

# ALAMANCE COUNTY BOARD OF HEALTH

## Minutes

### Regular Meeting of the Board of Health

June 16, 2015

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, June 16, 2015, 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. Michael Venable, Chair; Dr. Karin Minter, Vice Chair; Commissioner Bob Byrd; Ms. LaTina McGee; Mr. Kevin Bengel and Ms. Kathy Colville.

The following staff members were present: Ms Stacie Turpin Saunders, Mr. Carl Carroll, Ms. Gayle Shoffner, Ms. Janna Elliott, Ms. Ariana Lawrence, Ms. Arlinda Ellison, Ms. Cat Palmer, Ms. Shelby Smith, Ms. Jasmine Dailey- Intern,

#### I. Call to Order and Introductions

Board of Health Vice Chairman, Dr. Karin Minter called the meeting to order at 6:31 p.m. Those that were in attendance introduced themselves.

#### II. Public Comments

There were no public comments made.

#### III. Approval of the April 21, 2015 Board of Health Minutes

*A motion was made by Ms. LaTina McGee to approve the April 21, 2015, Board of Health minutes. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.*

#### IV. A. Collective Impact

Ms. Tracey Grayzer with Impact Alamance provided the board with an overview of Collective Impact. She explained that education is the focus of Collective Impact in Alamance County and STRIVE Together is the model that Alamance County is using. STRIVE Together principles include engaging the community, focus on eliminating local defined disparities, develop a culture of continuous improvement, and leveraging existing assets. There is a Collective Impact Leadership Forum on Wednesday June 17 and Ms. Grayzer invited the board to attend. Commissioner Byrd mentioned that this model has been implemented in big metropolitan areas. Ms. Colville shared that the community members who are involved in Collective Impact requires all to be transparent and accountable for all statistics that are discussed. **See Attachment A for the presentation.**

#### B. Child Fatality Presentation

Ms. Ashley Cobb provided the board with Alamance County's Child Fatality data over the past ten years. Over this decade, there have been a total of 215 deaths in Alamance County. Ms. Cobb found that the top causes of infant death were prematurity, SIDS, unintentional suffocation and motor vehicle accidents. Dr. Shapley-Quinn thanked Ms. Cobb for her hard work and that this information is helpful for the Child Fatality Team. **See Attachment B for the presentation.**

**V. Administrative Reports****A. Personnel Report**

Ms. Janna Elliott provided the Board with the Personnel Update.

**PERSONNEL UPDATE**

New Hires / Transfers / Resignations:

- David Ward resigned from his position as Soil Scientist effective May 29, 2015.
- Teresa Overman has been appointed to the Administrative Assistant – EH position effective July 1, 2015.
- Elizabeth Ellmore has been appointed to the Environmental Health Program Specialist – Lead Program Coordinator position effective July 1, 2015.
- Isa Cheren has submitted her resignation effective July 27, 2015.

Recruiting to fill the following positions:

- Physician IIIA, replacing Isa Cheren (accepting applications)
- Processing Assistant V – EH, replacing Teresa Overman (reviewing applications)
- Environmental Health Program Specialist, replacing Elizabeth Ellmore (reviewing applications)
- Soil Scientist, replacing David Ward (appointment pending)
- Public Health Nurse III – STD ERN/Coordinator (conducting interviews)
- Public Health Nurse I (conducting interviews)
- Licensed Clinical Social Worker (conducting interviews)

Vacant positions:

- Processing Assistant III
- Quality Assurance Specialist I
- Public Health Nurse II (requesting reclassification to PHN Supervisor)

**B. Budget Amendments**

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	<b>6</b>		DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER :	
			AMENDMENT:	X
<b><u>Expenditure</u></b>				
<b><u>S:</u></b>				
110-5110-631	PROJECT LAZARUS	\$ 3,284.00		\$ 3,284.00
<b><u>Revenue:</u></b>				
310-3511-331	PROJECT LAZARUS	\$ 3,284.00		\$ 3,284.00

**Explanation** : The Alamance County Health Department was allocated \$3,284 by the N. C. Department of Public Health to be used for a Project Lazarus initiative. Project Lazarus is a community-based overdose prevention model. These funds will be used to support our local community coalition in the surveillance of drug overdose data and to partner with them to establish an additional safe medication disposal location. These are entirely state funds and do not require any local match or expenditure of any local funds.

***A motion was made by Commissioner Bob Byrd to approve budget amendment #6 for Fiscal Year 2014 - 2015. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.***

**VI. Environmental Health Committee Update**

Mr. Carroll reviewed the minutes from the Environmental Health Committee. ***See attachment C for the minutes.***

**VII. Environmental Health Update**

Mr. Carroll updated the board about the vacancies in Environmental Health. Three onsite waste water positions and one clerical position are vacant. Turnaround time for services is 4-5 weeks right now due to high demand and vacancies. Mr. Carroll explained that many surrounding counties are recruiting for Environmental Health Specialists, and the pay is higher in those counties. Mr. Carroll said that if an untrained individual is hired, it takes about two years for that individual to be fully trained. Mr. Carroll shared that one of the employees left for the same position in Orange County making more money.

Mr. Carroll announced that Alamance County had its third rabies case of the year. A fox bit someone on the leg, and later the fox tested positive for rabies. The individual is undergoing post exposure rabies treatment.

Mr. Carroll told the board that he would keep them updated on the status of the Manufactured Home Park Rules being incorporated into the County Planning Department Ordinances after he meets with the Planning Director

**VIII. Personal Health Committee Update**

Ms. Gayle Shoffner reviewed the minutes from the PHC. ***See Attachment D for the minutes.***

**IX. Personal Health Update**

No update.

**X. Medical Director's Report**

Dr. Shapley-Quinn announced that Electronic Medical Records will begin June 17. She also stated that Dr. Cheren has been with the Health Department for 8 years as a part time physician, and has resigned from this position.

**XI. Health Director's Report**

Ms. Saunders provided the board with an update about the fiscal year 15/16 budget. The budget passed with 16 amendments made to the proposal. Two of the major amendments were that the 2% cost of living increase for county funded staff that was included in the pay and class

study was eliminated and a tax increase of \$0.05 (5 cents) was approved. Staff will be receiving a salary increase but it will vary based on the results of the job and class study. The minimum increase for staff will be 5% but some who are reclassified will receive more. But those making more than \$50k will be capped at a 12% maximum increase. The 16 amendments to the budget were:

- Reduce funding to outside agencies by \$15,559;
- Reduce contingency funding by \$510,904;
- Eliminate the 2 percent cost-of-living adjustment for employees at \$752,029;
- Eliminate a “payroll update” at \$112,204;
- Eliminate the “development farm” program at \$25,000;
- Reduce capital improvement money by \$150,000;
- Reduce the contingency of “youth homes” program at \$10,000;
- Reduce the elections department’s contingency at \$86,006;
- Reduce the fire service department’s contingency at \$11,000;
- Reduced the communications department’s contingency at \$10,000;
- Eliminate funds for the “A&E-designated funds” at \$30,000;
- Eliminate 1.5 percent from all departments’ budgets at \$391,073;
- Cap salary increases at 12 percent for individuals making more than \$50,000;
- Provide \$250,000 more in funding for ABSS’ operational budget;
- Add \$60,000 for District Attorney’s Office position; and
- Determine the county manager’s, county attorney’s and county tax collector’s salaries after a review in December.

Ms. Saunders introduced the Elon-Alamance Health Partners post-graduate fellow. The new employees introduced themselves. Shelby Smith will be working at the Health Department, Cat Palmer will be working with Healthy Alamance, Hannah Allen will work with Alamance Regional Medical Center and Maria Restuccio with Impact Alamance.

Ms. Saunders reminded the Board about the Collective Impact presentation on June 17.

## **XII. Old Business**

There was no old business to discuss.

## **XIII. New Business**

### **A. Personal Health Committee Chair**

Ms. Saunders announced that Dr. William Porfilio is willing to serve as Chair of the Personal Health Committee.

***A motion was made by Commissioner Bob Byrd to appoint Dr. Porfilio as the Chair of the Personal Health Committee. The motion was seconded by Ms. Kathy Colville and approved unanimously by the board.***

### **B. Request to Approve a New Policy: HIPAA Violations Sanctions Policy**

Ms. Shoffner explained the new policy to the board, and upon approval each staff member would read and sign the policy to be put in their personnel file.

***A motion was made by Dr. Karin Minter to approve the HIPAA Violations Sanctions Policy. The motion was seconded by Commissioner Byrd and approved unanimously by the board.***

**C. Bad Debt Write-Off**

Ms. Elliott presented the bad debt write-off to the board. The debt to write off is in the amount of \$19,560.41. After some discussion about the debt, the board would like to see a report about services provided and how much money the health department is actually receiving from these services.

**D. Appointment of Personnel Committee**

Mr. Venable suggested forming a personnel committee to meet prior to the night the Health Director's performance evaluation is conducted. The board would like if staff members of the health department and county management were also on the committee. The following board members were appointed to the Personnel Committee: Mr. Michael Venable, Ms. Kathy Colville, Dr. Karin Minter and Mr. Kent Tapscott. In the event that one of these could not attend, the backup members would be Dr. Annette Wilson and Dr. Bill Porfilio. Dr. Shapley-Quinn, Ms. Kathleen Daugherty will represent the health department, and Mr. Craig Honeycutt will represent county management on the committee. Ms. Lawrence will send out a Doodle poll for the committee to submit their availability to meet.

**XIV. Other**

There was no other business to discuss.

**XV. Adjournment**

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

**ALAMANCE COUNTY BOARD OF HEALTH**

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Mr. Michael S. Venable, Chair

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Ms. Stacie Turpin Saunders, Secretary

# \$10 billion

spent by **US foundations** in **20 years** funding **place-based efforts** to address significant **social issues**

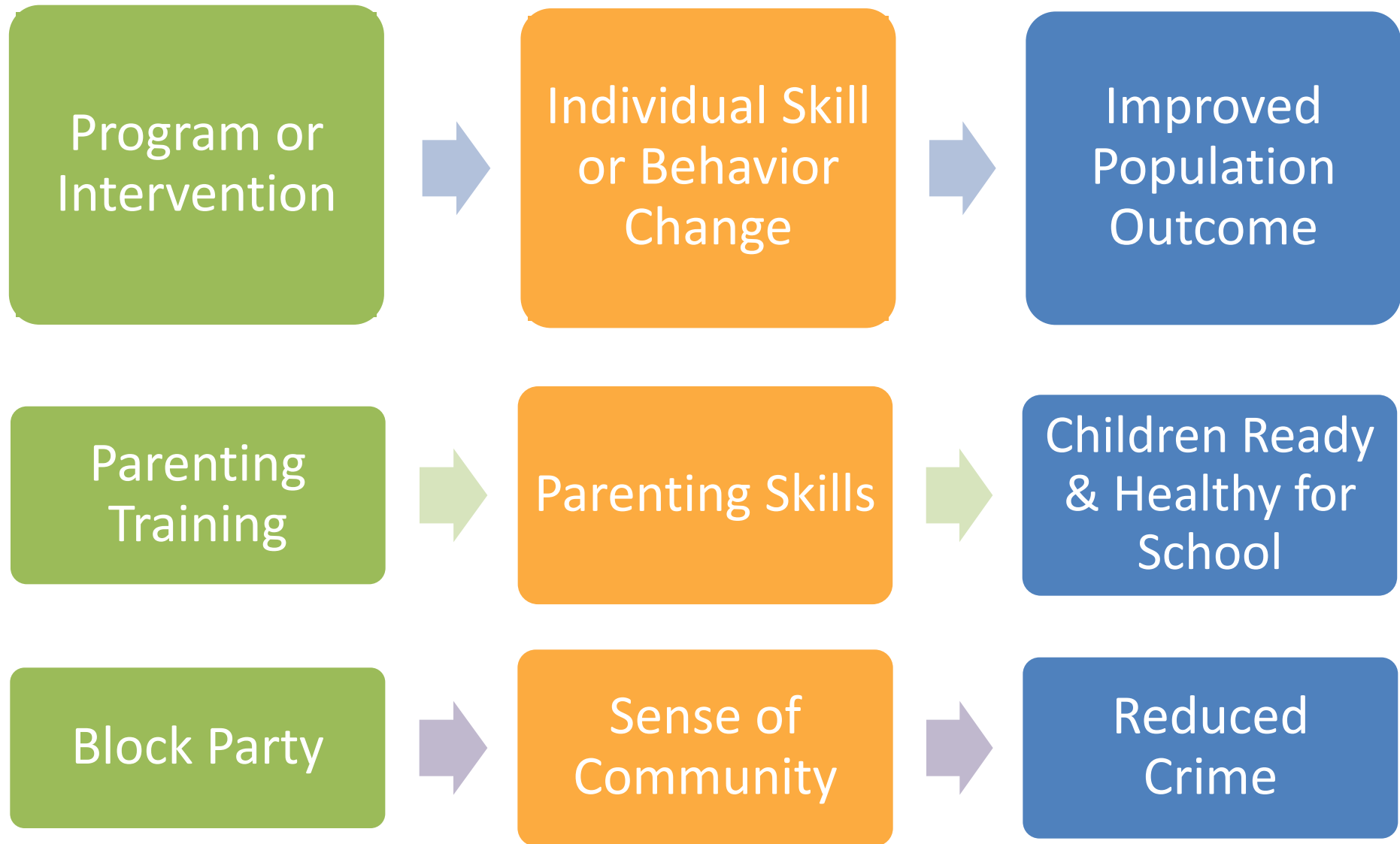


# 0% improvement

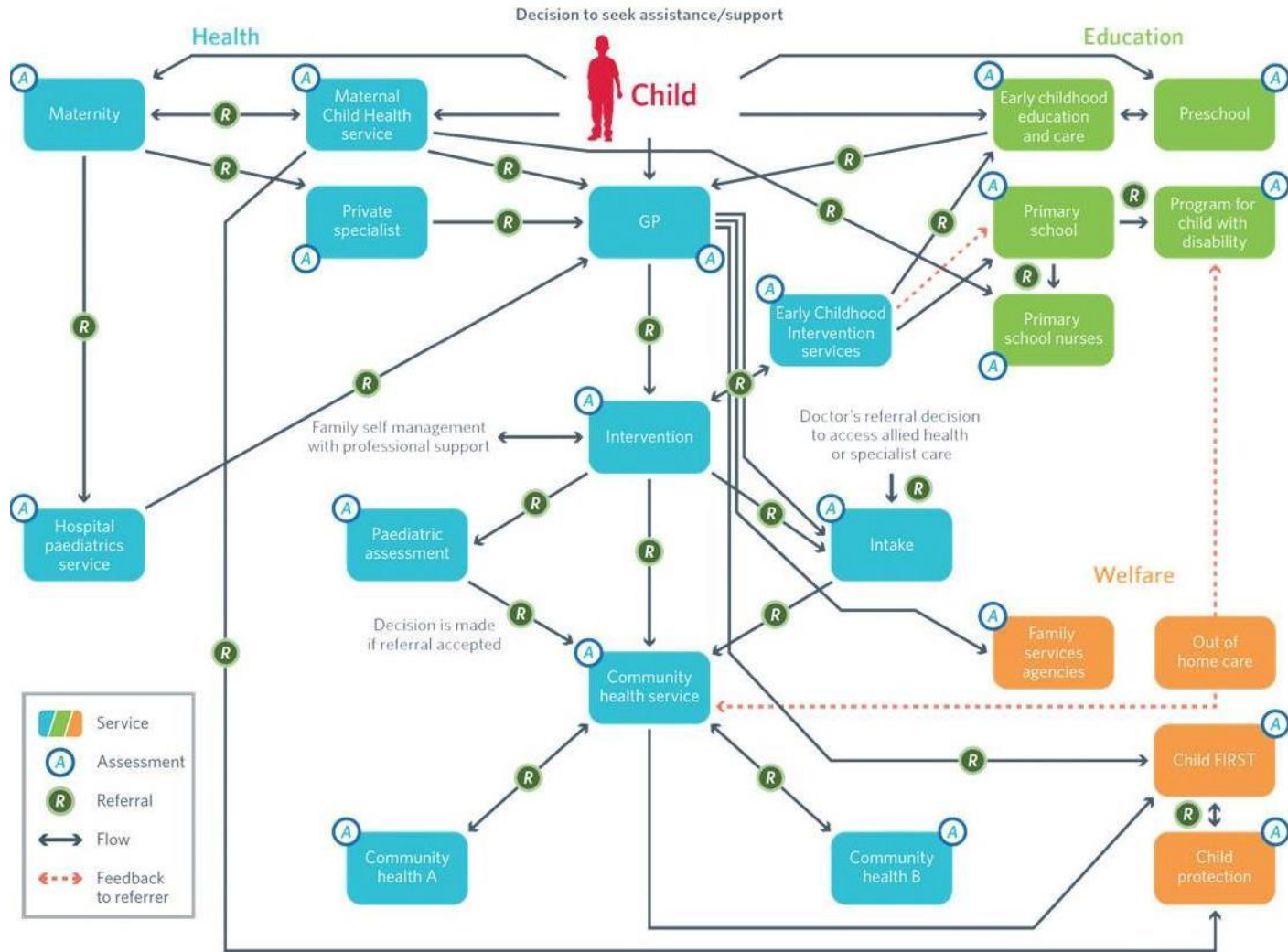
in population level outcomes as a  
result of this investment



# Typical Approach to Community Change



# Complex Social Issues







**WHY?**

**Identify Deep Root Structures**

# Collective Impact

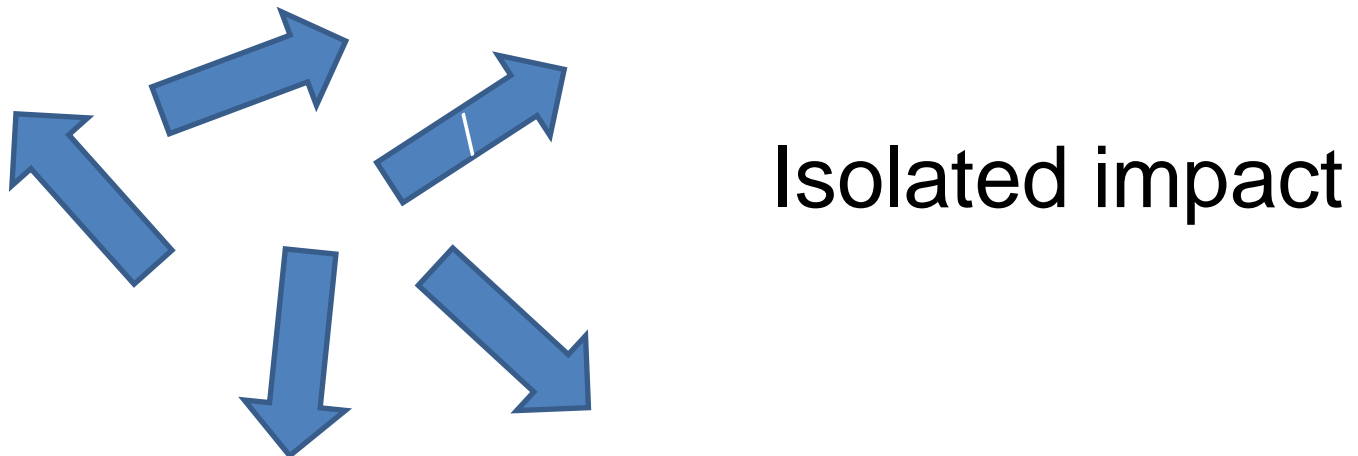
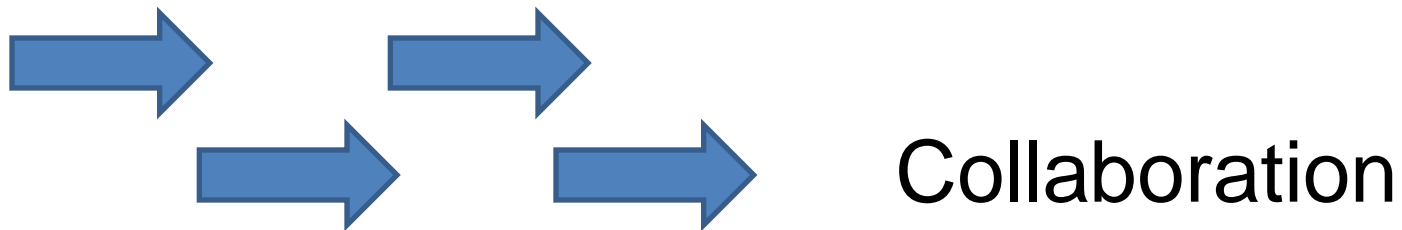
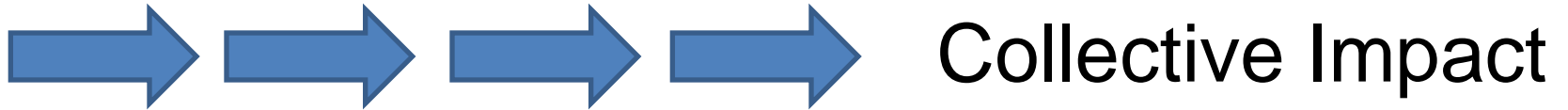
“When different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success”

*-FSG Collective Impact Forum*



[https://www.youtube.com/watch?v=pzmMk63ihNM&feature=player\\_detailpage](https://www.youtube.com/watch?v=pzmMk63ihNM&feature=player_detailpage)

# Working differently



# Collaboration

# Collective Impact

Convene around  
programs/Initiatives



Work together to move  
outcomes

Prove



Improve

Addition to what you do



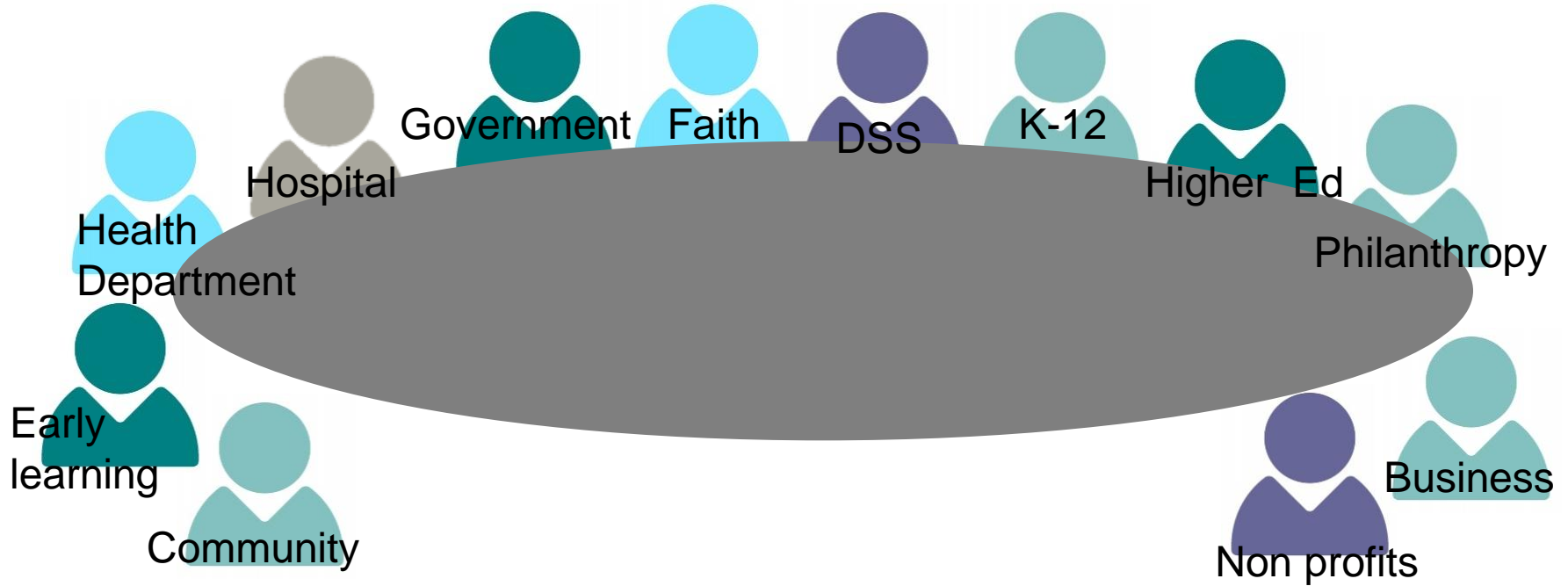
Is what you do

Advocate for ideas



Advocate for what works

# Working Differently





# Conditions of Collective Impact

## Common Agenda

- Common Understanding of the problem
- Shared Vision for Change

## Shared Measurement

- Collecting Data and Measuring Results
- Focus on performance management
- Shared accountability

## Mutually reinforcing activities

- Differentiated approaches
- Coordination through a joint plan of action

## Continuous Communication

- Consistent and open communication
- Focus on building trust

## Backbone support

- Separate organizations with staff
- Resources and skills to convene and coordinate participating organizations

# Proven Approach

## A Cradle to Career Vision for Education



# STRIVE Together



- National organization
  - 90+ partners
- Structured framework for success

# Guiding Principles



Engage the community



Focus on eliminating locally defined disparities



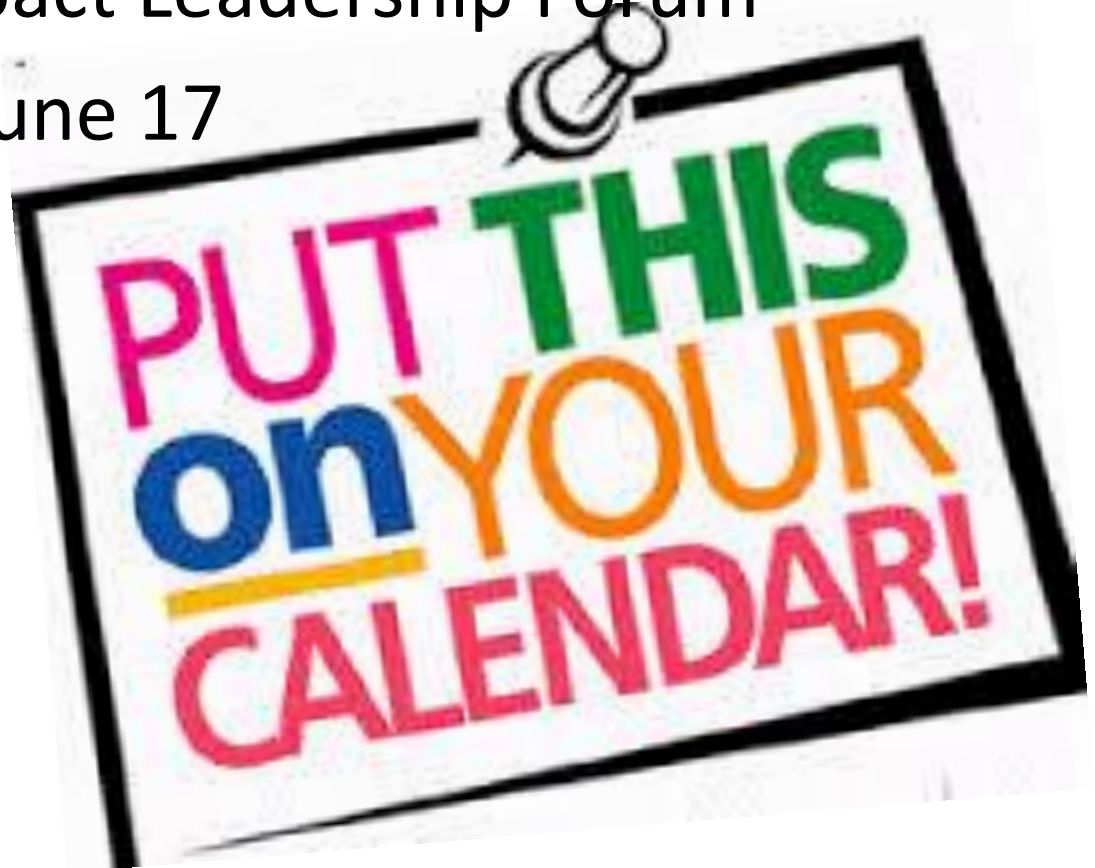
Develop a culture of continuous improvement



Leverage existing assets

# Save the Date

- Collective Impact Leadership Forum
- Wednesday, June 17
- 8-11 a.m.



# Child Fatality Task Force: Child Death Prevention Project



**JUNE 16<sup>TH</sup> 2015**

**ASHLEY COBB**

**M4- MAYO MEDICAL SCHOOL**

**MSPH CANDIDATE- UNC-CHAPEL HILL**

# Overview



- Background
- Project Overview
- Motivation for the project
- Methods
- Results
- Evidence-based recommendations
- Future directions
  - Implementation
  - Future Research
- *Bonus: Injury data for Alamance County*

# Background





# Statistics from 2013



- **Infant Mortality Rate (# deaths <1yo / 1000 live births)**
  - Nationwide: 6.17
  - North Carolina: 7
  - Alamance County: 10.1
- **Child Death Rate: (# deaths 1-14 yo / 100,000)**
  - Nationwide: 16
  - North Carolina: 18
- **Teen Death Rate (# deaths 15-19 yo / 100,000)**
  - Nationwide: 45
  - North Carolina: 47

# Differences by Race



- IMR (2013):

**White non-Hispanic Rate**

9.0

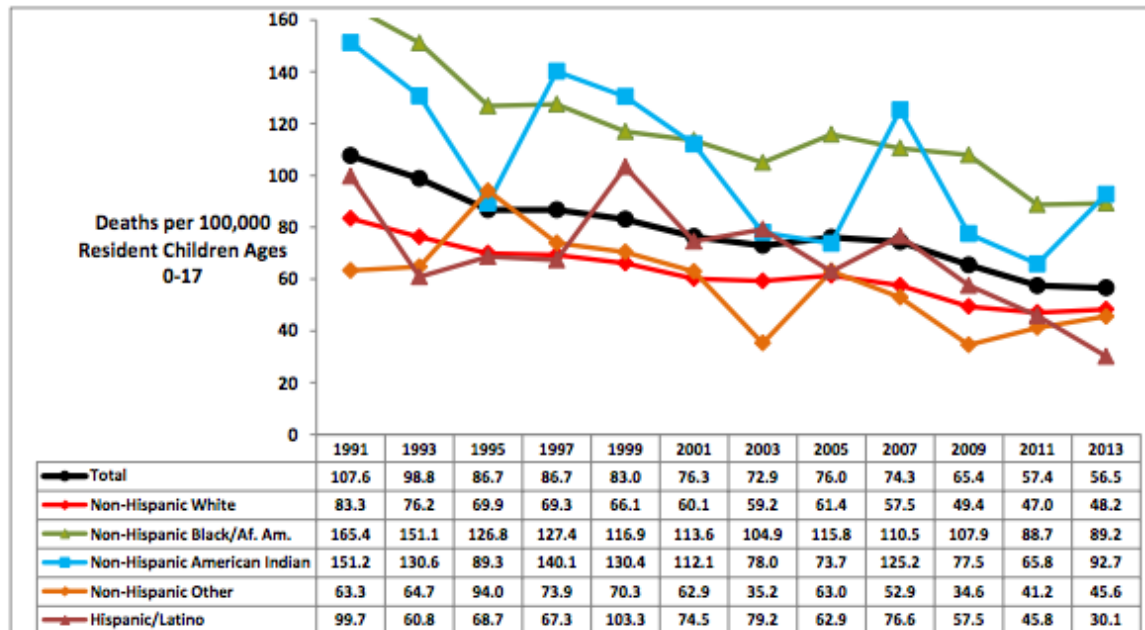
**African American Rate**

17.6

**Disparity Ratio**

1.96

**CHILD DEATHS IN NORTH CAROLINA**  
**1991-2013 Trends in North Carolina Resident Child Death Rates<sup>†</sup>**  
**by Race/Ethnicity, Ages Birth Through 17 Years**



# The Project Overview



- **Analyzing data from 2013-2004 for the top 3 preventable causes of child deaths (0-18yo) in Alamance County and providing evidence-based recommendations for future interventions.**
- Mentors: *Kathleen Shapley-Quinn MD* (Medical Director - Alamance County Health Department) & *Linda Jones* (Chairperson of the Alamance County CFTF, System of Care Coordinator at the Alamance County DSS)

# Overview of the Project



# Motivation for the project



CFTF Data

Population-level analysis

Evidence-based interventions

Improved outcomes for children

# Methods



# Methods



- **Reviewed:**

- Years: 2013-2004\*
- CFTF summary sheets
- NC State Center for Health Statistics data
- Injury data- NC DHHS
- Death certificates, ME reports, police reports

- **Abstracted:**

- Age
- Sex
- Race (if available)
- Cause of death (category)
- Preventable/non-preventable/possibly preventable
- Notes and comments (risk factor identification)

# Methods



- **Strengths:**

- Cross-referenced multiple sources of data

- **Limitations:**

- Publically available data → differences in reporting
- Numbers/types don't always match
- Comprehensive evaluation not always possible
  - ✦ Limited demographic information
- Death certificate data
- Changing leadership



# Results

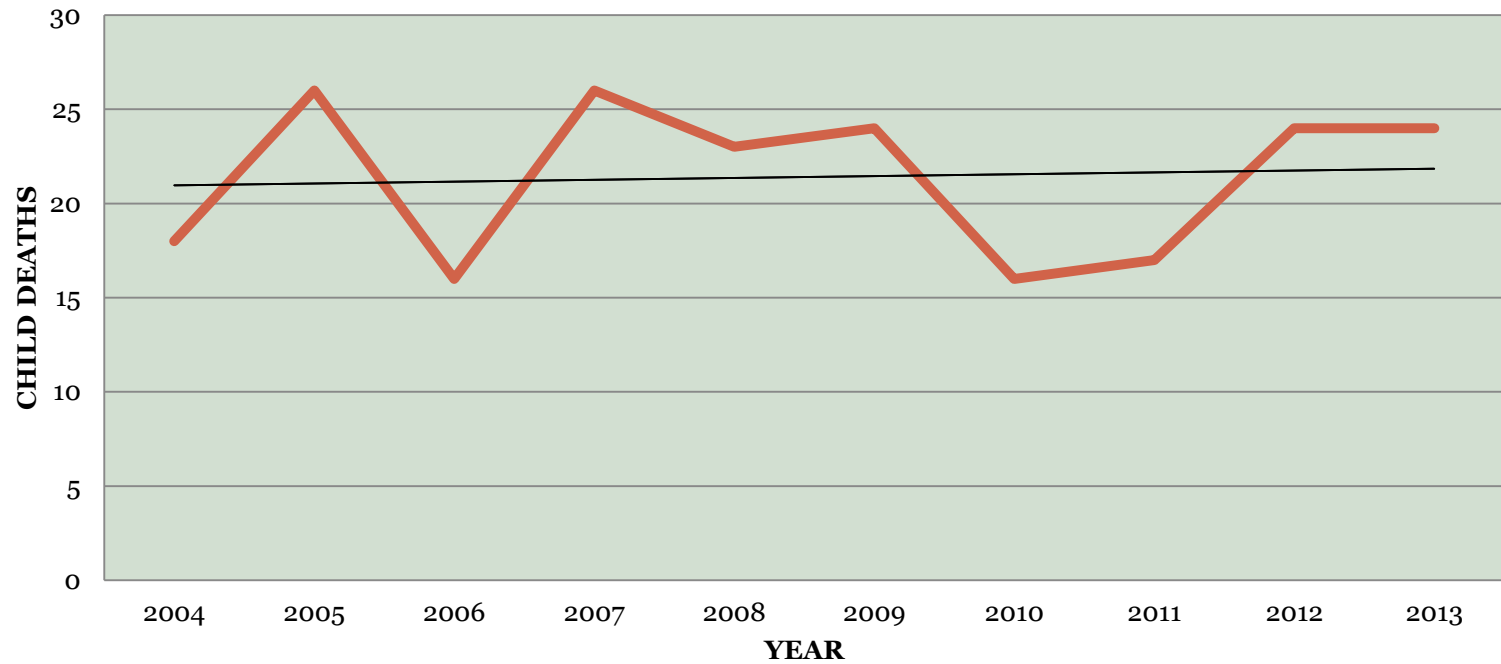


# Results



- Total= 215

**10 YEAR TOTALS OF CHILD DEATHS (0-18 YEARS) IN ALAMANCE COUNTY FROM 2004-2013**



# Deaths by Sex

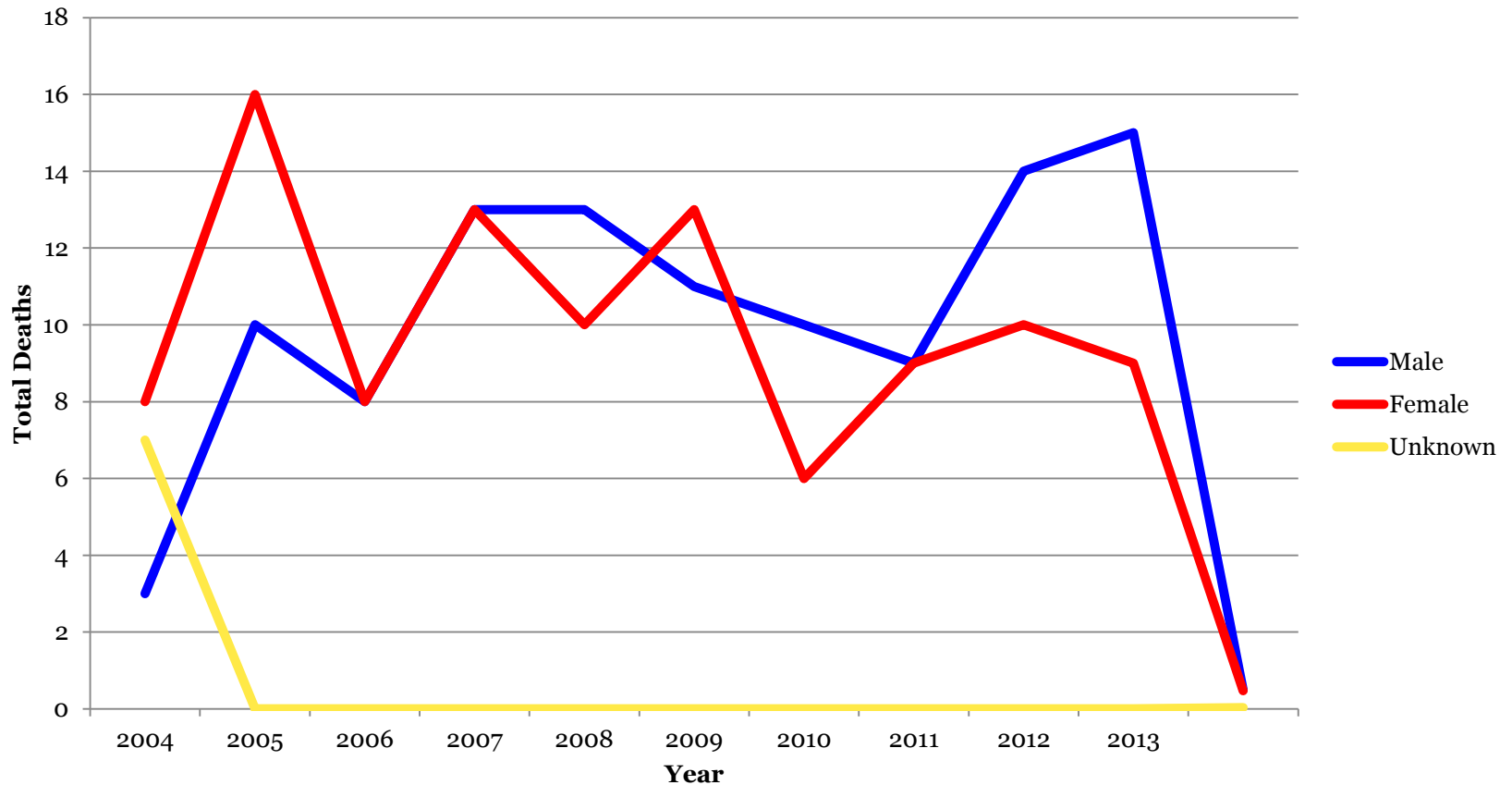


	Male	Female	Unknown	
<b>2004</b>	3	8	7	18
<b>2005</b>	10	16	0	26
<b>2006</b>	8	8	0	16
<b>2007</b>	13	13	0	26
<b>2008</b>	13	10	0	23
<b>2009</b>	11	13	0	24
<b>2010</b>	10	6	0	16
<b>2011</b>	9	9	0	18
<b>2012</b>	14	10	0	24
<b>2013</b>	15	9	0	24
	<b>49%</b>	<b>47%</b>	<b>3%</b>	<b>215</b>

# Deaths by Sex per year



## Child Deaths by Sex in Alamance County from 2004-2013



# Deaths by Age

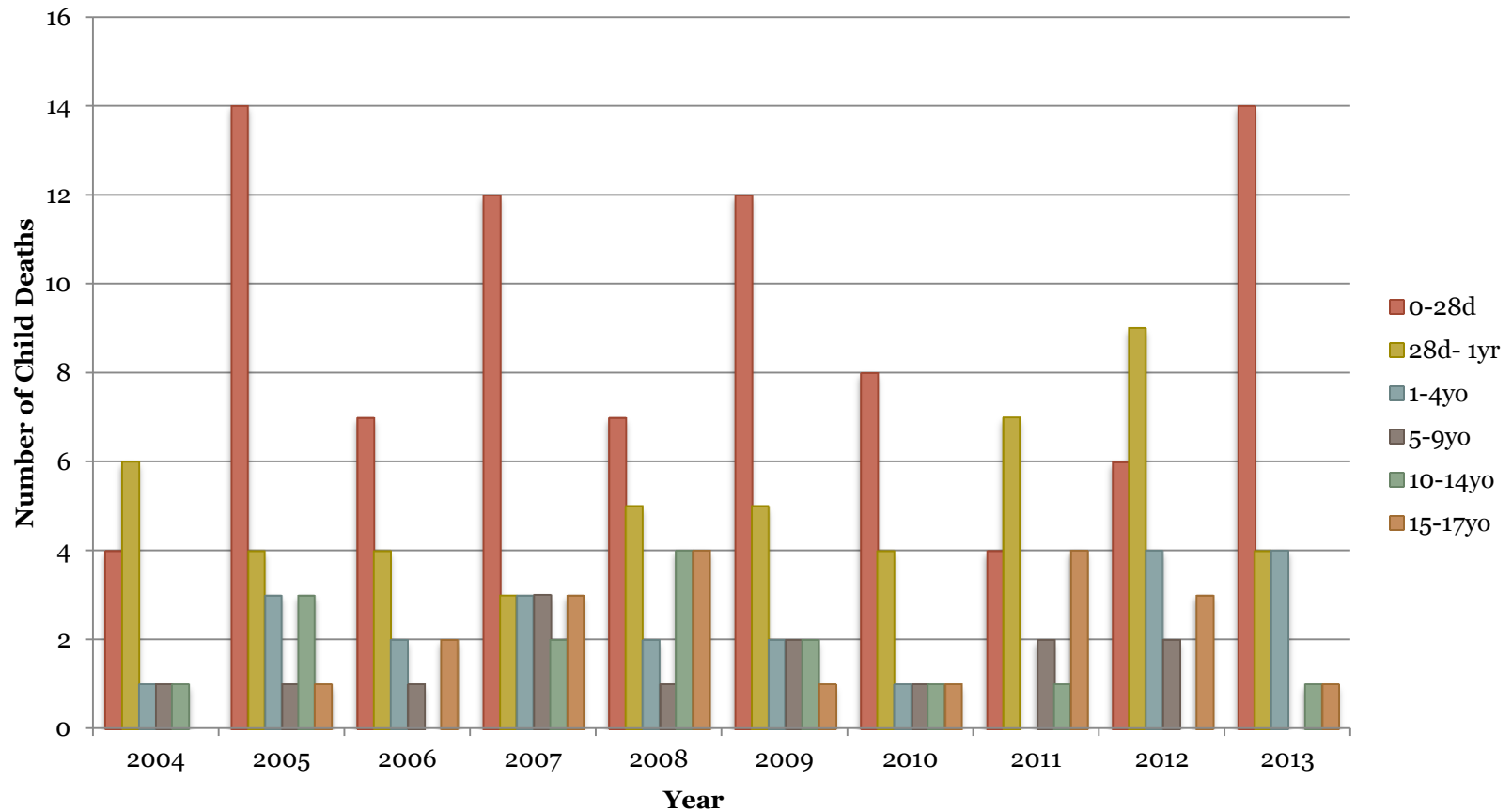


<b>Total # Deaths per year by Age</b>							
	0-28d	28d- 1yr	1-4yo	5-9yo	10-14yo	15-17yo	TOTAL
2004**	4	6	1	1	1		13
2005	14	4	3	1	3	1	26
2006	7	4	2	1	0	2	16
2007	12	3	3	3	2	3	26
2008	7	5	2	1	4	4	23
2009	12	5	2	2	2	1	24
2010	8	4	1	1	1	1	16
2011	4	7	0	2	1	4	18
2012	6	9	4	2	0	3	24
2013	14	4	4	0	1	1	24
	42%	24%	10%	7%	7%	10%	210

# Age Groups by Year



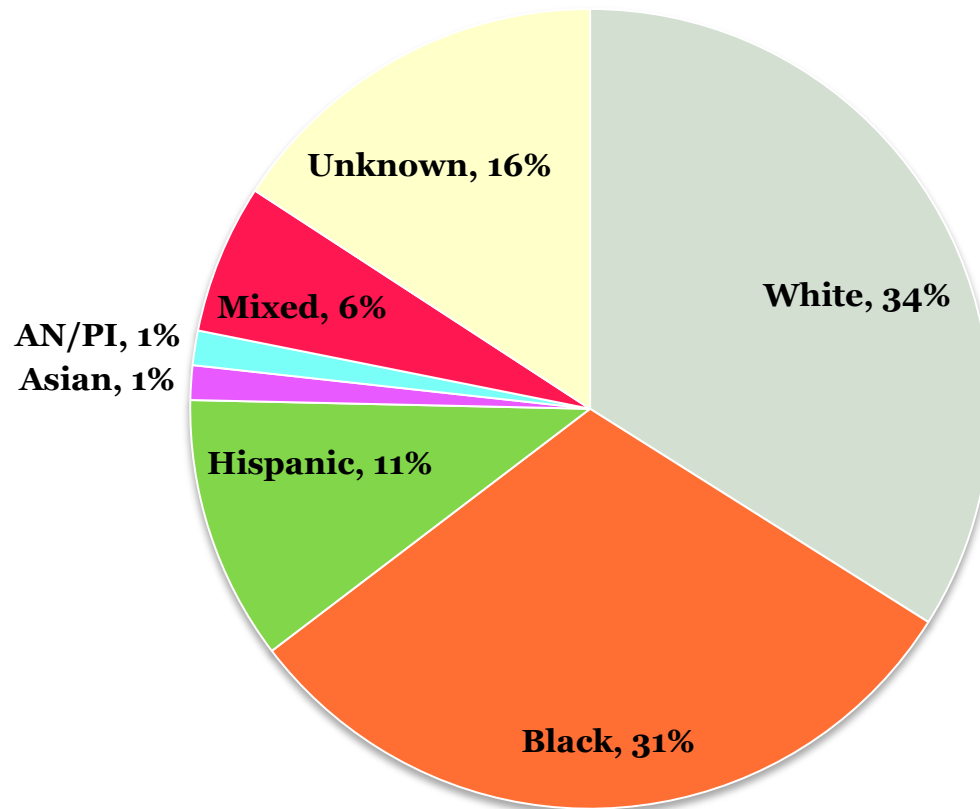
## Child Deaths by Age Group in Alamance County from 2004-2013



# Deaths by Race/Ethnicity



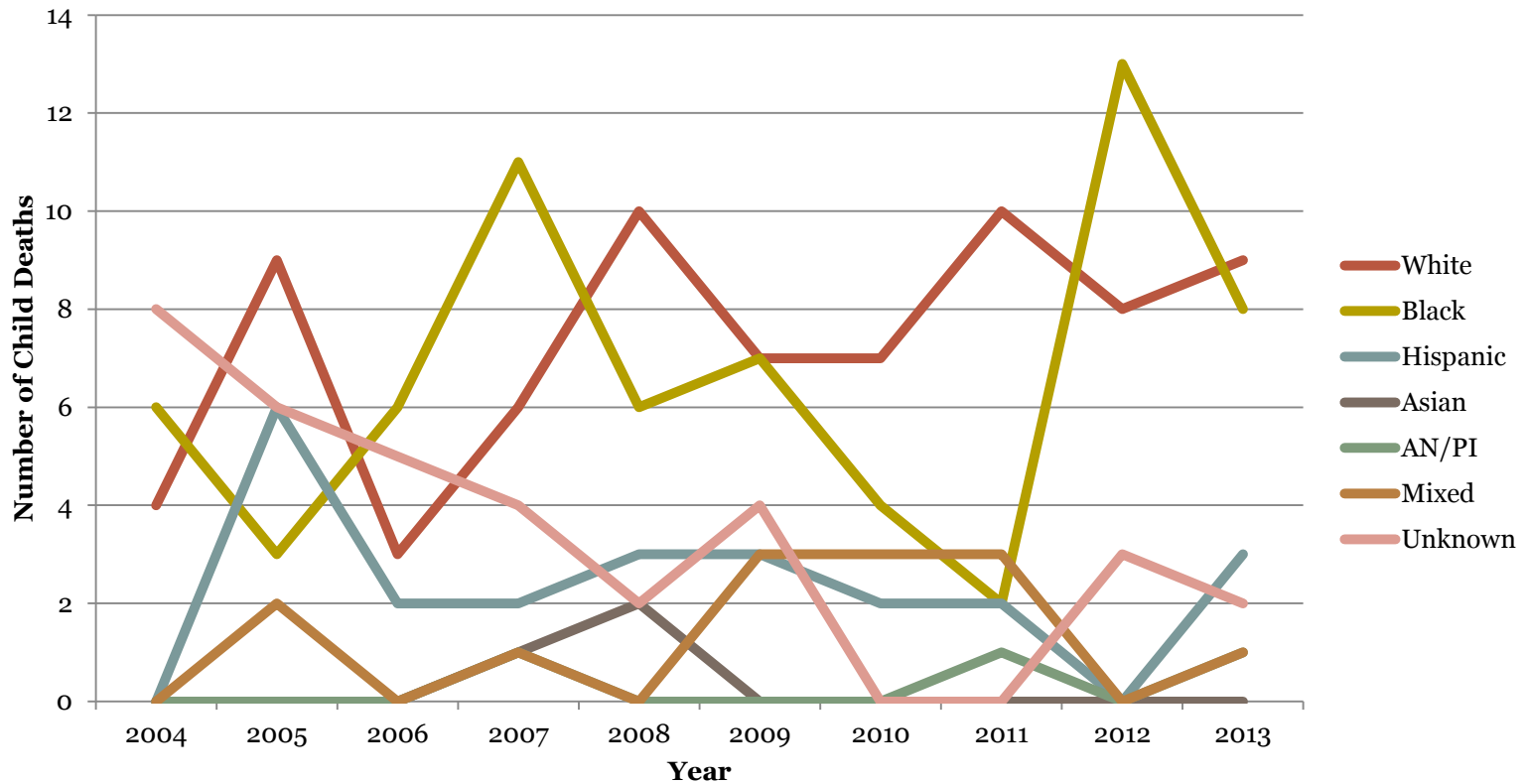
**Number of Child Deaths by Race/Ethnicity in Alamance County from 2004-2013**



# Deaths by Race/Ethnicity



## Child Deaths by Race/Ethnicity from 2004-2013 in Alamance County





# Results- By Category



<u>Year</u>	<u>Prematurity</u>	<u>Birth Defects</u>	<u>Illness</u>	<u>SIDS</u>	<u>MVAs</u>	<u>Unintentional Suffocation</u>	<u>Homicide</u>	<u>Suicide</u>	<u>Other</u>
<b>2013</b>	9	4	3	0	2	3	0	0	3
<b>2012</b>	6	8	4	2	1	1	0	1	1
<b>2011</b>	3	3	1	3	5	1	0	0	2
<b>2010</b>	7	3	3	0	0	0	0	0	3
<b>2009</b>	10	4	4	2	0	1	0	0	3
<b>2008</b>	7	3	2	1	1	1	2	2	4
<b>2007</b>	9	3	5	2	2	0	1	0	4
<b>2006</b>	6	1	5	2	0	1	0	1	0
<b>2005</b>	11	4	2	3	2	0	1	1	2
<b>2004</b>	8	1	4	0	2	1	2	0	0
<b>Total</b>	76	34	33	15	15	9	6	5	
<b>%</b>	<b>35%</b>	16%	15%	<b>7%</b>	<b>7%</b>	<b>4%</b>	3%	2%	11%

# Results- The Big 3

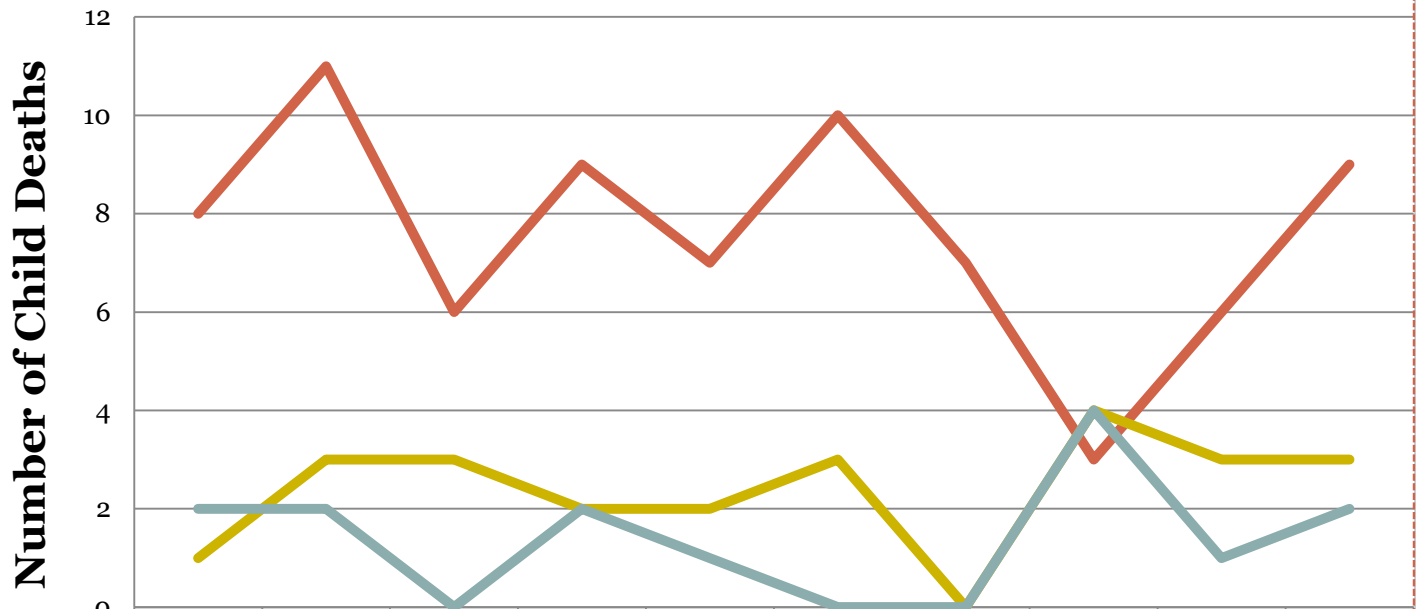


<u>Cause of Death</u>	<u>#/%</u>
<b>#1: Prematurity</b>	76 , 36%
<b>#2: SIDS &amp; Unintentional Suffocation</b>	15, 7% 9, 4% Total= 24, 11%
<b>#3: Motor Vehicle Accidents</b>	14, 7%
<b>Total</b>	114, 54%

# Results- Trends of Top 3



## Trends of Child Deaths Due to Prematurity, SIDS/Unintentional Suffocation and MVA's From 2004-2013 in Alamance County



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Prematurity	8	11	6	9	7	10	7	3	6	9
SUIDS/Unintentional Suffocation	1	3	3	2	2	3	0	4	3	3
MVA's	2	2	0	2	1	0	0	4	1	2

# Identified Risk Factors



Cause of Death	Risk Factor	%
<b>Prematurity</b>	1. Chorioamnionitis	29%
	2. No/late/less PNC	28%
	3. Cervical Incompetence	20%
	4. Maternal Med Issues	20%
	5. Unplanned Pregnancy	18%
	6. Maternal Tobacco	16%
	7. Obesity	16%
	8. Advanced Maternal Age	13%
	9. Young Mom	12%
	10. No Birth Control Access	11%
	11. Mental Health Issues	11%
	12. Previous fetal losses/PTL	11%
	13. Social Issues	8%
	14. Untreated UTI/STI	7%

# Identified Risk Factors



Cause of Death	Risk Factor	%
<b>SIDS</b>	1. No BF	60%
	2. Tobacco exposure	60%
	3. Cosleeping	47%
	4. Not on back	33%
	5. WIC	20%
	6. No PNC	20%
<b>Unintentional Suffocation</b>	1. Cosleeping	89%
	2. Social issues	33%
	3. Young mom	22%
	4. No PCP or PNC	22%
<b>MVAs</b>	1. Unrestrained	71%
	2. Overcorrection	29%
	3. School problems/dropout	29%
	4. Drug/Alcohol	29%
	5. Pedestrian	21%
	6. Criminal/behavioral	21%
	7. No License	14%

# Recommendations



# Evidence Based Research



- **Intervention Research**
  - Public Health Literature
  - Medical Literature
  - Experts in the field
  - Local/state-wide non-profits

# Preliminary Recommendations



<u>Cause of Death</u>	<u>Recommendations</u>
<p><b>#1:</b> <b>Prematurity</b></p>	<ol style="list-style-type: none"><li>1. Increase access to PNC (monitor infection, medical issues)</li><li>2. Increase funding for and referral to Centering Pregnancy</li><li>3. Increase access to preconception health services- follow-up of high-risk woman of reproductive age (focus on AMA, obesity, medical diagnoses, previous fetal losses)</li><li>4. Increase referral for maternal mental health services</li><li>5. Further support of 5A's</li><li>6. Increase use of vaginal cerclage for incompetence</li><li>7. Increase availability of birth control/funding for BTL</li></ol>



# Preliminary Recommendations



<u>Cause of Death</u>	<u>Recommendations</u>
<p><b>#2:</b></p> <p><b>SIDS/Unintentional suffocation</b></p>	<ol style="list-style-type: none"><li>1. Expand the Cribs for Kids program in the community (ARMC)</li><li>2. Increase funding for Halo Sleep Sacs</li><li>3. Webinar/training for healthcare providers</li><li>4. Training for non-medical providers (WIC staff, healthy start, DOH)</li><li>5. Safe Sleep PSA</li></ol>

# Preliminary Recommendations



## Cause of Death

## Recommendations

### **#3: MVAs**

1. Teach overcorrection in driver's education
2. Seatbelt safety- enhanced enforcement
3. Strong enforcement of current traffic safety laws
4. Multicomponent programs with community mobilization for reducing alcohol-impaired driving
5. Ensuring ways for students with school/behavioral/criminal problems to get driver's education

# Future Directions



# Next Steps



- **Community Partnerships**

- Safe Kids
- Law enforcement
- Local providers
- Kids Path
- Media

- **Implementation**

- Grants/funding
- Utilizing partnerships
- Addressing racial, social, economic inequalities

- **Future Research**

- Evidence-based interventions
- Medical research
- Injury hospitalization/ED admission data analysis

# The End!

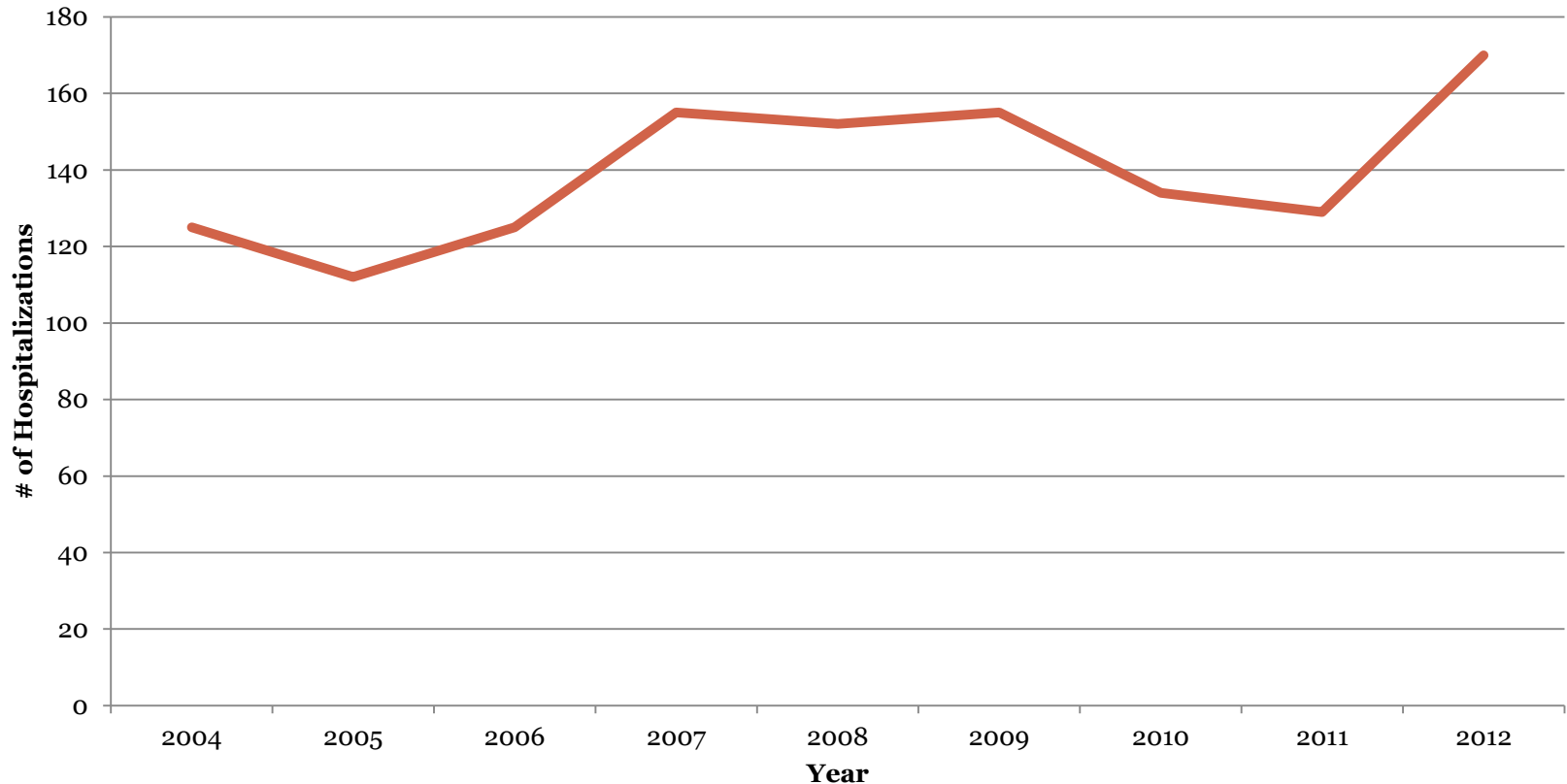


ANY QUESTIONS?

# Injury Hospitalization Data



**Frequency of Child Injury Hospitalizations in Alamance County from 2004-2012**



# Injury Hospitalization Data- by category

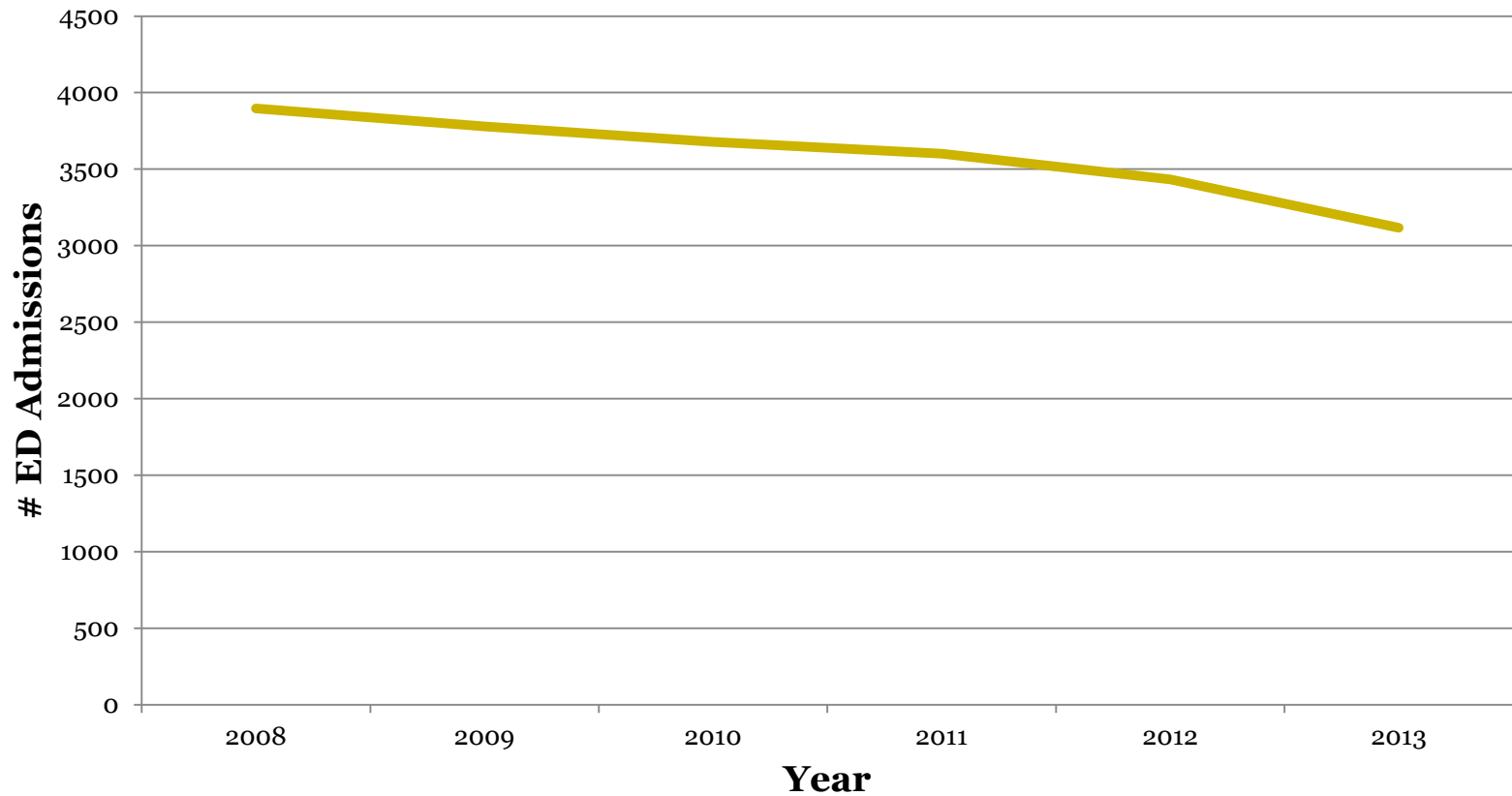


Year	Frequency	Adverse Effects- other	Missing Data	MVT-unintentional	Fall-unintentional	Cut/pierce- self inflicted	Fire/Burn	Self-inflicted NOS	Poisoning	<10 counts
2004	125	49	12	11	10					43
2005	112	35		18	0					59
2006	125	48	14	11	10					42
2007	155	35	24	25		10				71
2008	152	38	11	14	17		12			60
2009	155	44		16	13			12		70
2010	134	37	11	15	18				13	40
2011	129	19	23	15					11	61
2012	170	43	32	17	16		13		14	35
<b>Total</b>	<b>1257</b>	<b>28%</b>	<b>10%</b>	<b>11%</b>	<b>7%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>		<b>38%</b>

# Injury ED Admission Data



## Child ED Admissions due to Injury in Alamance County from 2008-2013





# Injury ED Admissions- by category



	Missing Data	Unintent. Fall	Struck-Unintent.	MVT-unintent.	Natural/Environmental-unintent.	Over-exertion	Cut/pierce/unintentional	Unintentional. NOS	Other spec class-unintentional	Poisoning-Unintent.	Adverse effects-other	Other spec/not class-unintent.
2008	1065	749	444	221	212	192	175	287	151	70	59	59
2009	963	805	432	219	168	141	144	138	168	209	75	116
2010	1164	661	333	193	180	111	120	173	150	236	80	85
2011	1387	624	330	187	142	93	114	136	123	133	70	75
2012	1146	636	408	180	161	105	126	145	123	73	84	74
2013	1298	472	292	156	116	96	101	161	112	35	85	41
Total	<b>33%</b>	<b>18%</b>	<b>10%</b>	<b>5%</b>	<b>5%</b>	<b>3%</b>	<b>4%</b>	<b>5%</b>	<b>4%</b>	<b>4%</b>	<b>2%</b>	<b>2%</b>

## **Alamance County Board of Health**

### **Environmental Health Committee**

The Environmental Health Committee met on Tuesday, May 19, 2015 at 12:00 pm in the Environmental Health Board Room located at 209 N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Dr. Annette Wilson, Mr. Kevin Bengel and Mr. Michael Venable.

The following staff members were present: Ms. Stacie Saunders, Mr. Carl Carroll, Ms. Terri Craver, and Ms. Ariana Lawrence.

#### **Call to Order**

Dr. Annette Wilson called the meeting to order at 12:01 pm.

#### **Environmental Health Update**

Mr. Carroll reported that Alamance County had its second rabies case of the year. This case had media attention because it was a domesticated cat that had rabies. In order to alert the public who may have had exposure to the animal, Mr. Carroll worked with the Fire Marshall's Office using the Nixle system to alert the public who were signed up to receive notices. Environmental Health staff also went out to the area where the cat was found to alert people in the area.

Mr. Carroll announced that Environmental Health has met its revenue budget for the fiscal year, and have exceeded it by about \$10,000 as of April.

Mr. Carroll discussed a request from Environmental Health to the Alamance County Planning Board. Mr. Carroll explained that there has been a BOH rule since the 1980's in regarding Mobile Home Parks. In 1996 the Board of County Commissioners adopted a county ordinance related to mobile home parks. Mr. Carroll has been discussing with the Planning Department about rescinding the BOH rules and having the county take what's in the Board of Health rule and include it into the county ordinance. The public health parts of the rule are already included in other rules, ordinances, and laws; well regulations, septic system, and solid waste. Mr. Carroll and Libby Hodges (Planning Director) agree that these rules are more of a planning issue rather than a public health issue. In order to move forward with this discussion, Ms. Hodges has requested that a memo be sent to her requesting that the planning board consider these changes. Mr. Carroll explained that Environmental Health and Planning staff are on a Technical Review Committee regarding new subdivisions and that the subdivision ordinance is similar to the Mobile Home Park Rules, and if the BOH rules were rescinded and additions were made to the County Ordinance that environmental health would still be involved with the planning department to carry out the rules. Rescinding the BOH rules would also eliminate duplication of efforts in cities, which have zoning requirements and ordinances for mobile home parks. Mr. Carroll said that the County attorney has been involved in looking at the changes and has been supportive. The committee supported this being brought before the full board for discussion.

Mr. Carroll discussed House Bill 760. This bill is being referred to as the “Privatization Bill” and could allow a property owner to hire a private soil scientist and an engineer to evaluate, approve, design, inspect the installation, and issue an operation permit for an onsite wastewater system without Environmental Health being involved except for an “post construction visit”. Mr. Bengel asked how the process works now. Mr. Carroll explained the process. Mr. Carroll said he would send out talking points to board members if the bill seems to be moving forward.

Mr. Carroll informed the committee that a 16 year employee, David Ward, Registered Environmental Health Specialist and Licensed Soil Scientists has resigned effective June 1, to work for Orange County Environmental Health.

**Health Director’s Update**

Ms. Saunders reported that she has received request for Burlington Animal Services for three members of their staff serve as certified rabies vaccinators (CRVs). There is a veterinarian who is at the shelter part time; CRVs can administer vaccine. The CRVs will not be used for rabies clinics, because the rabies vaccination that CRVs give is only good for one year, not three years. She stated that the Health Director has to approve CRVs, and then these individuals must go through training. Dr. Wilson said that with having the CRVs will protect the public better because animals will be vaccinated more timely. Ms. Saunders is going to move forward with this request.

Ms. Saunders also announced that Bryan Hagood presented Performance Management Performance Based Budgeting (PMPBB) report for FY 13-14. The Health Department saved over \$200,000. The spending plan for the fall will be started soon. The whole County saved \$1.8 million PMPBB in savings; \$1.1 million is going back to departments, \$700,000 goes into fund balance for the county. When the spending plan is made, Ms. Saunders will bring that to the board for review.

**Other**

No other business was discussed.

**Adjournment**

With no further discussion, the meeting adjourned at 12:59 pm

**Respectfully submitted,  
Ariana Lawrence  
Clerk to the Board of Health**

# Alamance County Board of Health

## Personal Health Committee

The Personal Health Committee met on Tuesday, May 19, 2015, at 6:00 pm in the Professional Board Room of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Dr. William Porfilio, Mr. Kent Tapscott and Ms. LaTina McGee.

The following staff members were present: Ms. Stacie Turpin Saunders, Ms. Nicole Alston, Ms. Gayle Shoffner, Dr. Kathleen Shapley-Quinn, Ms. Arlinda Ellison, and Ms. Ariana Lawrence.

### **Call to Order**

Ms. Saunders announced that Dr. Dodd is no longer serving on the Board of Health. He was Chair of the Personal Health Committee. Dr. Porfilio is willing to serve as Chair of this committee if approved by the full board. Dr. Porfilio called the meeting to order at 6:02pm.

### **WIC Update**

Ms. Alston presented WIC data to the committee. WIC continues to take part in community outreach including attending health fairs and the Breastfeeding Peer Counselors are going to ARMC to capture new mothers to recruit into the WIC program.

**North Carolina WIC Participation by Agency and Nutrition Risk Category, January 2015**

Agency Name	Women Pregnant	Women Postpartum	Women Partially Breastfeeding	Women Fully Breastfeeding	Infants Partially Breastfed	Infants Fully Breastfed	Infants Fully Formula-fed	Children	Total Participants
Alamance	423	332	118	100	175	99	694	2,238	4,179
Albemarle Regional	365	284	55	71	76	75	638	1,848	3,412
Alexander	62	86	15	31	16	30	154	404	798
Anson	96	79	9	13	16	11	163	480	867
Appalachian District	141	105	32	106	45	110	212	875	1,626
Beaufort	155	90	38	39	43	38	236	918	1,557
Bladen	96	103	30	9	35	10	219	573	1,075
Brunswick	214	194	55	88	65	86	435	1,266	2,403
Buncombe	484	329	147	262	178	264	721	2,285	4,670
Burke	217	208	73	58	85	64	437	1,224	2,366
Cabarrus	388	307	220	121	250	122	715	2,101	4,224
Caldwell	218	152	69	41	76	45	346	886	1,833
Carteret	118	88	27	58	39	56	194	709	1,289
Caswell	45	52	12	9	21	10	114	306	569
Catawba	443	329	144	166	175	163	777	2,058	4,255
Cherokee	60	44	12	22	21	21	94	419	693
Clay	17	15	7	17	7	16	32	148	259
Cleveland	329	257	40	62	60	63	577	1,543	2,931
Columbus	162	204	37	40	37	39	413	1,051	1,983
CommWell Health	77	32	96	33	111	32	91	760	1,232
Craven	383	264	55	121	56	123	610	1,673	3,285
Cumberland	1,281	1,073	384	552	447	549	2,372	6,790	13,448
Dare	69	45	33	44	34	49	103	454	831
Davidson	391	368	94	129	106	128	794	1,958	3,968
Davie	83	54	32	24	38	21	158	453	863
Duplin	212	184	109	26	124	25	416	1,239	2,335
Edgecombe	212	172	34	12	44	15	395	1,143	2,027
Forsyth	778	685	535	397	448	386	1,567	6,056	10,852
Franklin	135	112	32	35	44	33	266	719	1,376
Gaston	444	516	152	120	171	108	1,034	2,234	4,779
Graham	30	25	1	10	2	14	54	193	329

*WIC Numbers includes data from Legacy System, Crossroads, Missed Counts, and Dyads Adjustments*

## North Carolina Monthly WIC Participation by Agency (July 2014 to January 2015)

Program Name	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Alamance	4,383	4,367	4,100	4,170	4,131	4,179	4,179
Albemarle Regional	3,472	3,543	3,510	3,442	3,424	3,389	3,412
Alexander	864	868	855	842	802	795	798
Anson	879	906	900	910	866	892	867
Appalachian District	1,726	1,736	1,753	1,724	1,678	1,677	1,626
Beaufort	1,720	1,611	1,628	1,625	1,578	1,578	1,557
Bladen	1,113	1,080	1,072	1,136	1,096	1,084	1,075
Brunswick	2,542	2,522	2,388	2,413	2,403	2,427	2,403
Buncombe	5,039	5,086	5,023	5,101	4,865	4,690	4,670
Burke	2,419	2,431	2,405	2,349	2,303	2,319	2,366
Cabarrus	4,397	4,397	4,318	4,339	4,184	4,183	4,224
Caldwell	2,048	2,076	2,102	2,049	1,908	1,841	1,833
Carteret	1,231	1,201	1,184	1,222	1,258	1,267	1,289
Caswell	610	618	625	616	602	581	569
Catawba	4,287	4,317	4,251	4,321	4,240	4,241	4,255
Cherokee	752	710	706	726	686	683	693
Clay	256	258	247	245	243	247	259
Cleveland	3,008	2,899	2,989	3,049	2,958	2,958	2,931
Columbus	2,057	2,012	2,005	1,961	1,919	1,932	1,983
CommWell Health	1,345	1,337	1,290	1,269	1,230	1,227	1,232
Craven	3,438	3,381	3,466	3,414	3,307	3,286	3,285
Cumberland	13,424	13,526	13,463	13,795	13,528	13,372	13,448
Dare	875	825	829	797	782	817	831
Davidson	4,135	3,958	4,016	4,121	4,047	3,954	3,968
Davie	930	918	917	904	898	863	863
Duplin	2,520	2,422	2,374	2,332	2,278	2,298	2,335
Edgecombe	2,041	2,025	2,033	2,018	1,990	2,015	2,027
Forsyth	11,377	11,386	11,518	11,498	11,338	10,954	10,852
Franklin	1,394	1,400	1,424	1,428	1,426	1,401	1,376
Gaston	4,708	4,817	4,799	4,808	4,784	4,775	4,779
Graham	324	325	317	323	334	324	329
Granville-Vance	2,753	2,875	2,804	2,724	2,743	2,658	2,634

**Personal Health Update**

Ms. Gayle Shoffner provided an Electronic Medical Records (EMR) updated. The Centricity trainer was onsite last week and provided trainings to all clinical nurses, providers and clerical. For further preparation, Kathleen Daugherty and Karen Schwabrow, EMR Lead staff, are currently holding daily two hour clinical training/workgroup sessions to additionally prepare staff. Clinic schedules will be decreased to allow for training.

Ms. Shoffner announced that on May 12 the Communicable Disease Nurse, Ayo White received a report of a cat bite. The cat tested positive for Rabies. The bite victim was referred to the ARMC ED for evaluation and Rabies post exposure treatment.

Ms. Shoffner explained that during a routine daycare inspection on April 2, 2015, a potential lead hazard was identified. On April 16, 2015 Environmental Health Staff and the Regional Lead Specialist from the North Carolina Department of Health and Human Services, Division of Public Health, conducted an environmental investigation for lead hazards at the center. The tests revealed a lead hazard and the center director has been notified. The Health Department has made recommendations regarding the protection of

the children from the identified hazard area. It is recommended that all children attending the daycare receive a lead screening test. Agency staff will be on site tomorrow morning during drop off and tomorrow afternoon during pick up to hand out parent notification letters and to answer any questions. Arrangements have been made to provide the lead screening test at our agency May 26<sup>th</sup> and 28<sup>th</sup> from 8-11 and 1-4 and again on June 1<sup>st</sup> from 1-5.

Ms. Shoffner announced that currently they are still recruiting for the vacant PHN1 position PHNIII STD Coordinator position.

### **Medical Director's Update**

Dr. Shapley-Quinn announced that due to switching of systems to EMR, there is no data to present at this meeting. Dr. Shapley-Quinn is hopeful that she will have something to present at the September Personal Health Committee meeting. She also has announced that staff is working hard for Accreditation that is coming up in October.

### **Health Director's Update**

Ms. Saunders also announced that Bryan Hagood presented Performance Management Performance Based Budgeting (PMPBB) report for FY 13-14. The Health Department saved over \$200,000. The spending plan for the fall will be started soon. The whole County saved \$1.8 million PMPBB in savings; \$1.1 million is going back to departments, \$700,000 goes into fund balance for the county. When the spending plan is made, Ms. Saunders will bring that to the board for review.

Ms. Saunders announced that the SOTCH report has been approved by the State. The Community Health Assessment is being wrapped up.

Ms. Saunders shared with the committee that an individual was arrested and during the search, the officer was stuck with a needle that was in this individual's pocket. The individual refused to be tested for any bloodborne pathogen illnesses. This individual is homeless, has a history of drug abuse and has been in trouble with the law in the past. When he refused, Ms. Saunders was contacted to make this individual aware of the Communicable Disease law. Ms. Saunders explained that the law states that the Health Director has the authority to order someone to comply with Communicable Disease law and submit to testing, and if they do not they can be charged with a misdemeanor. After speaking with Sheriff Terry Johnson and Ms. Gayle Shoffner, the individual agreed to provide a blood sample.

### **Other**

Mr. Tapscott asked if a Dentist being recruited. Ms. Saunders said that she has not heard anything yet, but it is shown as vacant on the website and she has reached out to dentists that have been involved with Give Kids a Smile.

### **Adjournment**

With no further business, the meeting adjourned at 6:31 pm.

**Respectfully submitted,  
Ariana Lawrence  
Clerk to the Board of Health**