

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

October 21, 2014

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, October 21, 2014, 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. Kent Tapscott, Chair; Mr. Michael Venable, Vice-Chair; Ms. Linda Massey, Commissioner; Ms. Kathleen Colville; Dr. Kary Dodd; Ms. LaTina McGee; Dr. Karin Minter; and Dr. Annette Wilson.

The following staff members were present: Ms Stacie Turpin Saunders, Mr. Carl Carroll, Dr. Kathleen Shapley-Quinn, Ms. Gayle Shoffner, Ms. Christy Allred, and Ms. Janna Elliott.

The following guests were present: Mr. Craig Honeycutt, County Manager.

I. Call to Order and Introductions

Board of Health Chairman, Mr. Kent Tapscott, called the meeting to order at 6:30 p.m. Those that were in attendance introduced themselves.

II. Public Comments

No public comments were made.

III. Oath of Office:

Ms. LaTina McGee, newly appointed Registered Nurse on the board, was administered the Oath of Office by Ms. Janna Elliott.

IV. Approval of the August 21, 2014 Board of Health Minutes

A motion was made by Dr. Karin Minter to approve the August 21, 2014, Board of Health minutes. The motion was seconded by Mr. Michael Venable and approved unanimously by the board.

V. Administrative Reports

A. Personnel Report

Ms. Janna Elliott provided the Board with the Personnel Update and discussed the County's Pay and Classification Study.

PERSONNEL UPDATE***New Hires / Transfers / Resignations:***

- Stacie Turpin Saunders transferred into the Local Health Director position effective August 25, 2014.
- Elizabeth Luna transferred into the Administrative Assistant I – Clerical Supervisor position effective October 1, 2014.
- Lisa Miles transferred into the Processing Assistant III – Intake Clerk position effective October 1, 2014.
- Christine Kellum resigned from her Public Health Nurse I position effective October 9, 2014.

Recruiting to fill the following positions:

- Processing Assistant III – Finance Clerk (appointment pending)
- Public Health Educator III – Health Education Supervisor (conducting interviews)
- Processing Assistant V – CNA/CenteringPregnancy Coordinator (accepting applications)

Vacant positions:

- Public Health Nurse I (two positions)
- Processing Assistant III – Admin
- Processing Assistant III – Intake Clerk
- Processing Assistant III – Medical Records

B. FY 2014-2015 Budget Amendments and Transfers

Ms. Janna Elliott presented budget revision #2:

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	2		DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
<u>Expenditures:</u>				
110-5110-311	CONF/SCH/SEM/TRAINING EXPENSE	\$1,111.00		\$1,111.00
<u>Revenue:</u>				
310-3511-319	ENVIRONMENTAL HEALTH	\$1,111.00		\$1,111.00

Explanation:

The Alamance County Health Department was allocated \$1,111.00 by the N. C. Department of Public Health to reimburse local agencies for the cost of inspections completed 06/01/2014 – 09/30/2014 as part of the Summer Food Service Program (SFSP). These are entirely state funds and do not require any local match or expenditure of any local funds. Environmental Health Specialists conducted thirty one inspections of Summer Food Service Facilities as part of this program.

A motion was made by Dr. Kary Dodd to approve budget amendment # 2 for Fiscal Year 2014 - 2015. The motion was seconded by Mr. Michael Venable and approved unanimously by the board.

VI. Tobacco and Smoking Policy Update

Ms. Stacie Turpin Saunders presented a worksite survey provided by the North Carolina Department of Public Health's Tobacco Prevention and Control Branch. The purpose of the survey would be to gauge staff's support, or lack thereof, of a tobacco-free/smoke-free policy. Ms. Turpin Saunders discussed that if the board intends to move forward with a policy regardless of survey results, it would not be good practice to survey staff. If the board wants to hear from staff and would then decide, based upon survey results, next steps, then surveying the staff would make sense. Mr. Tapscott stated it is important to see the level of possible resistance before proceeding with policy change. All Human Services Center (HSC) staff would be surveyed, not just Health Department staff. Mr. Venable discussed that the purpose of requesting a survey was to determine how staff feel about a potential policy. Ms. Elliott stated that this topic came to the board because of complaints she receives on a weekly basis from staff that smell smoke in their offices and within maternity clinic, due to proximity of smokers to the building. Dr. Shapley-Quinn suggested providing staff with information regarding the board's intent prior to introducing the survey. Dr. Minter stated that in medicine, you do not order tests that are not going to change your management. Particularly question number four on the survey, potentially allowing smoking within a room, would need to be reworded because that would not be an option. Ms. Turpin Saunders will take the survey back to the workgroup, work on revising the questions and present a draft of questions to the board at a future meeting.

VII. FY 2014-2015 Oral Health County Program Plan

Ms. Turpin Saunders presented the board with the 2014-2015 Oral Health County Program Plan. Dr. Dodd questioned the reported improvement in tooth decay. He has not seen an improvement in the patients he sees at his office. Ms. Turpin Saunders will ask Ms. Jernigan for the source of her data. Ms. Colville inquired about the Fluoride Mouth Rinse Program and how the schools are chosen for this program. Ms. Turpin Saunders will invite Ms. Jernigan to an upcoming meeting as well as Dental Clinic staff to discuss their outreach to school-aged children.

VIII. Personal Health Committee Update

Mr. Tapscott reviewed the minutes from the Personal Health Committee held on September 16, 2014.

IX. Personal Health Update

Ms. Gayle Shoffner discussed the activities of the mandatory flu vaccine workgroup. The group met October 9 and new vaccine rates were discussed for the 2013-2014 flu season. It was found that 83% of ACHD staff received the flu vaccine by the conclusion of the season. Of the nurses and providers, all but three received the vaccine. Two of those have medical exemptions and the third one received vaccination off-site and did not provide documentation. For the current season, the workgroup will focus on education of staff, especially staff who continually decline the vaccine. The vaccine will be made more accessible to employees by going to environmental health and dental to provide vaccine on-site at those locations. The workgroup will meet again in January to begin planning for the 2015-2016 flu season. Mr. Tapscott asked Mr. Craig Honeycutt for incentive ideas. Mr. Honeycutt stated that he will discuss with the Human Resources Director the possibility of providing two hours of bonus time for every Health Department employee who obtains his or her flu vaccine. This was a well-received idea and appreciated to help staff want to be vaccinated.

Ms. Shoffner discussed availability of flu vaccine. ACHD currently has 100 doses of trivalent, 130 doses of quadrivalent, 90 doses of mist, 50 high dose vaccines and 30 baby doses available for the public, not including state flu vaccine. There is currently a distribution issue with flu vaccine, but ACHD hopes to receive more private doses soon.

Ms. Shoffner informed the board about the new mandate for public, charter and regional schools to have two epinephrine auto injectors on campuses by November 1, 2014, and provide annual training for lay school personnel to administer the injectors. Ms. Shoffner, Dr. Shapley-Quinn and Ms. Gaile Bowling, lead school nurse, have been working to develop protocols, obtain non-patient prescriptions and train school staff to meet the requirement. ACHD hosted training on October 20, enabling ABSS school nurses to train 104 school personnel in the administration of EpiPens and CPR. An outreach letter has been mailed to three area charter schools offering assistance to meet this requirement. The goal is for every public school in Alamance County to have two adult and two junior injectors on-site at each campus. Mr. Tapscott inquired about funding for EpiPens for the schools. The training includes storage, shelf-life and disposal/replacement. The EpiPens are intended for individuals with unknown allergies. Individuals with known allergies are still required to maintain their own EpiPens at their school location.

X. Environmental Health Committee Update

Mr. Carl Carroll reviewed the minutes from the Environmental Health Committee held on September 16, 2014. Mr. Carroll stated that Environmental Health is hosting a Rabies Clinic November 1, 2014, from 9:00 am until 1:00 pm.

XI. Environmental Health Update

Mr. Carroll discussed the FDA's National Retail Food Safety Program standards. Environmental Health (EH) has established a goal within ACHD's strategic plan to reach five of the standards by 2015. EH has accomplished three of those goals already. A self-assessment and risk-based assessment of Alamance County facilities showed poor personal hygiene and cold holding of cold foods are two most often out-of-compliance issues. EH staff is working on strategies to decrease these violations to decrease risk at establishments. Mr. Carroll discussed that if a facility receives a lower grade, they have the ability to make corrections and call for re-inspection. The re-inspection must occur within 15 days. The facility knows they will be inspected and keeps things in compliance until after the inspection occurs. The number of times a facility is inspected is based on the risk of that facility, depending on food preparation or risk of consumers. The higher risk facilities are inspected four times annually, while the low risk are inspected once annually. A number of facilities, like McDonald's and other chain restaurants are inspected twice annually. If a "B" grade is received and a re-inspection is requested, the facility may have five inspections in a year. There are a number of facilities which have a history of lower grade, re-inspection for higher grade, lower grade, re-inspection for higher grade cycle. EH has developed a workgroup to help facilities achieve better scores. Staff will target high risk facilities that are cyclical with inspections to better educate them on standards and how to improve. If the facilities do not improve, EH staff will use the enforcement arm of issuing an Intent to Suspend at these facilities. Some of them have been in business and on this cycle for a number of years. Dr. Karin Minter asked if there was a limit to a number of times a facility could drop down and request re-inspection. EH staff completes over 2,100 inspections annually in Alamance County. There are over 400 food service facilities, including food trucks and Aramark at Elon University. In order to close a facility, the grade has to drop below a 70 or there has to be an imminent hazard present. EH staff has a tool, 30-Day Intent to Suspend, which can be used to put the facility on notice that EH will suspend their permit to operate unless the problem is corrected. The intent is not posted publicly, but is public information if someone asks. WFMY News 2 does a weekly spot on best and worst restaurants in the area.

Mr. Carroll informed the board about the Healthy Homes Program created in the 1990s through the Asthma Coalition. This program involves assessments in homes of children with asthma, trying to address triggers in the home. In 2013, EH partnered with UNC to receive/provide training for EH staff, ACHD nurses and social workers and ABSS nurses and social workers to learn to identify triggers in the home. There is a referral system that allows anyone in the health department, schools, physician's office can make a referral for a child that has asthma. Environmental Health will go to the home and try to identify triggers. In the last year and a half, EH has received 45 referrals. Half of those have come from school nurses. Half of the referrals have declined home visits, but staff are able to educate over the telephone. EH receives over 200 phone calls per year regarding indoor air quality. Ms. McGee inquired about financial assistance available to help the public fix mold issues. Mr. Carroll responded

the Green Cleaning kit that staff provide to public receiving a referral. Most of the time, mold is a symptom to a water issue. Mold issues can be very expensive to rectify, but we provide as much education and information as possible.

XII. Medical Director's Report

Dr. Shapley-Quinn stated that, after discussion at the June Personal Health Committee meeting, a decision was made to present clinic statistics only twice per year. This will give Board members information about trends and minimize focus on short term changes in clinic activity. Ms. Karen Schwabrow has been helping with redesign formatting to make the data more readable and user friendly.

Dr. Shapley-Quinn stated that is has been a very busy few weeks. There was a single case of legionella in a nursing home, a single case of pertussis in a charter school, and we have been planning and preparing for Ebola response.

Dr. Shapley-Quinn discussed and presented different methods of birth control devices, including Nexplanon (subdermal implant) and Mirena and Skyla (intrauterine devices). These long acting reversible contraception devices are actually more effective than sterilization.

XIII. Health Director's Report

Ms. Turpin Saunders provided the board with an update on Ebola. According to the CDC, there are currently 9,216 total cases worldwide and there have been 4,555 deaths. There is a lag in data; these numbers were provided by the CDC today. A majority of cases have occurred in West Africa, specifically, Guinea, Liberia and Sierra Leona. Previously affected countries in West Africa are Nigeria and Senegal. There have been two travel-associated cases; one in Spain and one in the United States. On September 30, a traveler from Liberia was diagnosed positive in the United States. This traveler was asymptomatic when he traveled to the US. On September 24, he presented to the hospital and was not admitted; he presented again on September 26, was admitted, and unfortunately passed away. From this case, there were two transmitted cases in healthcare workers. The initial case had 48 contacts that came off active monitoring on October 20. There are 100+ being actively monitored as contacts to the two infected healthcare workers. There have been no cases in North Carolina. The NC Division of Public Health (DPH) has been preparing since late July and ACHD has been preparing just as long. The EPI Team was convened to begin planning and preparing and has now transition to using incident command system (ICS) to manage this planning and preparedness activity. Community partners are involved, including Emergency Management, EMS, ARMC, Moses Cone, first responders, 911, law enforcement. ACHD's role includes active monitoring, surveillance of contacts. Public Health Nurses have received contact tracing training to identify contacts, provide surveillance of those contacts and, if we were to have a case, all contacts would have to be monitored daily with a face-to-face contact by public health nurses. Monitoring occurs for 21 days and if no symptoms for 21 days, they are removed from monitoring. The state has established an Ebola information line at 1-800-222-1222, which is the Poison Control number. Press option six for questions regarding Ebola. ICS includes

Planning, Safety, Public Information, Logistics, Finance and Operations. Meetings occur weekly following the statewide all-partner call. Mr. Honeycutt informed the board that he has been thoroughly impressed with the Health Department's preparedness and response thus far. Mr. Tapscott inquired if ACHD had proper personal protective equipment (PPE) to be in contact with potential cases. Dr. Shapley-Quinn stated that the PPE guidelines are rapidly changing and ACHD is adapting as quickly as possible when the guidelines are changed. Because of protocols in place, public health nurses should not come into contact with someone who is symptomatic. If individuals being monitored develop symptoms which warrant transport to hospital, protocol is set up that EMS will arrive in full PPE to transport. First responders would not be dispatched for this purpose. It was discussed that this is a very fluid situation with new and updated guidance coming when available from the CDC and/or DPH. ACHD is pushing out guidance to local providers as quickly as possible. Mr. Tapscott suggested that ACHD use this opportunity for community outreach to be a resource for travelers regardless of where they are traveling to/from. Dr. Wilson discussed guidance for animals; Mr. Carroll stated that we are still awaiting guidance from CDC and DPH on this.

Ms. Turpin Saunders discussed Performance Management and Performance Based Budgeting (PMPBB). This is a program the county has been doing since FY 12-13. During that year, ACHD met its goals and now has access to approximately \$267,000 in a PMPBB Saving Account. The agency must create a spending plan to present to county management and then county commissioners for approval. The program has guidelines for what the funds can be spent on and following those guidelines, ACHD will be creating a spending plan. Management Team met and determined some items to be requested including staff bonuses for employees who were employed during FY 12-13 and still currently employed, an HVAC assessment which is being split with DSS, professional development including strategic planning, upgrades to the EPI room and EPI team technology. Staff was then engaged to determine priorities for them, themes were collected, then votes were cast at the September staff meeting. ACHD will not be spending the entire amount at this time. Funds, up to 8% of total budget, may be retained in the saving account for larger purchases or improvements.

Ms. Turpin Saunders also discussed recent awards received by staff. Dr. Shapley-Quinn recently received the Practitioner Award for Academic/Practice-Based Research at the NC Public Health Association conference. Ms. Shoffner was recently recognized at the NCPHA conference for her 25 years of dedication to local public health. Staff members Ms. Amanda Marvin and Ms. Nekaya Harrelson and Partnership for Children staff member Ms. Jessica Johnson were awarded the 2014 NC SOPHE Kathy Kerr Award for outstanding health education project. Their multiagency project focused on incorporating interconception health messaging into the Parent as Teacher program at the Partnership for Children. Ms. Glenda Linens was nominated for a county SOAR Award. This is a new employee recognition program in which the public and employees may nominate employees for service above and beyond the call of duty.

XIV. Old Business

There was no old business to discuss.

XV. New Business**A. Board of Health Applicants**

Mr. Tapscott discussed two applicants for the Board of Health's Representative of the General Public position. Board members reviewed both applications and discussed the need to have a true representative of the general public which helps to represent the county's demographic make-up. The term for this position expires on December 31, 2014, and would need to be reappointed for a full three-year term. Ms. Turpin Saunders stated that the general statutes state that the Board of Health should reflect the population in which it serves. Alamance County population is 75.8 % white, 19% African American, 1.5% Asian and 1.4% American Indian/Native Alaskan. For ethnic groups, Alamance County is 11% Latino. The Board of Health is comprised of 70% white, 30% African American and no representation from other groups. The clients served by all clinics of ACHD, it is generally 1/3 white, 1/3 African American and 1/3 Latino. The board requested geographic data of current board member municipalities/areas and try to recruit a general public representative from under represented areas and/or a different ethnicity.

A motion was made by Mr. Michael Venable to table recommendation of Board of Health applicants to allow time to obtain additional applicants to represent the diversity of the community. The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

B. Flu Fee Request

Ms. Elliott presented a request to keep seasonal flu vaccine fees for the 2014-2015 the same as the 2013-2014 flu season: \$25.00 for the trivalent, quadrivalent and FluMist options, and \$35.00 for the high dose (for individuals age 65 and older) and Flublok (for individuals with egg allergy).

A motion was made by Ms. Kathleen Colville to approve the flu vaccine fees as presented for the 2014-2015 flu season. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.

The board will revisit this in December. Mr. Venable inquired about the board's website and how recruitment occurs.

C. Request for New Service

Ms. Elliott presented a request to begin inserting Skyla, a hormone-releasing IUD (intrauterine device) that prevents pregnancy for up to three years, with a

recommended fee of \$690.00 per J7301 code billed. Mr. Venable inquired about how are anticipated to be placed per year. Dr. Shapley-Quinn estimated 25 IUDs per month.

A motion was made by Ms. Kathleen Colville to approve the new service and fee as presented for Skyla insertions. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.

D. Environmental Health Water Sample Fee Increase Request

Mr. Carroll presented a request to increase Environmental Health's water sample fees due to increased fees being charged by the state lab, which became effective September 1, 2014.

Category	Current State Lab FY13/14 (\$)	New State Lab FY15 (\$)	State Lab Increase (\$)	Current Alamance County (\$)	Proposed Alamance County (\$)	Approximate # Samples Clients applied for during past 12 months
Coliform	3.09	23	19.91	20.00	40.00	217
Full Inorganic Panel	3.15	74	70.85	25.00	85.00	97
Nitrate/Nitrite	7.55	25	17.45	25.00	45.00	29
Pesticides	23.99	74	50.01	40.00	95.00	15
Volatile Organic Chemicals	26.91	74	47.09	50.00	95.00	27
New Well Sample Kit (includes coliform, Inorganic, and Nitrate)	73.95	74	.05	110.00*	110.00*	93
* This fee is include with the well permit fee, which is \$330						

Mr. Carroll also presented information regarding staff time and revenue sources as well as a history of Environmental Health fees from 1989-2014.

A motion was made by Mr. Michael Venable to approve the water sample fee increases as presented. The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

E. Review of By-Laws of Alamance County Board of Health

Ms. Turpin Saunders discussed that by-laws must be reviewed annually and either approved as is or revised. Mr. Venable discussed that the statutes allow for positions to be filled by general public members if someone from mandated profession is unavailable. Neither the statute nor the by-laws provide information for termination of the general public person serving in a specified role when someone from the mandated profession has become available to serve. Mr. Tapscott suggested that board members review the by-laws and bring notes and suggestions back to a future meeting.

F. Review of Operating Procedures of the Alamance County Board of Health

The board decided to review the Operating Procedures and bring notes and suggestions back to a future meeting.

G. Nominating Committee for Election of 2015 Officers

Mr. Tapscott appointed the Environmental Health Committee to serve as the Nominating Committee for 2015 Officers.

H. Awards Committee for 2014 Award Recipients

Mr. Tapscott appointed the Personal Health Committee to serve as the Awards Committee for 2014 Award Recipients.

XVI. Other

No other business was discussed.

XVII. Adjournment

With no further action or discussion, the meeting adjourned at 9:14 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Mr. W. Kent Tapscott, Chair

Ms. Stacie Turpin Saunders, Secretary