

# ALAMANCE COUNTY BOARD OF HEALTH

## Minutes

### Regular Meeting of the Board of Health

February 16, 2016

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, February 16, 2016, 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: Vice Chair Dr. Annette Wilson, Mr. Kevin Bengel, Dr. Robby Osborn, Commissioner Bob Byrd, Ms. LaTina McGee, Mr. Kent Tapscott, Dr. William Porfilio and Ms. Kathleen Colville.

The following staff members were present: Ms. Stacie Saunders, Ms. Janna Elliott, Ms. Gayle Shoffner, Mr. Carl Carroll, Ms. Arlinda Ellison, Ms. Ariana Lawrence and Ms. Nicole Alston.

#### I. Call to Order and Introductions

Board of Health Vice Chair, Dr. Annette Wilson called the meeting to order at 6:32 p.m.

#### II. Public Comments

There were no public comments made.

#### III. Approval of the December 15, 2015 Board of Health Minutes

***A motion was made by Mr. Kevin Bengel to approve the December 15, 2015 Board of Health minutes as presented. The motion was seconded by Dr. Robby Osborn and approved unanimously by the board.***

#### IV. Administrative Reports

##### A. Personnel Report

##### ***New Hires / Transfers / Resignations:***

- Heather Walters resigned from her position as Public Health Nurse I effective December 30, 2016.
- Christie Sykes transferred into the Public Health Nursing Supervisor I position effective February 1, 2016
- Elma Matias began employment as Processing Assistant III – Intake effective February 5, 2016
- Jessica Randolph will transfer into the Processing Assistant IV – Health Check Coordinator position effective March 1, 2016

##### ***Recruiting to fill the following positions:***

- Physician IIIA, replacing Isa Cheren (accepting applications)

- Public Health Nurse I (two positions), replacing Meteea Garner and Heather Walters (conducting interviews)
- Foreign Language Interpreter II, replacing Guadalupe Olea (appointment pending)
- PHN III – Immunization/Child Health Coordinator (accepting applications)
- Processing Assistant V - Provider Administrative Support/CenteringPregnancy Program Manager (appointment pending)
- Community Health Technician – CNA, replacing Jessica Randolph (accepting applications)

**Vacant positions:**

- Quality Assurance Specialist I
- Community Health Assistant – WIC Breastfeeding Peer Counselor (frozen FY 15-16)
- Dental Assistant (requesting reclassification to Dental Assistant Supervisor)
- Administrative Assistant II – Dental Clinic (rewriting job description)

**B. FY 2015-2016 Budget Amendments and Transfers**

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	<b>5</b>		DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
<b>Expenditures:</b>				
110-5110-848	EVB MCH AA164	\$ 20,000.00		\$ 20,000.00
<b>Revenue:</b>				
310-3511-348	EVB MCH AA164	\$ 20,000.00		\$ 20,000.00
<b>Explanation:</b>	The Alamance County Health Department was allocated \$20,000.00 by the N. C. Division of Public Health to complete planning and capacity building activities to implement evidence-based strategies to lower infant mortality rates, improve birth outcomes, and/or improves the overall health status of children ages birth to five. These are entirely state funds and do not require any local match or expenditure of any local funds.			
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	<b>6</b>		DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
<b>Expenditures:</b>				
110-5110-847	INFANT MORTALITY REDUCTION AA165	\$ 113,750.00		\$ 113,750.00

<b>Revenue:</b>			
310-3511-347	INFANT MORTALITY REDUCTION AA165	\$ 113,750.00	\$ 113,750.00

**Explanation:** The Alamance County Health Department was allocated \$113,750.00 by the N. C. Division of Public Health to implement evidence-based strategies to lower the infant mortality rate in our community. These are entirely state funds and do not require any local match or expenditure of any local funds.

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
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REVISION #	<b>7</b>	DEPT. NAME:	DENTAL
STATE BUDGET:		TRANSFER:	
		AMENDMENT:	X

<b>Expenditures:</b>			
110-5160-239	MEDICAL/SCIENTIFIC SUPPLIES	\$ 3,000.00	\$ 3,000.00

<b>Revenue:</b>			
310-3516-802	DELTA DENTAL FOUNDATION GRANT	\$ 3,000.00	\$ 3,000.00

**Explanation:** The Alamance County Children's Dental Health Clinic was awarded \$3,000.00 by the Delta Dental Foundation to be used toward the purchase of isolites and curing lights. These are entirely grant funds and do not require any local match or expenditure of any local funds.

***A motion was made by Mr. Kent Tapscott to accept all three budget amendments. The motion was seconded by Commissioner Bob Byrd and approved unanimously by the board.***

#### **V. Environmental Health Committee Update**

Mr. Kevin Bengel reviewed the minutes from the January 19, 2016 Environmental Health Committee meeting.

#### **VI. Environmental Health Update**

Mr. Carl Carroll reviewed the Environmental Health Client Satisfaction survey report, Calendar Year Environmental Health report, and the Cost Analysis report.

Mr. Carroll reported that Environmental Health has received some questions from the public in regards to public water supply because of the water problem in Flint, Michigan. Mr. Carroll explained that in North Carolina there are a lot of checks and balances in place with regard to public water supply. Environmental Health does not regulate public water supplies, the state regulates those. Mr. Carroll explained that if any water supply in North Carolina shows an elevated level of lead on any sample, Environmental Health is notified of this, but elevated lead levels in drinking water are

infrequent. Mr. Carroll explained that there is a testing schedule and the larger the population, the more frequently the water is tested.

Environmental Health offers water testing for many different parameters. Ms. Colville asked if WIC still does lead testing on toddlers. Ms. Nicole Alston replied that WIC does not test for that anymore, but they offer nutrition counseling for those who have elevated lead blood levels. Mr. Carroll added that the recommendation is that all children under 24 months get a blood lead test.

## **VII. Personal Health Committee Update**

Ms. Tina McGee reviewed the minutes from the January 19, 2016 Personal Health Committee meeting.

## **VIII. Personal Health Update**

Ms. Shoffner shared the results from the Immunization Assessment; 90% of Alamance County Health Department patients (those that were 24 months old by October 2, 2015) that were being assessed met all benchmarks criteria for immunizations. The statewide average for health departments was 86%, and the Alamance County rate was 77%. Ms. Shoffner added that all of this information comes from the North Carolina Immunization Registry (NCIR), and she discussed the importance of all practices inputting this information into the system.

Ms. Shoffner discussed a question that was brought up from the December Board of Health meeting from Dr. Shapley-Quinn's update regarding the Disease Outbreak Report. The question was if the occurrence of outbreaks in long term care facilities were due to the increase in number of individuals in these settings. Dr. Shapley-Quinn followed up with Jennifer Macfarquhar who is an epidemiology field officer in the N.C. Division of Public Health. Her response was: *As you noted, the number of outbreaks reported in LTCF increased over the 3-year period of time. The reason is not clear, but we can in part attribute the increase to better communication and relationships between LTCFs and LHDs. It does not represent an increase in the number of LTCFs. We were not able to capture the number of persons affected in outbreaks during this timeframe, but we should have that moving forward.*

Ms. Shoffner provided a Flu update: Since 9/24/2015 through 2/16/2016 there have been 1,417 flu vaccines given, and at this time last year the number was 1,575. The total flu vaccines given all of last flu season (9/2014-6/2015): 1,696.

Ms. Shoffner provided an update on how health department staff are learning and preparing for the Zika Virus. Staff are participating in State communicable disease conference calls. Currently all State and CDC information is being forwarded to local medical providers, and corresponding with medical providers to advise of the procedure for contacting us if they have a patient that may need to be tested. In the health department clinics, the travel questions have been amended to include all travel outside of the US. There has also been an addition of specific travel screening questions for the prenatal patients asking specifically if they or their sex partner have traveled outside the country during this pregnancy. If yes, then the provider will determine if they are at risk and need consideration for testing. Ms. Saunders added that the Incident Command System has been implemented for this event. The incident commanders are Stacie Saunders and Christie Sykes who are alternating during the two week operational periods. The state has approved the health department to use the Ebola funds. Commissioner Byrd asked if someone could explain the symptoms, and how it's transmitted. Ms. Shoffner explained that it is transmitted by an Aedes species mosquito (*A. aegypti* and *A. albopictus*). Symptoms begin 3-12 days after the exposure and last between 2-7 days. Symptoms include mild fever, rash, headaches, joint aches, conjunctivitis. The symptoms of Zika are similar to those of dengue and chikungunya, and those who are tested for Zika will also be tested for dengue and chikungunya. Commissioner Byrd asked what the impact is on a fetus if the mother has Zika. Ms. Saunders answered that microcephaly is believed to be the main impact on the fetus, which can lead to

developmental delays. Ms. Saunders stated that right now we are not in mosquito season, but Environmental health staff are preparing for what that will look like this year. The *A. albopictus* mosquito is a mosquito that is present in North Carolina, and Mr. Carroll shared that it is often called the “tiger mosquito” because it has stripes on it. Mr. Carroll explained that these mosquitos like stagnant water, so it is important for folks to pay attention to this at their homes. Mr. Carroll said that educating folks over the phone works if they call with questions, but staff will also go out to the home if needed. Ms. Saunders shared that preparing for Zika has been really interesting because it brings together Environmental Health, Communicable Disease and the Prenatal Clinic.

#### **IX. Medical Director’s Report**

Dr. Shapley-Quinn was not present and did not have a report.

#### **X. Health Director’s Report**

Ms. Saunders spoke about Strive Together, and discussed that the Steering Committee conducted community forums with the leadership table and at large community on January 21, 2016. They received feedback about the mission, vision, tagline, outcomes and accountability structure from those forums, and they are incorporating some of that feedback into how they proceed with the collective impact approach.

Ms. Saunders announced that the county attorney has approved the vendor contract for Strategic Planning. The request to use Performance Management Performance Based Budgeting (PMPBB) money will be in March for the commissioners to vote on, and the cost is about \$10-\$11,000. The 2011-2016 Strategic Plan is wrapping up and Arlinda Ellison is collecting data about the progress and she will present this at a future Board of Health meeting.

Ms. Saunders shared that the next request for PMPBB spending is March 7, 2016. At this time, the Health Department will be requesting Wi-Fi for Environmental Health and Dental Clinic, skylight covers, trainings, Strategic Planning, and implementation of the Trauma Informed Care project.

On March 8 Ann Meletzke, Executive Director of Healthy Alamance, and Ms. Saunders will be presenting in a webinar to the North Carolina hospital association regarding the collaboration between the health department and the hospital. Ms. Meletzke and Ms. Saunders will also be presenting at the NCPHA Spring conference about the Community Assessment and the Community Health Improvement Plan process and how the county is applying a Health In All policies approach to the improvement plan this cycle.

Ms. Saunders discussed that the Tobacco Committee met on January 25, 2016 and reviewed the minutes from that meeting. The committee recommended further discussion with County Administration, appropriate Boards, and Department Heads regarding a potential Tobacco Free grounds policy for HSC.

***A motion was made by Ms. Kathleen Colville to approve the Tobacco Steering Committee’s recommendations. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.***

#### **XI. Old Business**

No old business was discussed.

#### **XII. New Business**

##### **A. Targeting Priorities I and II for Enrollment Policy**

Ms. Nicole Alston, WIC Director, discussed this new outreach policy for WIC. She explained that the purpose of this policy is to ensure that the local agency staff has access to and are aware of the strategies that are in place to increase enrollment of Priorities I and II individuals in the WIC program. Dr. Wilson suggested adding targeting teens possibly through the school system. Ms. Colville suggested putting the School Health Advisory Council in the policy and this would be a way to target teens.

***A motion was made by Dr. William Porfilio to approve the Targeting Priorities I and II for Enrollment Policy, with the inclusion of The School Health Advisory Council in the service plan. The motion was seconded by Commissioner Bob Byrd and approved unanimously by the board.***

**B. Request for New Service-**

Ms. Elliott suggested that this be tabled until a future meeting. Staff are still working on the details with the fees associated with this new service.

**C. Presentation and Request for Approval of the 2016–2017 Fiscal Year Budget**

**WIC Budget:** The WIC Program is a federally funded program with our local program being reimbursed and monitored by the State. WIC's FY 16-17 Agreement Addenda is providing funding based on their decreased caseload. Lapse salary money from this fiscal year will be used to pay for medical supplies and contract services to help with next fiscal year.

***A motion was made by Mr. Kent Tapscott to approve the proposed fiscal year 2016 – 2017 budget for WIC as presented. The motion was seconded by Mr. Kevin Bengel and approved unanimously by the board.***

**Dental Budget:** The Dental budget has no direct local funds involved and is self-sustaining. The projected revenues are the same as last year. They are requested a 2% fee increase for non-preventative services. Ms. Saunders explained that the Dental Clinic is reorganizing their structure and they are able to freeze a staff position. There has been an increase in the uniform line item because they alternate every other year with buying new uniforms and 16/17 is the year they are due for uniforms. Computer supplies line item has also increased due to the use of Dentrix computer software and the annual expenses associated for that software. Commissioner Byrd asked if it was realistic that the Dental Clinic will make revenue of \$1,007,000. Ms. Elliott explained that if the Dental Clinic had received their Medicaid Cost Settlement, they would be where they need to be financially, but since they have not received that they are not meeting their revenue right now. Ms. Saunders explained there are delays in the Cost Settlements to counties due to changing methodologies.

***A motion was made by Dr. Robby Osborn to approve the proposed fiscal year 2016 - 2017 budget and the 2% fee increase for the Dental Clinic as presented. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.***

**Health Budget:**

Ms. Saunders explained that management team had a lot more involvement in 2016/2017 budget than ever before. This will make each of the managers responsible for the money that they spend, and the money they make.

There has been an increase in the NCAPHA line item 190 due contracting a Nurse Practitioner through this contracting public health agency. The 311 line item has been increased by \$15,000 due to

new staff members that require a lot of training, as well as emerging diseases that public health staff need to be trained on. Mr. Tapscott asked what the increase in line 241 Supplies Small Tools was for. Ms. Elliott answered that has increased to purchase a new GPS device and new emergency bags. Line 440 Contracted Services has increased due to an increase in Mediowaste fees which disposes of biohazard trash, and the NCAPHA staff contracting service has increased due to needing more clerical staff with the scanning demands of electronic medical records. Capital equipment line has increased because Environmental Health would like to purchase a truck, and a Honda Civic. Ms. Saunders explained that most of the health department fleet are old Sherriff Office cars and need to be replaced with more reliable vehicles. Capital equipment increase also includes two bariatric exam beds that are needed for Women's Health and Maternity Health. Environmental health has had a contract employee two days per week, but they would like to request a full time clerical position. Ms. Elliott explained that patient revenues are down because clinics are not up to 100% since the implementation of EMR, and cost settlement has not been received yet.

Ms. Elliott shared that there is no request to increase the Health Department clinical fee schedule, but Environmental health is requesting a fee increase to help fund a clerical position increase in hours from 16 hours per week to 40 hours per week.

Mr. Carroll explained the methodology for environmental health fee's. Surrounding and similar counties fee schedules are compared with Alamance (report provided) and our costs and revenues from fees are reviewed (Cost Analysis report provided).

Mr. Carroll also explained that when staff does their daily report each day, the report shows the amount of time spent in each program area and from this information a cost can be determined for each program. Mr. Carroll explained that he compares the cost data with the revenue for the past year to make sure that revenue in a specific program area is not exceeding the cost for a particular program area (GS 130A-39g...a local board of health may impose cost related fees for services performed...). He also noted that overall Environmental Health is funded 16% from fee's, 3% from the State and 81% from Alamance County taxes. Through the recommended fee changes, Mr. Carroll is projecting a \$25,000 increase in revenue which will cover the new clerical employee work hours increase.

Mr. Bengel asked why other counties charge a lot less for Authorization to Construct fees. Mr. Carroll explained that these onsite wastewater systems have to be monitored on a schedule depending on the complexity of the system, which can be as infrequent as once every 5 years to once every six months. Other counties charge a monitoring fee for each monitoring visit, and Alamance County charges for the monitoring upfront when the Authorization to Construct is purchased. This eliminates collection issues.

***A motion was made by Mr. Kent Tapscott to approve the Health 2016/2017 fiscal year budget and Environmental Health fee increase. The motion was seconded by Mr. Kevin Bengel and approved unanimously by the board.***

### **XIII. Other**

There was no other business discussed.

### **XIV. Adjournment**

***A motion was made by Ms. Kathleen Colville to adjourn the meeting at 8:40pm. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.***

**ALAMANCE COUNTY BOARD OF HEALTH**

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Dr. Annette Wilson, Vice Chair

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Ms. Stacie Turpin Saunders, Secretary