

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

May 6, 2014
12:30 p.m.

BOARD MEMBERS PRESENT

Ms. Jana Andrews Chhiv
Ms. Becky Daley
Dr. Rick Gilliam
Ms. Alice Gray, Vice-Chair
Dr. Mark Hamrick, Chair
Rev. Lamar Moore
Dr. Michael Lanning
Dr. Cathy Riggan
Mr. Tobin Shepherd

STAFF PRESENT

Janie Ange
Darren Cecil
Mary Lou Collett
Jen Hames
Barbara Hedrick
Nancy Rosier
Nancy Stout
Monecia Thomas

VISITOR PRESENT

Dr. Michael Scholtz, DMD

WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone to the May Board of Health meeting. Dr. Hamrick specifically welcomed our guest Dr. Michael Scholtz and the two newest Board of Health members: licensed pharmacist, Jana Andrews Chhiv, and Tobin Shepherd, a retired Guilford County Environmental Health Director, to the meeting and asked them to tell a little bit about themselves to the Board.

Ms. Chhiv did her pharmacy training at UNC Chapel Hill's School of Pharmacy and has been a licensed and practicing pharmacist for 32 years. Ms. Chhiv has been an instructor at Davidson County Community College for 20 years training pharmacy technicians.

Mr. Tobin Shepherd lives in the city of Lexington. Mr. Shepherd started his public health career here in Davidson County in the early 80s. He then went to Guilford County in the early 90s working in Environmental Health (primarily the Food and Lodging Section). Then in 2005, he was promoted to Environmental Health Director. He was responsible for On-site Wastewater (OSWW), Food and Lodging and a 24 hour Hazardous Waste Staff. Mr. Tobin is honored to continue to contribute to public health in Davidson County.

Dr. Hamrick thanked them both for serving and stated Ms. Debbie Harris, the clerk to the Board of County Commissioners, will swear them in.

Ms. Harris administered the oaths of office to new Board of Health members: Pharmacist Jana Andrews Chhiv and Public Citizen Mr. Tobin Shepherd.

MEETING AGENDA and CONSENT AGENDA

Dr. Hamrick asked for approval of the agenda and the consent agenda, including the March 2014 minutes and the financial reports.

MOTION

Dr. Cathy Riggan made a motion to approve the items on the meeting agenda, consent agenda, the March 2014 Board of Health minutes and the financial reports as presented. Dr. Michael Lanning seconded and the motion was approved without dissent.

PUBLIC COMMENT

None

PROGRAM UPDATES

- **Environmental Health Director Darren Cecil** explained that he is working with other divisions to develop a Departmental Policy for the retention of records and Ms. Collett will be giving an update later today.
- LDO GIS/GPS equipment has been received and is in the process of being installed.
- Mr. Cecil sent a Meth Lab draft policy to County Attorney Mike Newby to review to start procedures for Meth Lab investigations. This policy will be presented to the Board in the future.
- The Public Health Preparedness review of the Strategic National Stockpile (SNS) plan was completed in March and Ms. Lillian Henderson did very well - receiving a score of 98.3 compared to a State average of 97.26.

- **Director of Nursing Mary Lou Collett** stated that the next Quality Improvement Project will evaluate the check-in process and possibly decrease the check-in time providing a smoother process for clients.
- The Prenatal information update will be covered by Ms. Thomas.

- **Health Education Supervisor Jen Hames** explained that the Community Transformation Grant (CTG) activities are still continuing until the funding ends in September 2014. Hopefully, there will be some other funding opportunities in the future. The State Healthy Communities initiative is similar to what CTG focuses on, so hopefully we can use some of those funds to fill in the gaps. We are continuing to work on the three focus areas; obesity, tobacco exposure and access to healthcare providers with workgroups that are planning a number of activities tied to CTG initiatives and the Health Department Strategic Plan.
- **WIC Director Barbara Hedrick** explained that WIC is training for the Crossroads system in preparation for a rollout date of July 28, 2014.

- **Quality Improvement Coordinator Nancy Stout** stated that the Computer Systems Administrator position has been offered pending the background check and drug screening.
 - The white noise sound system to increase privacy in the clinic was installed on April 30th.
 - Rosario who provided Interpreting Services for the health department submitted a 30 day notice of services ending. Davidson County is currently looking at other options for interpreters to replace Rosario.

- **Health Director Monecia Thomas mentioned** that most of her report will be covered later on the agenda, so she would take questions now if the Board had anything in regards to Items to Note or Current Projects.

Old Business

Dr. Hamrick introduced Dr. Michael Scholz from East Carolina University to provide an update on the Dental Learning Center progress in Davidson County.

Dr. Michael Scholz stated that it is important to present an update of the work done by a lot of people in the area to make this Community Service Learning Center come to fruition.

Dr. Scholz explained that this presentation is a general update of the Dental Program and the Community Service Learning Centers and that he welcomes questions.

The Challenge

- Dental care remains the most common chronic disease of childhood
- Almost 40% of children in NC have already had decay in their primary teeth when they start school

NC Demographics

- The key demographic is children, but also adults - mostly those that have difficulty accessing care.
- NC is the 10th largest state in the country
- NC is the 5th fastest growing state - will be the 7th largest state by 2030 – growth rate of 52%
- Within the 100 counties in NC - population 50/50 Rural-Urban split - geographically 85 Rural counties; 15 Urban Counties
- Dentists per 10,000 population – US average 6.7 – NC average 4.4 and Rural areas down to ~3

NC Dental Workforce

- NC ranks 47th in the nation in Dentists per Capita
- Worse in rural counties – 3 counties in the Northeastern part of North Carolina have no dentist
- 1/3 of dentists practicing today are 55 years of age – Dentists in rural areas are on average 3 years older
- Bottom Line: There is both a Shortage and Maldistribution of dentists in North Carolina

Educational Priorities at ECU School of Dental Medicine

- 50 dental students per year, 4-5 General Practice residents
- Up to 22 Advanced Education in General Dentistry (AEGD) residents participating in a one-year program where they do advanced procedures in general dentistry - 2 of the AEGDs will be in the learning center for a year
- Plan to have a Pediatric Dental Residency Program in Greenville
- Will provide Continuing Education for dental professionals in the area with East Carolina's technological capabilities and one main emphasis is to promote oral health, not only in the immediate area, but in the entire region.

Class Profiles

- Currently have 3 classes and the fourth class will be coming in August
- All students are from North Carolina
- Usually a class is about a 50/50 split between males and females.

Community Services Learning Centers

- Dr. Scholtz stated that he is an Associate Professor and Director of Community Clinics/Service Learning Centers (CSLC). The State of North Carolina has provided East Carolina with funds to build a dental school in NC to address maldistribution and the shortage of dentists, but they did not give operational funds so the CSLC have to be sustainable.
- Locations of current Community Service Learning Centers:
 - Ahoskie
 - Elizabeth City
 - Lillington

Next week, Sylvia will open. Davidson County, Spruce Pine and Robeson County will all open around August/September. On May 16, another Service Learning Center location will be announced.

East Carolina is educating future general dentists with the main emphasis on getting the dental students into the rural and underserved areas so that they can complete their clinical requirements, but at the same time, provide care to the underserved population in the area.

The Community Service Learning Centers are all the same, so when the fourth year students rotate from one service learning center to the other, the equipment, instruments, materials and supplies are in the same place.

- 7700 sq. ft. 16-chair state of the art facility
- 1.5 full-time practicing general dentist faculty member will oversee the residents and the fourth year dental students as they provide care
- Fourth year dental student rotations will start in two weeks and will be going to Ahsokie, Elizabeth City, Lillington and Sylva. Davidson County will have two new AEGD residents and then the student rotations will occur as soon as possible.
- In addition to faculty, residents and staff, there is a Business Manager with a full staff of Dental Assistants, Hygienists, and Front Reception Desk Staff.
- The floor plan includes 16 operatories with some closed operatories for privacy and for surgical procedures. It is a general dentistry practice although there will be ranges of dentistry provided: implants, root canals, all kinds of crown and bridge work, but it is not a specialty practice. Included in the Service Learning Center is a wheelchair operatory with a lift so wheelchair bound patients can receive care without having to be moved from their wheelchair.
- State of the Art equipment: 3-D imaging orthopantograph x-ray unit helps place implants and see where various anatomical structures are. Endodontic root canal room with an Endodontic Microscope mounted from the ceiling is an asset to have for a root canal procedure. The front desk area is fully wired back to Greenville so the students can do their didactic trainings in the seminar room and because of the technology, East Carolina will be able to broadcast continuing education for dentist in the area.
- Waiting rooms are very bright and airy.

Dr. Scholtz explained that their main emphasis is to serve the underserved population, but at the same time they have to be sustainable for the students and for residents. Medicaid patients will be the majority of patients and there will be funding to take care of the indigent. Pediatrics or children care will be approximately 20% to 25% of what East Carolina does at the Service Learning Centers.

The CSLCs will provide marketing materials to share with the current Health Department dental clients. Dr. Scholtz also mentioned that the CSLC will have a sliding fee scale. The recent interaction between the Health Department and East Carolina has focused on client dental records and what to do about transferring records to ECU if that is where a patient chose to go. Ms. Thomas has been in communication with Sylva and several other counties that are in a similar situation with closing a dental clinic. Ms. Thomas wants to make sure patients are notified and that records are transferred as they need to be.

Discussion:

Ms. Alice Gray asked why Davidson County was chosen as a location for the East Carolina CSLC.

Dr. Scholtz explained that Fuquay Solutions, a consulting firm in Raleigh, reviewed the demographics of the area, the number of dentists per 10,000 population and the number of Medicaid eligible people in the area, etc.

East Carolina very carefully selects locations to ensure that the sites are sustainable from an economic standpoint.

Ms. Jana Andrews asked when the Service Learning Center would open.

Dr. Scholtz explained that the opening is planned for August/September. There is some uncertainty due to construction. The target date was previously May/June, but because of the

difficult winter, construction was delayed. It was noted that the residents actually start their program at the first of July, so they will have to house them someplace else until the Service Learning Center is open and running here.

Ms. Andrews asked if the students are housed at the Service Learning Center facility.

Dr. Scholtz stated that Area Health Education Centers (AHEC) provide housing in the area for the students and the residents. They are also paid a stipend for housing. The faculty dentist will also live in the area. East Carolina tries to hire Dental Assistants, Hygienists and Front Desk Staff locally and they use local labs to contribute to the local economy as much as possible.

Ms. Thomas asked when will the staff positions be posted to the website.

Dr. Scholtz stated that the faculty dentist positions are posted and in a short period of time, the other positions will be posted.

Dr Lanning asked how many patients are they expecting to see a day.

Dr. Scholtz explained that the Ahsoskie and Elizabeth City locations (with two Hygienists, two Residents, the faculty Dentist and the students) serve approximately fifty patients a day.

Rev. Lamar Moore asked if they would serve residents from multiple counties at the Davidson County site.

Dr. Scholtz stated that they usually look at a four to five county area for the potential demographics because the majority of the patients will come from that general region. In Ahsoskie and Elizabeth City, patients are drawn from thirty-seven different counties.

Dr. Hamrick mentioned that the Board really appreciated the presentation and the update on the Community Service Learning Center at Davidson County Community College and thanked Dr. Scholtz.

Dr. Scholtz stated that he was very happy to present and he noted that everyone would be invited to the ribbon cutting. Dr. Sholtz also mentioned that each facility has an Advisory Board from the local population that gives feedback on the center's mission and progress. Board of Health members could potentially be asked to join. Students and residents of East Carolina are also encouraged to do community service.

Contractual Agreement with Contract Dentist

Dr. Hamrick stated that Ms. Thomas has provided the Board with updates via email regarding the contract dentist.

Ms. Thomas stated that in January, the Health Department entered into a contract with a new dentist and she was here until just recently. There were ongoing paperwork issues and issues with ensuring that everything was in place for the Health Department to get reimbursed by Medicaid.

In order to get the situation handled, a conference call was scheduled for April 4th. The call included Health Department staff – including one Office Support Staff member working with the dentist at the dental clinic and three staff members in Raleigh to walk us through the issues together to make sure everything was in place. The meeting was organized late Wednesday afternoon, but because the three

people in Raleigh were willing to stay to help us and they organized the webinar, we planned to move forward. The Dental Office Support staff was organizing patients and rearranging the schedule. The plan was that the process may take about fifteen minutes. As everyone logged into the webinar, the Office Support Staff came back to the Health Department stating that the dentist was not cooperating. The dentist stated to her that she did not understand why we were doing this and that we were intruding. At that point, we realized this was not a good fit for an ongoing contractual relationship.

I communicated with the attorney and we decided that to be in compliance with the contractual agreement, we would provide a thirty-day notice.

Ms. Thomas and Ms. Ange went to talk with the dentist and explained to her that this was just not a good fit and that we planned to go ahead and end the contract in thirty days.

On April 23rd, Ms. Collett, Ms. Thomas and Attorney-Mike Newby, were at a conference in Chapel Hill when Ms. Thomas received an email that the dental staff wanted her to contact them. It was convenient when Ms. Thomas made the call that Ms. Collett and Mr. Newby were all together. During the call, it was shared that the dentist had pierced a child's cheek when she was applying anesthesia. This event took place two days before this notification. The electronic medical record was pulled and there was no documentation of the event. At that point, Ms. Thomas asked the Dental Assistant to document the incident on one of the DCHD documentation forms. A letter of notification was drafted immediately. The letter was sent by FedEx on Wednesday at 7:30pm so FedEx would deliver the letter to the dentist by Thursday morning at 10:00am. The dental clinic is closed on Thursdays so the dentist would not be at work and Friday was only going to be a half day of appointments because of the Employee Appreciation event that day. At that point based on the fact that there were no notations in the medical record, the contractual agreement was immediately severed.

During the phone conversation (with Ms. Collett, Mr. Newby and Ms. Thomas) the dentist said she had the notes but they were at home. This information was shared with the Board of Health via email. Dr. Lanning provided a response. Ms. Thomas also received good advice from the county attorneys, the Human Resources Director and from the Health Department malpractice insurance carrier. Please note that the contract dentist is not covered under the Health Department's insurance. The dentist has her own coverage and Ms. Thomas and Ms. Ange have the documentation. The advice to Ms. Thomas was to contact the parent and inform them of what happened and see if another dentist (that is not affiliated with the health department) would see the child and make sure everything was procedurally appropriate. A local dentist saw the child last week and an Assistant gave Ms. Thomas verbal notes of the dental visit that everything was fine. Later, Ms. Thomas talked to the dentist and was assured everything was fine. He completed a review of the child and the work completed. Ms. Thomas also talked with the mother again and let her know that we wanted to check on the well-being of the child.

Dr. Hamrick wanted the minutes to reflect that he was contacted by County Manager, Robert Hyatt, and was informed of a letter from the contract dentist. Dr. Hamrick acknowledges that he did receive the letter and there will be further discussion during the closed session.

Communicable Disease – Hemolytic Uremic Syndrome Cases Update

Ms. Thomas explained that there was no new information to share, but she wanted to share the State's final report. It includes the number of confirmed cases and the number of suspected cases.

Prenatal Program Update

Ms. Thomas explained that the last time the prenatal program was discussed, the concern was the Presumptive Eligibility for Pregnant Women and the Medicaid rule change in January which impacted

undocumented women. It is recognized that a lack of prenatal care is a disservice to a child due to low-birth weight risks and other issues that could arise and lead to a greater financial risk.

Fortunately, on April 23rd, public health leaders were told this decision would be reversed, so Lexington Women's Center and Thomasville OB were notified. Thomasville OB replied that they would wait until they received an official notification from the state. Lexington Women's Center was already in the process of scheduling a meeting with the Davidson County Health Department. Ms. Thomas; Nursing Director Ms. Collett; and Clinic Supervisor, Ms. Cindy Harris, met with Lexington Women's Center and Wake Forest Baptist to share that the rule was going to be reversed. It was a very good meeting, especially for those that are fairly new. We had an opportunity to hear about the current process with women being seen by the health department their first thirty-six weeks of pregnancy, then being transferred to Thomasville OB or Lexington Women's Center for their last four weeks of visits and delivery. There was concern at the end of the meeting that this was not a simple North Carolina decision to reverse. Ms. Thomas contacted the State following the meeting and was told North Carolina had an option and now they are choosing to reverse the decision and the Secretary of Health and Human Services, Dr. Wos, has been very involved in the reversal. There was a form on the Medicaid website that no longer that the question about citizenship, but the form is not on the website anymore. So right now, the Health Department is still providing services and fortunately Lexington and Thomasville are both providing services as well, but we are still waiting for something official, so the Health Department and the local OB offices can be paid for their services.

Board of Health Resolutions regarding Prescription Drug Abuse

Dr. Hamrick explained that copies of the Board of Health Resolutions regarding Prescription Drug Abuse were provided in the Board's packets and speakers at the July Board of Health meeting will be available to address questions about Prescription Drug abuse and provide an update on our County progress. Mr. Hamrick advised the Board to look over the Resolutions and be ready to discuss and vote on them in July in accordance with the DCHD Strategic Plan.

Strategic Plan – Progress Update

Ms. Stout provided in the Board's packet a strategic plan "working document" that shows what the goals are and the quarterly updates given in March. Ms. Stout asked if anyone had any questions.

Board of Health Handbooks

Dr. Hamrick stated that the Board of Health Handbooks were turned in at the March meeting and have been returned to the Board of Health members updated with the current information:

- Members list
- Organizational Chart
- Budget
- The State of the County Health Report

New Business

a. Policy Review

Dr. Hamrick stated that Ms. Stout provided three policies in the Board's packet to be reviewed and approved by the Board of Health:

1. Workforce Development Policy
2. Policy and Procedure Development Policy
3. Public Comment Policy

Ms. Stout asked if anyone had any questions.

Mr. Shepherd mentioned that the Public Comment Policy should include that the speaker identify him or herself by name and address for clarification to ensure that the speakers are relevant to the topics as residents of Davidson County.

MOTION

Rev. Lamar Moore made a motion to approve the three policies with the proposed change to add a stated address to the Public Comment Policy. Dr. Michael Lanning seconded and the motion was approved without dissent

b. Electronic Records and Imaging Policy

Ms. Collet explained that this is a new policy because in order to destroy records after scanning them a policy has to be in place. This policy is in draft form anticipating a few changes with information from Patagonia (the developer of the Electronic Health Records system) and the County IT department. In order to move forward, this policy is being presented for the Board to approve.

MOTION

Dr. Cathy Riggan made a motion to approve the Electronic Records and Imaging Policy Draft with the anticipated changes that will occur with more information from Patagonia and the County IT department. Dr. Rick Gilliam seconded and the motion was approved without dissent

c. NC Child Health Report Card

Ms. Collet mentioned a few highlights from the NC Child Report

- With the East Carolina University Service Learning Center coming soon, the dental statistics may improve.
- The percentage of children 0-17 who are uninsured has improved.
- One of the issues in the Community Health Assessment is obesity. In the Strategic Plan, there are new initiatives that stress increased activity in young children. Across the state at YMCAs and after school programs, more parents are getting involved, so hopefully instead of no change, there will be a more positive trend in this area.
- Projects like DCSPAN will help with prescription drug abuse
- Davidson County stats tend to mirror the State statistics in several areas

Ms. Collett also noted that the nurse to student ratio recommendation is 1 to 750 with Davidson County School System being 1 to 3,625. The City Schools have a better ratio because of the State funding.

d. Healthy School Initiative

Dr. Hamrick mentioned that recently the DCHD began a new initiative with Thomasville City Schools regarding School Health. Ms. Thomas will provide a brief overview to the Board and the \$242,000 recently received from the Division of Public Health.

Ms. Thomas explained that the School Health Initiative is a partnership between the Department of Public Instruction (DPI), the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) and the NC Division of Public Health (DPH). 15 Local Education Agencies (LEAs) were selected across the State to work with, but Thomasville City Schools were very fortunate because they were one of five selected to receive funding to hire a Community Liaison for School Health Initiatives. The three primary strategies:

1. Creating supportive nutrition environments that promote healthy eating
2. Supporting the implementation of physical activity and quality physical education
3. Supporting the management and the care of students with chronic conditions, specifically asthma and diabetes.

Ms. Thomas stated that because of the way the State operated, the funds were released and the Health Department received a lump sum of \$242,000 in May. These funds were approved at the last Commissioners' meeting and so this provides one month to spend the funds. Some of the funding was used for computers for several LEAs and new software program that will help school nurses better manage school health and those students with chronic conditions. Ms. Thomas is trying to obtain the same software (and the \$20 per nurse per month fee) and computers for Davidson County and Lexington City School Nurses. Some of the funding will go to the School Health Training Center at Appalachian State University because they provide training for school nurses, teachers and other staff who are involved. Ms. Hames and School Nurse Supervisor, Gwen Yates, are working with them as well. Thomasville City Schools has the Community Liaison position posted on their website and they are looking for a Master's prepared individual. Mary Jane Ackerman, Thomasville City Schools Wellness Coordinator, is the

supervisor of the position and she is thinking she may be able to hire a person in May, so some funds may be used for salary.

IT Director Joel Harley is responsible for ordering the laptops and being invoiced in May. Several agreements (Patagonia who designed the software for the School Nurses, the School Health Training Center for training services and the Institute of Public Health for a coordinator) need to be in place. The five LEAs that were selected are:

1. Thomasville City Schools
2. Gaston County Schools
3. Cumberland County Schools
4. Durham County Schools
5. Bertie County Schools (in the Albemarle Regional Health District)

Ms. Thomas mentioned to the Board that they will hear more from this initiative.

Closed Session

Dr. Hamrick announced that the Board needed to go into closed session in accordance with North Carolina General Statute 143-318.11(a) (1)-(9) to discuss personnel matters.

MOTION

Mr. Tobin Shepherd made a motion to go into Closed Session. Dr. Cathy Riggan seconded and the motion was approved without dissent.

MOTION

Dr. Michael Lanning made a motion to come out of Closed Session. Mr. Tobin Shepherd seconded and the motion was approved without dissent.

MOTION

Dr. Cathy Riggan made a motion to adjourn. Dr. Lanning seconded and the motion was approved without dissent.

BOARD MEETING DATES

The Board of Health will meet Tuesday, July 8, 2014 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

Monecia R. Thomas, MHA
Secretary to the Board

This is a true and accurate copy of the May 6, 2014 Board of Health Minutes.

Dr. Mark Hamrick, Chair