Black-F	Black-M	Hispanic-F	Hispanic-M	White-F	White-M	Other-F	Other-M
Jan-10	2	0	74	42	17	9	51	35	7	1
Feb-10	0	0	69	39	10	14	41	28	2	2
Mar-10	0	0	118	75	10	14	68	43	2	5
Apr-10	1	1	70	55	11	12	59	33	2	3
May-10										
Jun-10										
Jul-10										
Aug-10										
Sep-10										
Oct-10										
Nov-10										
Dec-10										
TOTAL	3	1	337	211	48	49	219	137	13	11
	Asian-F	Asian-M	Black-F	Black-M	Hispanic-F	Hispanic-M	White-F	White-M	Other-F	Other-M

Pregnancy Test Clinic

	PT's completed			All Positive PT's to receive care at ACHD				PT's completed under age 17		
Month/Year	Total	Negatives	Postives	Total	% of total Pos	Teens	Non-Teens	Total	Negatives	Positives
Jan-10	117	27	90	52	44%	1	51	7	4	3
Feb-10	104	43	61	35	34%	0	35	8	8	0
Mar-10	103	21	82	42	41%	3	39	6	1	5
Apr-10	69	6	63	29	42%	6	23	10	0	10
May-10										
Jun-10										
Jul-10										
Aug-10										
Sep-10										
Oct-10										
Nov-10										
Dec-10										



	Male	Female	Hispanic*	Am Indian	Asian	Af American	White	Other	Unknown		Total
Chlamydia	5	96	7	0	2	39	33	1	26		101
Gonorrhea	20	26	1	0	1	23	11	0	11		46
Non-Gonococcal Urethritis	3	0	0	0	0	1	2	0	0		3

Health Director's Report

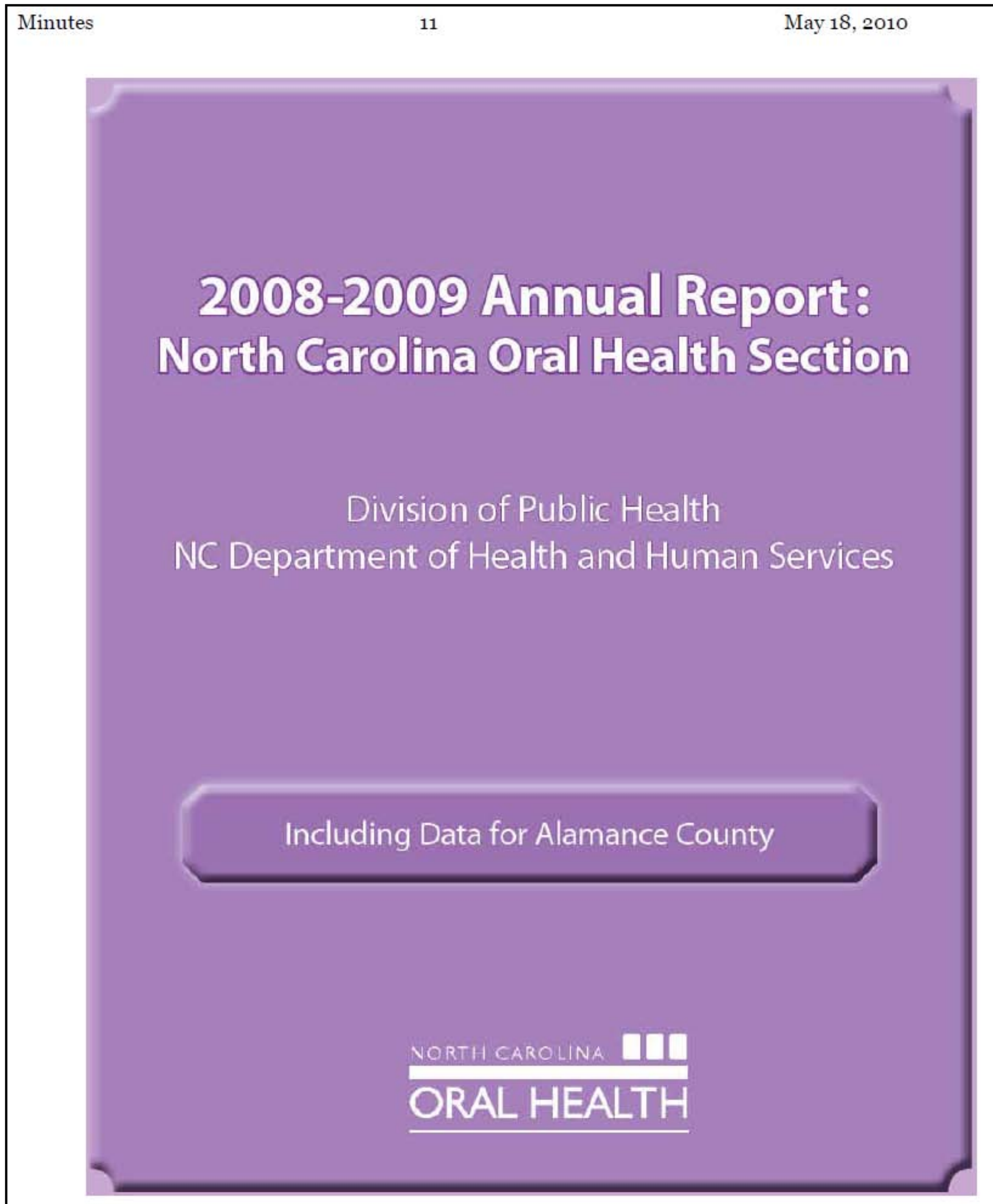
A. Status of Agency Fiscal Issues

Mr. Barry Bass informed the committee the County Manager's proposed budget includes five mandatory furlough days for staff. The furlough days would be tagged on to existing holidays. Mr. Bass suggested that clinic staff may possibly begin to stagger their schedules to try to recoup the lost revenue of the additional 40 hours the clinics will be closed.

Mr. Bass stated the budget request presented to and approved by the Board of Health included funds to cover the cost of universal vaccine because the state would no longer provide vaccines free of charge. The county requested further cuts to our budget and one cut was made to the vaccine line item because the Governor had included funding for it in her budget. Blue Cross Blue Shield is not supporting the insurance pool proposal to fund the vaccines, so the vaccine funding may in be cut from the Senate or House versions of the budget. The General Assembly is expected to vote on the budget soon. If universal vaccine is not provided by the state, ACHD will likely have to take funds from the fund balance to cover cost of purchasing the vaccines.

B. Alamance County Oral Health Section Annual Report and Update

Mr. Bass provided the committee with the 2008 – 2009 Oral Health Annual Report:


Minutes 11 May 18, 2010
2008-2009 Annual Report:
North Carolina Oral Health Section
Division of Public Health
NC Department of Health and Human Services
Including Data for Alamance County
NORTH CAROLINA
ORAL HEALTH

North Carolina Dental Public Health

During the dental screening early one school year, the teacher told the Oral Health Section public health dental hygienist that one of her students was crying and unable to pay attention during class. The kindergartener told the dental hygienist his teeth and mouth really hurt him when he ate or drank anything cold. The hygienist found many badly decayed teeth and infections, and contacted the boy's mother. The mother was very concerned but did not have a dentist or money to pay for treatment. The dental hygienist contacted a local dental office that was able to see the child the next day. The dental hygienist encouraged the mother to apply for Medicaid, which she did, and her son had additional dental visits to take care of all his dental needs. - From an elementary school in North Carolina

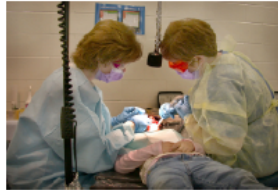
Tooth decay affects more children than any other chronic childhood disease, in spite of the fact that it is almost entirely preventable. Almost 40 percent of North Carolina kindergarten children have already had tooth decay in their primary (baby) teeth by the time they start school. Children experiencing pain are distracted and unable to learn in school, cannot eat well or sleep at night, experience speech problems and suffer from reduced self-esteem. Reducing tooth decay will reduce the pain and suffering children endure from infected teeth and gums and improve the quality of children's lives. Healthy, well-educated children grow up to be healthy and more productive citizens.

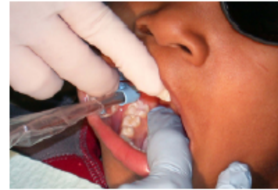
Lifelong prevention and management of this infectious disease requires essential public health preventive interventions. The NC Oral Health Section (OHS) is the only organization that plans and carries out a statewide science-based oral health program. The program consists of dental educational, preventive and screening services for children and the adults who influence their health, to reduce tooth decay and promote oral health. Public health dental hygienists and dentists, living and working in the communities they serve, also positively impact school health policy, services and environments. Currently, there is one public health dental hygienist for every 14,600 public elementary school children. The OHS long-term goal is to strengthen and expand the statewide dental prevention and education program by working towards a ratio of one dental hygienist for every 7,000 elementary school children.

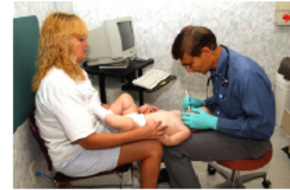
In order to maximize their impact, OHS staff have a long history of collaborating with a broad range of groups and agencies, such as school personnel, the UNC-CH School of Dentistry and Gillings School of Global Public Health, the North Carolina Dental Society, local dentists, local health departments, school nurses, and medical personnel (pediatricians, family physicians and nurses).

The Oral Health Section's dental preventive efforts to reduce tooth decay among North Carolina children result in decreased treatment needs and an enhanced quality of life for children and parents alike.

NC Oral Health Section: Five Major Program Areas


OHS School Sealant Clinic, Chatham County


Placing Dental Sealants, Henderson County


IMB Program Physician Dental Exam, Wayne County

1. Dental Disease Prevention:

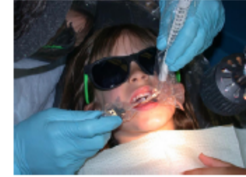
- Community fluoridation and school-based dental sealant programs - The Centers for Disease Control and Prevention (CDC) promotes these as the two most effective public health measures to reduce dental decay.
- Community water fluoridation – 88 percent of the state's population on community water systems enjoy this preventive intervention. To encourage community water fluoridation, the Section assists communities seeking to install or upgrade their community water fluoridation systems
- Dental sealants – providing 14,600 annually for children at high risk for tooth decay. One of the top priorities for the Section is the promotion and placement of dental sealants through the community/school-based approach of projects, education and media exposure, targeting schools where many children are at high risk for dental decay. OHS staff set up a "dental office" for a week in an elementary school or community college clinic to provide this service. Between 1996 and 2009, the percent of North Carolina fifth graders with dental sealants increased from 21 percent to 44 percent.
- School-based fluoride mouthrinse program serving 77,000 children at high risk for cavities. This program serves over 200 targeted high risk schools in 54 counties. The school-based fluoride mouthrinse program is a low cost and scientifically proven safe and effective way to prevent tooth decay for high risk elementary school children. Data from the Oral Health Section's most recent statewide dental survey show that fluoride mouthrinse reduces tooth decay by about one-third in children who receive free or reduced lunch, almost eliminating the disparity between high income and low income children.
- Train and support physicians and nurses in more than 425 medical offices and local health departments to provide dental preventive services (dental screening and fluoride varnish application for the child, and oral health education for the caregiver) through the *Into the Mouths of Babes* (IMB) program. IMB serves Medicaid children up to age three-and-a-half who are at high risk for tooth decay. The aim is to prevent as much disease as possible before it occurs in these very young children. More than 134,000 services to high risk children were provided last year, reaching 47 percent of these children at their well child visits. Dental preventive procedures for young children have increased more than 10 fold since the IMB program began. Analysis from the UNC-CH Gillings School of Global Public Health shows a 40 percent reduction in cavities for children having the oral preventive procedure four or more times before age three.

2. Access to Dental Care

- Statewide, each year OHS staff screen 194,000 children and help get about 9,600 children into dental offices for needed dental care. The primary focus is on children in kindergarten and fifth grade, plus screenings occur in other grades for special projects such as volunteer dental services and dental sealant projects. OHS staff refer children in need of dental care and work with their families to help them obtain needed care. Local dentists and local heath department safety net clinics serve as valuable resources for referrals.
- OHS staff work with the NC Dental Society on the *Give Kids a Smile!* volunteer dental program. To date, more than 12,900 dental volunteers have provided over $8.7 million in oral care to more than 105,708 children across the state.

Statewide Program Areas

Statewide Oral Health Survey


Statewide Oral Health Survey Exam

School Classroom Education, Person County

3. Oral Health Monitoring Systems

The OHS conducts periodic statewide children's dental surveys to measure the overall dental health status of NC children. In the latest survey, data was collected on 7,000 school children. Major findings:

- Since the 1980s, there has been a dramatic reduction in tooth decay in permanent teeth, but primary (baby teeth) have not seen the same improvement.
- There are significant disparities by race and ethnicity: untreated tooth decay is 19 percent in Whites, 30 percent in African Americans, and 38 percent in Latinos.

The OHS also conducts oral health surveillance in the form of standardized dental screenings for students in kindergarten and 5th grade. These assessments are provided annually by trained and calibrated OHS staff with assistance from local health department staff.

- Data are collected annually on more than 131,000 students.
- Data on dental disease levels, treatment needs and sealant presence are entered into the OHS surveillance database and are available to the public.
- OHS and county agencies and organizations use this data to identify communities with the greatest need for dental preventive services to most effectively target the use of resources. Data are also used to track trends over time, e.g., to quantify the dramatic increase in the percent of fifth graders with dental sealants.

4. Health Education and Health Promotion

- Oral health is a critical part of total health. Health education and health promotion are part of every OHS service. If people do not understand the importance of keeping their teeth healthy, they will not practice good dental health behaviors to prevent and/or treat tooth decay. OHS staff create and teach educational messages to encourage individuals to value their own oral health and the oral health of individuals under their care, as well as ways to protect oral health.
- OHS staff provided 165,000 preventive educational services for children in elementary schools and community settings. Topics include dental care, sealants, nutrition, oral conditions, fluoride, plaque control, diabetes, tobacco use and injury prevention. Over 14,300 educational services were provided for adults who influence the health of children, particularly teachers, parents, childcare providers and health care professionals. Staff provide consultation and technical assistance services to local public and private health care providers.

5. Residency Training in Dental Public Health

Dental public health is one of the nine specialties recognized by the American Dental Association (ADA). Through the ADA-accredited NC Dental Public Health Residency the OHS, in partnership with the UNC-CH Gillings School of Global Public Health, provides practical experience for public health dentists with formal academic dental public health training such as a Masters in Public Health, and to prepare candidates to become board certified in dental public health. North Carolina has one of only a few such programs in the country located in a state/city health department.

County Information

NC Dental Public Health Coverage

- Counties with OHS public health dental hygienists (87)
- Counties with locally funded preventive dental program (9)
- Counties with no preventive dental program (4)
- OHS public health dental hygienists (48)
- OHS public health dentist supervisors (3)
- Local hygienist under state supervision (1)

Alamance County Profile:

The state public health dental hygienist develops and implements a county oral health program. Services vary by county due to local needs and requests. Services, with an emphasis on children, may include: screening/referral/follow-up; dental sealant promotion; dental health education; promoting the appropriate use of fluorides, including a school-based fluoride mouthrinse program and community water fluoridation; coordinating *Give Kids a Smile* volunteer dentist efforts; consultation on oral health issues with health care providers, consumers and community organizations; and service on various community boards and organizations. Some of these services may have been reduced due to travels restrictions related to the state budget crisis.

Services OHS staff provided in Alamance County during the 2008-2009 school year:

- Screenings for 4,031 children; 388 children referred for care; and, in collaboration with school nurses, follow-up for children to help them obtain needed treatment.
- Education services for 2,796 children and 895 adults.
- Fluoride Mouthrinse for 223 children in one school at high risk for tooth decay.
- Facilitated placement of 220 dental sealants for 58 children at high risk for tooth decay.

Your State Public Health Dental Hygienist:

Kim Jernigan, RDH, MEd
Serving Alamance County
Alamance County Health Dept.
319 N. Graham-Hopedale Rd., Suite B
Burlington, NC 27217-2971
Phone: (336) 538-9918
Kim.Jernigan@dhhs.nc.gov

Please Visit Our Web Site:
www.oralhealth.ncdhhs.gov

NORTH CAROLINA ORAL HEALTH

State of North Carolina, Beverly Eaves Perdue, Governor, Department of Health and Human Services, Lanier M. Cansler, Secretary
Division of Public Health, **Oral Health Section** www.ncdhhs.gov • www.oralhealth.ncdhhs.gov 4/10

Mr. Bass also provided the committee with a report of Special Dental Activities Held in Alamance County produced by Ms. Kim Jernigan, Alamance County Public Health Dental Hygienist.

Minutes 16 May 18, 2010

Special Dental Activities Held in Alamance County
Spring 2010

Two projects were held this spring in Alamance County to provide dental sealants to eligible children. Eligible children include children at high-risk for tooth decay who experience access-to-care barriers to obtaining care such as a lack of resources to pay, lack of transportation, language barriers, and other factors. Sealants are thin plastic coatings placed on the chewing surfaces of teeth to prevent cavities.

Give Kids A Smile Saturday, April 10, 2010 8:30 am -1:30 pm

Give Kids A Smile was held at the Alamance County Children's Dental Clinic in Burlington. Many area dental professionals and others volunteered to help out that day. A special thanks to our sponsors: The Alamance-Caswell Dental Society, the Give Kids A Smile Planning Committee, Colgate, MidCarolina Bank, the Alamance County Children's Dental Clinic, and the NC Oral Health Section for all their continued support for the project and time spent planning and organizing this successful program.

Services Provided	Number Receiving Services
Exams	69
Cleanings	65
Fluoride Varnishes	63
Children Receiving Sealants	41
Permanent Teeth Sealed	180
Primary Teeth Sealed	42
Children Adopted by Area Dental Providers for Further Treatment at **No Cost**	30

Sealant Project at Sylvan Elementary May 3-6, 2010

Using mobile dental clinic set-up on the school campus exams, the NC Oral Health Section provided dental sealants free of charge to eligible students with parental permission at Sylvan Elementary. Thanks to the staff, teachers, and parents at Sylvan for their assistance in making this project a success.

Services Provided	Number Receiving Services
Screened for Eligibility	117
Exams	72
Children Receiving Sealants	65
Teeth Sealed	315
Children Referred with Additional Dental Needs	18

For Additional Information, Please Contact:

Kim Jernigan, RDH, MEd
Public Health Dental Hygienist
Serving Alamance County
NC Oral Health Section
336-538-9918
Kim.jernigan@dhhs.nc.gov

Other

Mr. Bass informed the committee that he recently received a copy of a resolution which Gaston County Board of Health passed in regards to the state's Health Information System (HIS). Mr. Bass stated that the implementation of the HIS program into our management information system continues to be a problem and he will ask the Board of Health to consider a similar resolution at its June 15 meeting.

Mr. Bass also discussed smoking on the Human Services Center (HSC) campus. There are currently signs posted that dictate "No Smoking within 30 Feet of Building;" however, this is rarely observed by employees or visitors to the building. With renovations that are taking place on the HSC campus, an idea that has been discussed is to create a designated smoking area for staff and visitors. Committee members noted that Alamance Regional Medical Center (ARMC) is a smoke-free campus and all Alamance-Burlington School System buildings are on smoke-free campuses, so it would seem logical for HSC to become a smoke-free campus. More research needs to be completed to determine if the campus can be made smoke-free, since HSC is comprised of more than the Health Department. Considerations need to be made for the Dental Clinic and Environmental Health buildings also. Mr. Bass will have more detailed information to provide at the June 15 meeting.

Adjournment
With no further business, the meeting adjourned at 7:24 pm.

Respectfully submitted,
Janna Elliott
Clerk to the Board of Health

VII. Personal Health Update

Ms. Nancy Sartin discussed the continued nursing shortage. Two school nurses have been contracted for the summer to help fill in while two nurses are out on Family Medical Leave. They are in the process of interviews for the vacant part-time nurse position. Ms. Sartin and Ms. Angela Osborne are handling communicable disease (CD) issues while the position is vacant. Ms. Osborne will be attending North Carolina Electronic Disease Surveillance System (NCEDSS) training next week to become familiar with this system. Ms. Sartin hopes to have the CD nurse position filled effective June 21, 2010. CD Coordinator training is available in July, so the new CD nurse should be able to attend this timely program.

Ms. Sartin reported that ACHD staff will be administering tuberculin skin tests to EMS employees July 19 -20 and returning to read them on July 22-23.

Ms. Sartin stated that the Child Service Coordination (CSC) and Child Health Audit will take place on July 14, 2010. A state consultant will come next week to conduct a pre-audit.

Ms. Sartin informed the board that the CDC has requested that all soon-to-expire H1N1 vaccine be returned to them. H1N1 vaccine that is not near its expiration will be provided to patients until the seasonal vaccine, which will contain H1N1, is received this later this year.

VIII. Environmental Health Committee Update

Dr. Donald Courtney, Chairman of the Environmental Health Committee, presented the minutes from the May 18, 2010, Environmental Health Committee meeting.

Alamance County Board of Health

Environmental Health Committee

The Environmental Health Committee met on Tuesday, May 18, 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. Michael Venable.

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

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

Environmental Health Update
Mr. Carl Carroll reported that Environmental Health's revenue has increased. There has been an increase in requests for new lot evaluations. Revenue collected in March 2010 was the highest amount in a month since April 2008. April 2010 was slightly less than March 2010 and they have already collected a good amount for May 2010.

Mr. Carroll stated that although the federal Virginia Graeme Baker Pool and Spa Safety Act passed several years ago, North Carolina just adopted the law effective May 1, 2010. The Act requires public pools and spas to be fitted with certain equipment that is intended to prevent death or injury caused by entrapment, evisceration, or entanglement. Two local year-round public swimming pools are not in compliance and have been shut down until repairs are made. Seasonal public pools are being inspected as they apply for permit and will not be allowed to open unless they are compliant with the new Act.

Mr. Carroll informed the committee Environmental Health has agreed to a voluntary assessment of EH's food program in relation to FDA standards. EH's food program will be required to follow FDA standards in the coming years, so this is a self-assessment that will help EH see where changes need to be made, if any, to come into compliance. Also, for participating in this assessment, FDA will give some funding to EH.

Mr. Carroll discussed there is a new scam related mostly to Asian restaurants in which someone impersonates a Food and Lodging Inspector to extort money from these facilities. This scam started in the north, but has recently occurred in Greensboro. EH staff is contacting local Asian restaurants to inform them of this scam and to make sure they always ask to see proper identification upon inspection of their restaurants.

Mr. Carroll reported that construction and paving is underway at the Environmental Health building. A new French drain was installed in the front of the building along with a drain for the gutters. New fascia boards, new gutters and new windows will be installed, which will make the building more energy efficient.

Mr. Carroll presented the Respiratory Protection Program Policy and proposed changes for the committee to review. Mr. Carroll stated the proposed changes would also be presented at the Personal Health Committee meeting and that the board will vote on the revised Policy at the June 15 Board of Health meeting.

Mr. Carroll stated that he continues to monitor complaints in regards to House Bill 2 and facilities that are still allowing smoking. There is potential that a Third Notice of Violation will be issued within the coming weeks. This may require that an appeal hearing be scheduled, which Mr. Carroll would like to coincide with the June Board of Health meeting time already scheduled.

Health Director's Update

A. Quarantine of Dog from Potential Rabies Exposure

Mr. Barry Bass informed the committee that there was a recent rabies case in which Animal Control was called to pick up a skunk, which tested positive for rabies. The owner reported to Animal Control that her dog, that was in need of a rabies booster, fought with the skunk; however, she has since changed her report and that the dog was not involved. In accordance with General Statute, the dog has been quarantined in a veterinary office for a period of up to six months. The dog owner has appealed to Mr. Bass and Mr. Carroll requesting that the dog be allowed to be on quarantine at home. Mr. Bass has informed the dog owner that the dog will be quarantined in the veterinary office for three months. At the end of which, they will make a determination about the additional three month period. The concern is that if the dog were to be quarantined at home and later was positive for rabies, there could be a liability if people or animals are exposed.

B. Status of Agency Fiscal Issue

Mr. Bass stated the budget request presented to and approved by the Board of Health included funds to cover the cost of some required vaccines because the state would no longer provide them free of charge. The county requested further cuts to our budget and one cut was made to the vaccine line item because the Governor had included funding for the vaccines in her budget. Blue Cross Blue Shield is not supporting the insurance pool proposal to fund the vaccines, so the vaccine funding may be cut from the Senate or House versions of the budget. The General Assembly is expected to vote on the budget soon. If universal vaccine is not provided by the state, ACHD will likely have to take funds from the fund balance to cover cost of vaccine.

C. Proposed Relocation of DEH to DHHS from DENR

Mr. Bass reported that part of the state's budget which is being debated includes moving the Division of Environmental Health (DEH) to fall under jurisdiction of the Department of Health and Human Services (DHHS). It is currently a division of the Department of Environment and Natural Resources (DENR). Mr. Bass stated that under the proposed action, DEH would move to DHHS with the exception of public water, which would remain with DENR.

Adjournment

With no further business, the meeting adjourned at 12:43 pm.

Respectfully submitted,
Janna Elliott
Clerk to the Board of Health

IX. Environmental Health Update

Mr. Carroll updated the board on the pool closures referred to in the Environmental Health Minutes from May 18, 2010. One of the year-round pools required to close on May 1, 2010, remains closed until necessary repairs are made.

Mr. Carroll reported that paving of the Environmental Health and Agriculture parking lots was complete. The spaces need to be striped and then will reopen for use.

Mr. Carroll stated that a Third Notice of Violation had been delivered to a sports bar. The owner telephoned Mr. Bass and Mr. Carroll stating he would not pay the $200 per day fine because he is participating in a law suit claiming House Bill 2 is unconstitutional.

Mr. Carroll informed the board about Alamance County's third documented case of rabies for 2010. In this case, an infected fox fought with two unvaccinated dogs. The dogs had to be euthanized. It was discussed that this was the second case of the year that involved unvaccinated pets. Local veterinary offices, as well as Environmental Health, offer lower cost rabies clinics throughout the year.

Mr. Carroll stated there had been recent media releases regarding illegal food vendors. He received four complaints in the previous week; two were legitimate vendors and two were illegal. It is not okay for anyone to set up a table, tent, or any other food service area without obtaining proper inspection and permit. Nonprofit organizations can, however, serve food for fundraising no more than one time per month and lasting no more than 48 consecutive hours.

Mr. Eric Nickens reported about the City of Burlington's plans to disinfect the water supply beginning Spring 2011 using a chloramine process. This affects the City of Burlington, Greensboro, Archdale, High Point, and other municipalities that are tied into Greensboro's water system. A media campaign will be launched later this year, so that the public can be educated about the changes to the water being supplied. It will have a major impact on medical offices that provide services using water, such as kidney dialysis, dental offices, etc.

X. Medical Director's Report

Dr. Kathleen Shapley-Quinn commented about Centering Pregnancy at ACHD. The second round of Centering Pregnancy sessions has begun and includes an English-speaking group and a Spanish-speaking group. The English-speaking group is full; the Spanish-speaking group is still recruiting participants.

Dr. Shapley-Quinn provided members with data from the May 2010 Child Fatality Report:

Our Children

Our Future

Our RESPONSIBLITY

Annual Report of the
North Carolina Child Fatality Task Force to the
Governor and General Assembly

Raleigh, North Carolina
May 2010

CHILD FATALITY 2008 DATA SUMMARY
NC CFPT

The State Center for Health Statistics (SCHS) reported that in 2008, there were **1573** deaths of child residents of North Carolina. Of those deaths, **576** were investigated by the North Carolina Medical Examiner (ME) System. These deaths included homicides, suicides, accidents, and sudden and unexpected natural deaths.

Age Group	SCHS Total Child Deaths	OCME/ CFPT Total Child Deaths	% of Total Child Deaths that were ME cases*
Infants	1066	258	24%
1 – 4 years	146	87	60%
5 – 9 years	89	40	45%
10 – 14 years	90	49	54%
15 – 17 years	182	142	78%
Total	1573	576	37%

**Numbers are rounded to the nearest whole number.*

The North Carolina CFPT reviews only child fatalities that are investigated and certified by the North Carolina Office of the Chief Medical Examiner. Therefore, expected deaths from known natural causes are not reflected here. Overall, approximately 37% of all child deaths were reviewed by the State Team. Annual data continue to support that child deaths from known, natural disease is most likely to occur in infancy while older children are more likely to die from external causes.

INTENTIONAL DEATHS

Homicides
Deaths from homicidal violence accounted for 65 child deaths and are divided into 2 main categories: Homicide by Parent or Caregiver (HPC) or Other Homicide.

Homicide by Parent or Caregiver
Children died from violence or extreme neglect at the hands of a person(s) responsible for his or her well-being in approximately half (33) of the 2008 child homicides. Infants accounted for just over 1/3 (12) of the deaths; the 1 to 4 year age group accounted for 14 deaths; 4 children were between the ages of 5 and 9 years and 3 children were between the ages of 10 and 14 years. The majority (79%) were 4 years of age or younger. There were no HPC deaths in the 15 to 17 years age range. Blunt trauma (i.e. abusive head trauma or blunt abdominal trauma) was the cause of death in 70% (23) of the deaths; firearm injuries accounted for 3 deaths; 5 deaths were from other means, and in 2 deaths the cause of death could not be determined.

Other Homicides
Of the homicides where a parent or caregiver was not a suspect or a perpetrator, 69% (22) of the victims were between the ages of 15 and 17 years. There were 3 infant deaths; 2 deaths of 1 to 4 year olds; 1 death in the 5 to 9 years age range, and 4 deaths between the ages of 10 and 14 years. All of the infant homicides in this category were infants who were *born and died* as a result of maternal gunshot wounds. Firearm injury was the cause of death in 91% (30) of the homicides; 2 deaths were a result of sharp force injuries and 1 death was the result of blunt trauma.

Suicides
In 2008, 21 children took their own lives. Males accounted for 76% (16) of the deaths and females accounted for 5 deaths. There were 17 children between the ages of 15 and 17 years. The remaining 4 children were between the ages of 10 and 14 years. The mechanisms/weapons were asphyxiation in 10 deaths and firearms in 11 deaths.

UNINTENTIONAL DEATHS

Outside of natural causes, accidental deaths from external causes account for the majority of child fatalities each year. In 2008, 239 child deaths were determined to be accidental. To better understand these deaths, the North Carolina CFPT classifies the deaths into several categories.

Motor Vehicle-Related
There were 126 deaths of children that were motor vehicle-related. The majority (61) of children were passengers in vehicles. Pedestrians accounted for 28 deaths, drivers of motor vehicles for 24 deaths, and 1 death was of a motorcycle passenger. There were 6 deaths of children riding ATVs, 3 deaths of children riding bicycles and 3 other motor vehicle-related fatalities. Approximately 15% of such deaths involved the use of alcohol or other impairing substances.

Asphyxiation
There were 34 deaths due to asphyxiation in 2008. Infants accounted for 79% (27) of deaths, with all infant asphyxiation deaths occurring in a sleep environment with almost half (48%) having the cause of death attributed to overlying. There were 3 deaths in the 1-4 year age group, 1 death in the 5 to 9 year group, 2 deaths in the 10 to 14 year group and 1 death in the 15 to 17 year group. Older children died from choking or accidental hanging.

Drowning
There were 30 drowning deaths in 2008. Half of the children were between the ages of 1 and 4 years. There were 3 infant deaths; 7 deaths between the ages of 5 and 9 years; 2 deaths between the ages of 10 and 14 years and 3 deaths between the ages of 15 and 17 years. All infant deaths occurred in bathtubs. The majority (10) of drowning deaths between the ages of 1 and 4 years occurred in pools and were a consequence of lack of supervision. Drowning deaths of children 5 and older occurred in several locations from pools to the ocean.

Fire
There were 17 deaths in 12 residential fires. In 3 deaths (2 incidents) the children were home alone. Of the fires with identified causes, the majority of cases (5) involved heaters or other heat sources (such as fireplace or woodstove).

Firearms
There were 2 deaths from accidental firearm injuries. The children were ages 3 years and 13 years. Both were accidentally self-inflicted. Both weapons were handguns. Neither of the guns was appropriately stored.

Toxins
There were 14 deaths from toxins. A single death of a child under the age of 10 was from a household chemical. The remaining 13 deaths occurred from recreational drug use. These children ranged in age from 12 years to 17 years. All of the children were male. Prescription drugs were determined to be the toxic agent in 9 deaths; in 2 deaths the cause of death was from an overdose of an illicit drug and in the 2 remaining deaths the type of the drug taken was not identified.

Sudden Infant Death Syndrome
There were 136 deaths classified as Sudden Infant Death Syndrome (SIDS). Just over half (55%) were male. The majority of children were white (70). This was an increase from 2007, where 100 cases were certified as SIDS. Data are being analyzed to determine if there are any identifiable factors that could have contributed to this increase. Additionally, the 2009 data will be important to review to determine if the 2008 data are an anomaly or an indication of a trend.

DATA AVAILABILITY

Numbers are subject to change based on new information. This report includes only a summary of the annual data from the State Team. Available North Carolina CFPT Annual Reports of child fatality data can be found at www.ocme.unc.edu. Additional reports and data may be available by request. For further information, or to make a data request, please contact:

Krista Ragan, MA, Research Director, NC CFPT 919.445.4414 kragan@ocme.unc.edu

Dr. Shapley-Quinn discussed that the incidence of death by motor vehicle decreased by 13%; the incidence of death by fire also decreased. There was a 39% increase in SIDS (Sudden Infant Death Syndrome). Dr. Shapley-Quinn stated she was unaware of how Medical Examiners determine SIDS and if it includes overlying.

XI. Health Director's Report

Mr. Barry Bass informed the board that Mr. Carroll will be going to Denver in August on an all-expense paid conference discussing emergencies and security of food products. Mr. Carroll was selected by NACCHO to attend this FDA conference and is the only Environmental Health Director in North Carolina who will be attending.

Mr. Bass commended Commissioner Boswell and the other County Commissioners for the 2010-2011 fiscal year budget. No employees were laid off and if the economy turns around, the scheduled furloughs in 2011 may be stricken from the calendar.

Mr. Bass discussed the state budget and immunizations. Medicaid, uninsured and underinsured clients will continue to receive required

immunizations for free under the universal vaccine program. Insured clients with a co-pay and/or deductible may begin paying for immunizations that have previously been free. This is currently being debated in the House and will have to go into Committee.

Mr. Bass also stated that the Governor's budget included moving the Division of Environmental Health (DEH) to fall under jurisdiction of the Department of Health and Human Services (DHHS). It is currently a division of the Department of Environment and Natural Resources (DENR). The Senate decided to hold off on this issue and revisit it after going through Committee next year.

Mr. Bass reported that he will be attending the monthly Health Directors' meeting in Raleigh on June 16, and will discuss the Carolina Care Network (CCN) and Child Service Coordination. The CCN has issues with doing Maternal Health Coordination.

XII. Old Business

No old business was discussed.

XIII. New Business

A. Request for Approval of Revised Respiratory Protection Program Policy

Mr. Carroll presented the revisions to the Respiratory Protection Program Policy for review and approval.

A motion was made by Mr. Michael Venable to approve the revised Respiratory Protection Program Policy as presented. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

B. Proposed HIS Resolution

Mr. Bass, Ms. Kathy Brooks and Ms. Karen Schwabrow discussed and presented documentation regarding the state's HIS software.

Summary of Issues regarding the Department of Public Health requirement for Alamance County Health Department to participate with Health Information System (HIS) as an on-line county

- The two individuals who signed the "intent to participate" document are no longer employed by the Alamance County Health Department and never discussed or consulted with any of the staff responsible for implementation of the HIS program regarding their decision. We were totally unaware that the document existed or had ever been signed until a copy was produced by your office earlier this year.

- The moratorium is essentially a non-issue since it was set for a one year period when initially agreed upon by the Association of Local Health Directors. The moratorium was extended for an additional 6 months at the end of the initial year and that deadline has long since expired. A moratorium is usually and customarily set for a defined period of time and not extended indefinitely without a "sunset" date being identified. By this reasoning, we argue the moratorium issue is a moot point and any action propagated by the NCALHD is legally non-binding since it has no legal authority over a local agency.

- A limited amount of data was converted from HSIS to HIS. Given this, we are still required to maintain our current system in order to access history of our A/R records. This information was never shared in the promotion of the HIS to local agencies.

- Alamance County was initially slated to be rolled out in Wave 10 (mid-late June, 2010). On February 16, 2010 we were advised that we had been moved up to Wave 2. This left us with less than 1 month to fully train and prepare for implementation.

- As for the state's position that by Alamance County remaining a batch county causes additional work on the state's part in order for our files to be accepted, we disagree. It is our understanding that regardless of which Netsmart program we are using (PCMS or Insight) the transition would be seamless and there would be no change in the format of the data from one program to the other. Further, we are aware of at least one other county currently using the Insight program that will continue to be a batch county. From our perspective, it would seem that any formatting required to accept their data would already be in place and therefore not require any additional programming for Alamance County to be included as a batch county.

- By returning to batch county status we would not be required to perform duplicate data entry which creates an unreasonable and undue burden upon our agency. We perceive the requirement that we do the duplicate entry or not be allowed to bill for our Medicaid reimbursable services as a threat and penalty from DPH to Alamance County for our position to not participate as an HIS on-line county.

- Historically, Alamance County has purchased and used proprietary MIS in the majority of its departments and we believe the Netsmart option is best for our agency.

- At the time the decision was made to move to the Insight product, we were at the end of our existing AS400 lease. Postponing our decision would have required us to renew/extend the AS400 lease as opposed to moving to the newer/updated windows based system.

Data Entry Operations

At this time the data entry operations we perform in our proprietary system average about 30 seconds – 1 ½ minutes per patient visit.

Average time to enter encounters in HIS is 8-10 minutes. This average is based on how many encounters are entered in an hour. Some of our encounters have only one procedure code and others have 7 procedure codes. This time includes any assessments that must be entered with the encounters and updating the financial eligibility (putting in the Medicaid).

For one line to be entered, you must put information in at least 9 fields. You must tab thru 15 fields to accomplish this along with any fields that were entered in you have to actually hit the tab key twice. You may then say copy/paste row and then just change anywhere between 3 and 4 fields. However, if you change certain fields (subprogram) you must enter the entire row from scratch, the copy/paste does not work.

Also, if you need to change a procedure after it has been entered, you cannot go back into that encounter, you have to go to a different area, and choose from a list the procedures that need to be changed. Not all fields can be changed, sometimes you have to delete the entire procedure and then go back and add a line in the encounter recording.

Data entry requires significant use of the mouse which, over time, will potentially contribute to increased complaints of hand/wrist pain and discomfort. There is no way around this with HIS, however our Insight product does not require use of the mouse eliminating this hazard.

Customer Support

Any issues/questions must be called in thru the Help Desk where a ticket is issued. If you have more than one question, you get one ticket per question even for the same phone call. Customer support response time is completely sporadic. It takes anywhere from 1-10 days for a response.

Examples:

4/19 (first day of roll out) regarding entering information prior to our go live date (which the consultant told us we should do) yet on 4/23, our call was returned and we were told no, nothing should be entered in HIS prior to 4/19. **Response time: 4 days**

On 4/20, a ticket was put in and I did get a response back a few hours later for a record-locking issue. **Response time: 2 hours**

Called the Help desk at 8:30 am on 5/12 regarding an error message not allowing the Medicaid billing file to be created. I called back on 5/14 to tell them I would like the ticket to be put to a higher priority so we could make the cut off for the check write date (which was 5/20), I still heard nothing back and called again on 5/20 to check on status and on 5/21 I talked to someone who was able to resolve the issue – unfortunately not in time to make the check write deadline..**Response time: 10 days**

On 5/12, at 5pm, called help desk regarding a error message about a name with an underscore in it, received email response on 5/21. **Response time: 9 days**

On 5/20, called help desk with a client merge issue, got a response on 5/21. **Response time: 1 day**

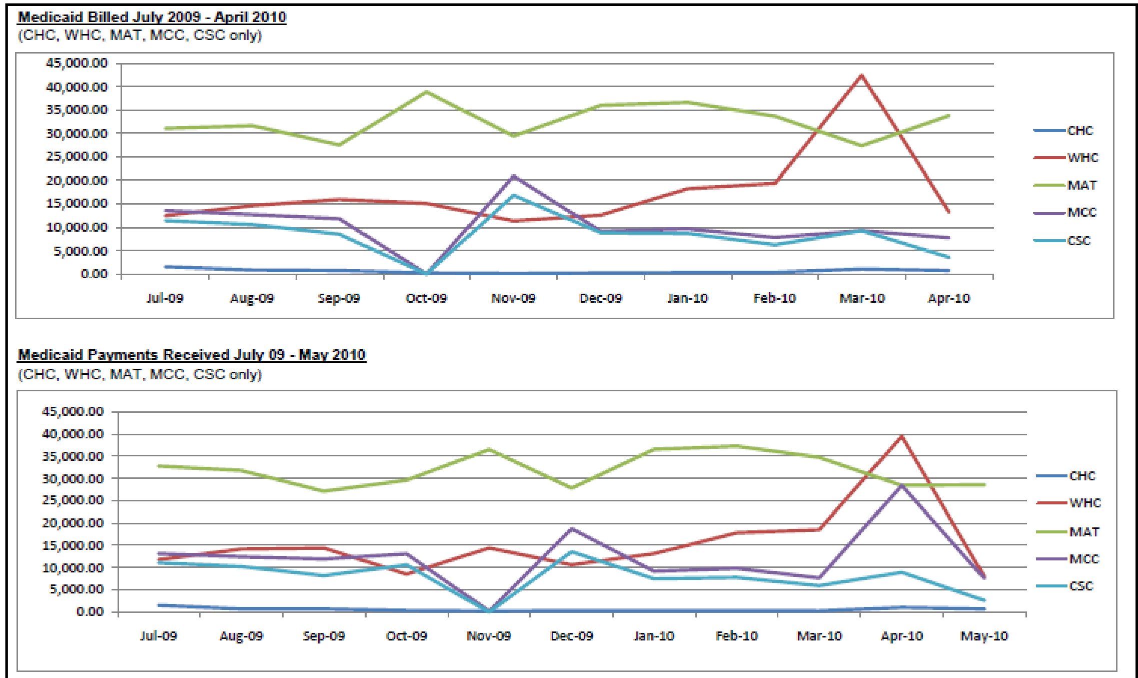
Problems/Issues

Flexibility and local control of the Insight product is far superior to the inflexibility and state control of HIS. Users are not able to write their own queries or reports. Users can only run standard reports created by vendor… and all of these are not yet available. For example, the CSC log report shows all open CSC cases and is essential for this program, yet it hasn't been created by the vendor yet. Another standard report I ran (AR408) and it was 16 pages long with only the name of our County at the top of each page. Another report (AR415) was 38 blank pages.

Put in Help desk ticket on 5/10 regarding an FPW Medicaid recipient which was giving an error message and not allowing it to be entered without the physical date. Received phone call back on 5/12 that this is a software defect and a ticket has been issued with the vendor. I have heard nothing further. We billed this under regular Medicaid, however this bill and any others like it will undoubtedly deny due to this date being missing. **Response time: 2 days …yet to be resolved**

The Medicaid Eligibility does not show pending Medicaid. Two tickets were put in for this issue. They emailed a response with a solution, which the Dental Clinic responded back stating their solution did not work and we have not heard anything else about it.

This program is extremely slow and sometimes worse at times than others. On 5/12 the state issued instructions for "optimal settings for JAVA". We have changed our settings to these, with a very slight improvement which could be due to coincidence. We do see a slight improvement first thing in the am and between 5 and 6 pm. We feel this is due to less users being on the system and don't see a solution for it considering the State is less than half way thru roll out.


Medicaid Billed July 2009 - April 2010
(CHC, WHC, MAT, MCC, CSC only)
45,000.00
40,000.00
35,000.00
30,000.00
25,000.00
20,000.00
15,000.00
10,000.00
5,000.00
0.00
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
CHC
WHC
MAT
MCC
CSC
Medicaid Payments Received July 09 - May 2010
(CHC, WHC, MAT, MCC, CSC only)
45,000.00
40,000.00
35,000.00
30,000.00
25,000.00
20,000.00
15,000.00
10,000.00
5,000.00
0.00
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
CHC
WHC
MAT
MCC
CSC

Alamance County Board of Health Resolution
June 15, 2010

WHEREAS, the North Carolina Division of Public Health is currently implementing statewide rollout of a new health information management system that has been under development for the past 4 years, referred to as "Health Information System "(HIS); and,

WHEREAS, Alamance County Health Department (ACHD) currently utilizes a system referred to as Insight which interfaces with the old State system (HSIS); and,

WHEREAS, ACHD is using HIS for Medicaid billing only;

WHEREAS, ACHD is currently able to complete data entry activities in approximately ninety seconds per patient; and,

WHEREAS, ACHD is performing dual data entry which takes an additional 8 to 10 minutes per patient. Considering the overtime currently being required to maintain our Medicaid billing we estimate that an additional 3-4 FTE's would be required; and,

WHEREAS, the Alamance County budget is experiencing a shortfall of an estimated $2.5million it is unlikely that an additional 3-4 FTE's will be funded; and,

WHEREAS, The increased need for health department services is expected to continue as current economic conditions improve slowly; and,

WHEREAS, ACHD cannot add any additional staff without additional funding; cutting the number of patients served is the only way it can incorporate HIS into the clinic environment and maintain our Medicaid billing; and,

WHEREAS, Alternative software solutions exist that are capable of meeting our current reporting needs as well as our future needs relevant to EMR and case management; and,

WHEREAS, HIS help desk and support are insufficient to meet our needs. The help desk staff seem to be knowledgeable about HIS, however they do not demonstrate knowledge of public health business practices and aspects and applications of HIS that impact the Local Health Department; and,

WHEREAS, The State has indicated that there would be costs incurred for returning to functioning as a batch county however no cost figures have been provided, despite requests for this information on numerous occassions;

NOW THEREFORE BE IT RESOLVED BY THE ALAMANCE COUNTY BOARD OF HEALTH as follows:

1. That the Board of Health respectfully requests that the ACHD be allowed to immediately return to functioning as a "batch" county, using an alternative software solution that would interface with the State HIS system to meet the required reporting.

2. As no batch county has yet to "roll-out", the Alamance County Health Department is willing and prepared to test the required interface between our proprietary software and HIS.

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Reid Woodard, OD, Chairman

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A motion was made by Dr. Donald Courtney to sign the Resolution presented. The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

C. Discussion of HSC Smoke-free Campus

Mr. Bass, Ms. Glenda Linens and Ms. April Durr discussed smoking at the Human Services Center (HSC) and requested the board consider making HSC a smoke-free campus. The board directed the group to survey staff about having a smoke-free campus and if smoking cessation assistance would be welcomed. The group should report back to the Personal Health Committee in September.

D. Request for New Service and Approval of Associated Rates

Mr. Barry Bass presented a request to begin offering smoking cessation counseling to clients and requested approval of fees to be charged:

ALAMANCE COUNTY
Health Department
319 North Graham-Hopedale Road Suite B
Burlington, NC 27217-2995
www.alamance-nc.com/d/health

Joseph B. Bass, Jr., MSW
Health Director

(336) 227-0101
FAX (336) 513-5593

Memo

To: Alamance County Board of Health

From: Joseph B. Bass, Jr., Health Director

Re: Request for new service and approval of associated rates

Smoking Cessation counseling is used to assist those who smoke in quitting the habit. It combines education, the use of nicotine replacement therapy, and follow up to aid patients in ending tobacco use. By reducing many of the health risks associated with smoking, Smoking Cessation Counseling has been shown to help improve pregnancy outcomes, and decrease the effects of other chronic illnesses such as coronary artery disease.

We are now able to bill Medicaid for Smoking Cessation Counseling and are requesting to implement this new service at the following rates.

CPT Code	Description of Service	Medicaid Rate	Proposed ACHD Rate
99406	Smoking/Tobacco Cessation Counseling 3-10 Min	$11.93	$13.00
99407	Smoking/Tobacco Cessation Counseling >10 min	$23.05	$25.00

Committed to Protecting and Improving the Public's Health in Alamance County

A motion was made by Dr. Donald Courtney to offer smoking cessation counseling at the rates presented. The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

XIV. Other

Mr. Bass requested the board approve his request to sit on a board for the City of Graham. No board member voiced concern about this request.

XV. Adjournment

With no further action or discussion, the meeting adjourned at 8:52 p.m. on a motion made by Dr. Donald Courtney and seconded by Mr. Kent Tapscott.

ALAMANCE COUNTY BOARD OF HEALTH

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Dr. Reid Woodard, Chairman

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Mr. Joseph B. Bass, Jr., Secretary