

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

November 1, 2011
12:30 p.m.

BOARD MEMBERS PRESENT

Dr. Mark Hamrick
Ms. Alice Gray
Commissioner Don Truell
Rev. Lamar Moore
Mr. Keith Raulston
Mr. Rod Kcuik
Mr. Corey Buggs
Dr. Rick Gilliam
Dr. Michael Lanning
Ms. Becky Daley

STAFF PRESENT

Janie Ange
Mary Lou Collett
Barbara Jones
Barbara Hedrick
Melissa Dellinger
Nancy Rosier

VISITORS PRESENT

Brian Shipwash, Clerk of Superior Court

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone. Dr. Hamrick gave a special welcome to Becky Daley and stated she would be taking the oath of office to fill the Nurse position on the Board of Health at today's meeting.

Clerk of Superior Court, Brian Shipwash administered the oath of office to new Board of Health member Becky Daley.

MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Hamrick asked for approval of the agenda and the consent agenda including the September 13, 2011 minutes and the monthly and financial reports.

MOTION

Reverend Lamar Moore made the motion to approve the meeting agenda and consent agenda as presented. Dr. Michael Lanning seconded and the motion was approved.

HEALTH DIRECTOR'S REPORT

Mr. Long introduced Mary Lou Collett as the new director of nursing. Mr. Long stated that Mrs. Collett has worked at the health department for 15 years and effective this past Monday became the new director of nursing. He stated that the interview team went through a very intensive interview process; we interviewed internally and externally and felt the Mary Lou was the best choice for the position.

Mr. Long stated the health department had received a grant from the State to help support us going through a quality improvement process with the WIC program being the first to complete a project. He stated that there has been a tremendous amount of work involved in this course with some impressive results and he felt that the people who were most responsible for the successes in WIC should be given the opportunity to present it to the Board. Mr. Long introduced WIC director Barbara Hedrick and WIC nutritionist Melissa Dellinger, stating they have been instrumental in working with the QI project and he wanted to give them a few minutes to present what they have done.

Barbara Hedrick stated that WIC had participated in a quality improvement course through the Institute of Public Health and one of the assignments was to create a story board which includes the demographics about Davidson County and the WIC program. It also includes a lengthy aim statement with our goals and shows how we identified areas of waste in our program and also shows the accomplishments that we made. At the conclusion a homework assignment was to do economic investment report and Ms. Hedrick gave a handout of that report to the Board.

Ms. Hedrick gave a summary of the WIC program:

- WIC program is federally funded and to receive those funds you need to serve at least 97% of the caseload that they have assigned. Our assigned caseload is 4,353. Over the year before the beginning of the QI project the caseload across the state of North Carolina had declined. We felt possibly people were receiving larger amount of food stamps and not bothering with going to WIC. Also some of our clients are Hispanic and as work opportunities have declined in our area, this community population has decreased. We wanted to look at our clinic processes to make the WIC visit better for our clients. We had about a 70% show rate for our appointments, creating extra work for staff and one goal was to improve the show rate to improve our efficiency.
- WIC participated in a 4 day Lean Kiazen (which means taking something apart and putting it back together in a better way) event in which folks from North Carolina State University came to the health department to help us become more efficient. Some of the activities during this very beneficial event were:
 - The 5S process which is a useful house cleaning process of sort, set in order, shine, standardize and sustain, a useful house cleaning process that results in getting things placed in the area where they are most frequently used.
 - Putting checks and balance in place for example; when you used up a supply it would be automatically replenished.
- The benefits that we attained at the conclusion of the course:
 - WIC was successful with the new phone system in implementing open access scheduling which allows the client to call today and make an appointment the same day. This has resulted in an improvement in our appointment show rate to 98%. Also due to our improved phone system, clients now are always able to talk with a WIC staff member when they call our office – their calls no longer go into voice mail.
 - The many process improvements implemented during our Kazien event has helped us streamline the clinic process, reduced staff time involved with handling medical records and also freed up supervisor time to work with the clinic.
 - The ultimate reward was we have gained 335 WIC participants which moved us from serving 93% of our caseload to currently serving 102% of our caseload.
 - Also by serving those additional 335 participants receiving food vouchers increased the dollar amount to \$101,000 that is spent in our community.
- For 2 years in a row from the North Carolina Department of Health and Human Services Division of Public Health a Certificate of Achievement was awarded to Davidson County Health Department WIC Program for attaining the greatest percentage improvement of women who initiated breastfeeding in the WIC Program.

Health Directors Report Continued:

- 1) **Cost Report Process** - The goal is the fees that you are charging are at least equivalent to your cost or the Medicaid rate. With all the changes that were made our projections were off only \$38,000 and Steven Gardner with the State who does the audit and all the cost settlement calculations said that number was good compared to other counties. Mr. Long stated in January he may be bring back to the board some tweaks by adding a dollar or two to a particular service so we can wipe out that \$38,000.

- 2) **Board Training** – Thursday, January 12th 6:00-8:00 p.m. Barbara Jones stated that there is a part one orientation online that will take about an hour and a half for new Board members that needs to be completed before the training on January 12th.
- 3) **Proposed 2012 Meeting Calendar** was in the Board packet and the Board will vote for approval in January.
- 4) Management staff will format a Monthly report from the Health Department that will be a generalized synopsis of key things that are going on in the department. By the 2nd Friday of each month each of the division manager will fill in what is relevant to their department, whether it's the WIC project that they have just completed including numbers that they may want to show you and anything of interest or relevant to the operation of the health department. Mr. Long stated that he would include anything he is aware of or involved in and would be a monthly update process to keeping people informed. This monthly report would be sent to the Board of Health members and to County administration to be sent to County Commissioners electronically.
- 5) As expected the activity on the flu this year has been suppressed even though we have given approximately 2,500 doses. 1,200 these doses were given to school personnel at the request of the schools. The general public number coming into the clinics to date is 1,034 doses. Mr. Long stated that usually on a regular big active clinic day scheduled here at the health department we would see 800 in a day. This year on our big clinic day 430 doses were given 120 of which were to County employees. Flu vaccine is being given at Walmart, all the pharmacies and just about everywhere so we really need to be figuring out where our niche is going to be with the flu vaccine as a health department. One of the populations typically not sought after and reached effectively is the school age population in the schools which may be where we need to focus. The health department has their regulars that come here every year and we not saying we wouldn't have a flu clinic but it may be a much more scaled down version.
- 6) **The Community Health Assessment** has always been on a four year cycle for the health department. The health care reform act requires hospitals to do a community health assessment every three years. We have met with Thomasville Medical Center and Wake Forest Baptist Health Lexington Medical Center and they are both interested and willing to work with us on doing the community health assessment as a collaborative process.
- 7) Sandy Motley, Kathy Johnson, Robert Hyatt and I met with Senator Stan Bingham in Denton about several issues but primary about Medical Ministries and the Federally Qualified Health Center (FQHC) applications. Senator Bingham has offered in his capacity as a State senator to make contacts with congressional representatives on this issue when the opportunity presents. He has already initiated contacts in an effort to help us to move this project forward. Additionally, Sandy and I met Congressman Mel Watts in Charlotte on the same issue. We will possibly set up meetings with senators Richard Burr and Kay Hagan to make sure they recognize the impacts of decisions they make (on FQHC funding) in Washington has a direct impact here locally in Davidson County.
- 8) I attended a meeting with Secretary Cansler in Raleigh with some health directors to discuss the HIS software system that has been giving us tremendous heartburn in health departments across the State.

Secretary Cansler is aware of the many issues and has directed DIRM staff to make HIS a top priority, which appears to be happening. I have seen positive movement in the right direction.

- 9) I wanted to let the Board know that I have resigned from the Smart Start Board for a number of reasons. The health department used to receive years ago a significant amount of money approximately \$140,000 - \$150,000 from Smart Start to fund daycare nurses employed by the health department but those funds dried up several years ago. I stayed on the Board because I felt the health department still needed to be a presence as we were still receiving some transportation funds and there were still health aspects to cover regarding Smart Start activities. However, of late Smart Start has received tremendous cuts and they are just trying to survive at this point. As a result it has become an expectation of Board members to go out and do fundraising and be involved in donation collections. I felt that these expectations were not part of my role as a health director on that Board representing the health department and health in the County. In the Smart Start board meetings we weren't discussing health at all anymore but rather focusing around sustaining what remained which meant individually going out and doing fund raising. I just felt this was not my role and the Smart Start board would be much better served by someone else that would meet their goals.

Old Business Tobacco Regulation

Mr. Long will be presenting a PowerPoint to the Commissioner at their information meeting on Thursday about the law, what you can and can't do with regulating tobacco. Mr. Long stated it was his hope is to inform the Commissioners what can be done and this Board's wish to pursue some tobacco regulation on County property and also ask for their support working with the Board as a committee to develop a proposal.

New Business

The current updated Program Plan Outline of all the services provided in the health department was distributed to the Board members. Mr. Long stated Jen Hames is out sick today and would have gone over it in more detail but it just reflects some of the changes that have been made in department programs such as the elimination of the CAP-C program. The case management services that used to be MCC/CSC have been completely changed as a result of State restructuring; we also eliminated the chronic disease classes so they were taken out of the program outline as well.

MOTION

Corey Buggs made a motion to approve the changes in the Program Plan Outline as presented. Dr. Rick Gilliam seconded and the motion was approved.

Mr. Long stated Ms. Hames had prepared the 2011-12 ACHIEVE Grant Goals and Objectives that have been established by the Davidson County Healthy Community Coalition to be handed out. We are hoping this will put us in a good position to apply for a much larger grant that is coming through the State via the CDC (Community Transformation Grant). It is anticipated to be anywhere from \$200,000-\$400,000 a year for each of the next five years. One of the goals is to work toward setting ourselves up to be eligible to apply for that big grant and possibly others.

Mr. Long stated Ms. Hames was also going to give handouts to the Board on the State of the County Health Report (SOTCH). This report gives statistical data, health department activities, and an update on the priorities set in the 2009 Community Health Assessment. Since the county health assessment was last done in 2009, Mr. Long encouraged the Board to look at over the statistics included in the report such as leading causes of death,

pregnancy and births, etc., which are all broken down in sub-categories. The report has a lot of interesting information about what is going on in the community. Mr. Long stated he would give out the information and possibly Ms. Hames could come back at a later date and go over the report in more detail.

FY 2011 Budget Report – Janie Ange

Mr. Long commented all health departments across the country and the State use the ten essential services of public health as a guide as to what we are supposed to be doing in the community. He stated the services:

- Monitoring health status to identify community health concerns so if we are seeing unusual numbers or incidents of some disease or infant mortality or any of those kinds of thing we try to figure out what is going on.
- Diagnosing and investigating health hazards in the community - environmental health typically gets involved with these kinds of things.
- Informing, educating and empowering people about health issues is an area where health education handles a lot of this. I will be talking to the Commissioners on Thursday about regulating tobacco which is part of this essential service.
- Mobilizing community partnerships to identify and solve health problems – Jen Hames is doing a wonderful job spearheading a coalition by pulling the partners together to work on a common issue.
- Developing policies and plans that support individual and community efforts – The Board is aware of some of the policies we have adopted toward this effort and we are also going to be promoting and pushing policies as part of the ACHIEVE grant. Mrs. Hedrick mentioned the award for enhancing the breastfeeding rates in the County. This is one example of the type of policies the ACHIEVE group will be working on.
- Enforcing laws and regulations that protect health and ensure safety is predominately environmental health although we do get a lot communicable diseases issues related this this essential service.
- Linking people to needed personal health services – The health department does provide clinical services but these service are not “who” we are as a health department. I think there is an assumption out in the community that the health department is where poor people come to get clinical services but it is so much more than that. We provide clinical services because there are no other providers providing that particular type of clinical service in our community. The services the health department provides are based on “assuring” certain health services are provided. A perfect example is the dental clinic. We provide a children’s dental clinic because there are so few dentist that see any level of Medicaid patients in the community at all. If the local dentists saw Medicaid children, we wouldn’t have a dental clinic and the same for our other clinics. The health department is there to fulfill a need in the community wherever it exists.
- Assuring a competent public health workforce and personal health care workforce – the health department hires, trains and maintains our workforce in so many different aspects. The health department is deemed emergency first responder for public health which means everyone in this department has gone through some form of ICS training in order assure we can be ready as an agency to respond quickly and appropriately.
- Evaluating effectiveness, accessibility and quality of personal and population-based health services – For example, Ms. Hedrick was talking about today how the WIC department constantly is evaluating effectiveness. CAP-C was another good example; we went through the process of examining whether we should be doing this anymore when there is somebody else that is ready and willing do it because we can take those resources and apply to an area that has a greater need.
- Conducting research - the health department routinely works with universities to help them with research project. One of the most recent is the Weight Wise project and Environmental Health is currently working with NC State on a project.

Mr. Long prefaced the budget by stating, these are the things by law that health departments must provide directly;

- Communicable disease control. Why would anyone else do it? There is no revenue stream for it and that is what we as a health department do well; track disease, find the cause and prevent disease.
- Food, lodging and institutional sanitation - that is basically all your restaurant inspections, day cares, institutions, anything environmental health inspects.
- Individual on-site water supply is the well program
- Sanitary sewage collection, treatment and disposal is septic permitting
- Vital records registering all births and deaths in the county.

Mr. Long stated the other things the health department may provide:

- Adult Health – The health department does have adult health clinic but we do not provide primary care.
- Home Health – The agency that the health department had was the only agency in the County when it first started. There was a need identified so the health department stepped in and started providing that service. As it evolved the private market took over that industry in the County which is why we got out of it and sold the home health agency.
- Maternal Health – The health department provides a prenatal program for women that are ineligible for Medicaid or have private insurance.
- Child Health clinic is very small because all the pediatricians see all the Medicaid and private insurance children in the community.
- Family Planning – There are some practices that do family planning but we do it under federal guidelines which says anybody can have access to family planning services. We cannot deny anyone family services for the inability to pay.
- Grade “A” Milk Sanitation – There are not a lot of dairies anymore so the State handles what few dairies are remaining.
- Public Health Laboratory Support – We do have a public health lab in the clinic here but we also outsource.
- Dental Clinic – Has been discussed previously.

Mr. Long wanted to make the Board aware of the difference between the five mandated services that the health department must directly provide and the others that we can either provide directly or or assure that they are being provided somewhere in the community.

Janie Ange gave a PowerPoint presentation of the end of year 2010 - 2011 expenditures and revenue report. (Attached to the minutes) Ms. Ange stated we received \$395,000 for Medicaid Maximization this past year and we do not budget those funds - we use them to fill in holes or the money goes into a restricted fund balancing that the County holds.

Ms. Ange explained the revenues:

- The health department’s general budget is the largest. The majority of employees are paid out of this budget.
- Environmental Health budget. Mr. Long drew the attention of the Board to the small amount received from the State for environmental health which is a mandated service. Mr. Long stated that there is a major discussion among health directors about working with the Legislature during the short session to get legislation that would enable local governments to charge fees for food and lodging. Currently there is no authority to do so now. A proposal will be drafted for the health directors to consider for approval and the Association will then go to the County Commissioners Association for their help with passing this proposal.

- Child Health budget includes:
 - Mandated Services – Assurance required child health
 - Child Health Clinic
 - Immunizations
 - Immunization outreach workers
 - School Health operating for the school nurses
- Prenatal includes basically the prenatal clinic and nothing else. There is one employee's salary paid out of this budget. Mr. Long stated the prenatal program earns very little Medicaid and is supplemented with cost settlement money earned from other Medicaid generated programs. Ms. Ange stated most of the funds in the budget come from Maternal Child Health block grant which can be used in any of the MCH programs, such as maternal health, prenatal, child health, just where we need it.
- Maternal Health revenue is all Medicaid and includes the social workers and nurses and was changed in March of this year. Mr. Long stated this was a very positive change; we are no longer billing fee for service but rather receiving lump sum payments where we can apply resources where they are most needed.
- Child Service Coordination is also Medicaid and also includes some of the cost settlement money with a small amount from the State that we continued to receive for this fiscal year. This program also changed where the health department receives a lump sum of revenue.

Ms. Ange completed the PowerPoint presentation with the total health department budget expenditures and revenue that includes budgets and percentages of the different departments.

Also a spreadsheet with the total revenue received and funding sources percentages:

- State/Federal 30%
- County 45%
- Medicaid 11%
- Medicaid Maximization 4%
- Collections 5%
- Contract with Davidson County Community College school nurse and also Senior Services nurse. <1%
- Komen Grants crosses fiscal years so we have to bring forward into the next fiscal year what we haven't used. 1%
- School Nurses - Davidson County Schools pays for two school nurses 2%

Mr. Long stated that the County is now 45% of the health department's budget. In previous years it was about 50%.

Customer Service Report – Barbara Jones

Barbara Jones presented the result from the customer service survey from July 2010 to June 2011. We received 702 responses and we are really proud of our 99.7% positive responses for staff customer service skills. The concerns noted were mainly on wait time and Barbara Hedrick addressed what they have done in WIC to improve their wait time concerns from 14% last year to 4.5% this year. We are excited about starting a quality improvement project in clinical services and it is going very well. We will also be looking at processes in the clinical area and try to reduce those wait times.

Ms. Jones gave the highlights of the QI Activities that were implemented:

- Revised and updated the Davidson County Health Department website
- WIC established a Face Book page
- WIC participated Public Health QI course and a Kaizen event. Numerous work process improvement and implemented.
- Implemented Open Access appointments scheduling for BCCCP appointments and are able to see more clients

- Increased appointments available for STD clients
- In April we had staff training in customer service and it was called “True Colors” it was fun but very meaningful. It addressed appreciating the differences in fellow staff members and learning how to work together.
- The Clinical Team is starting a Quality Improvement project, using the knowledge gained through the QI Course which WIC participated in. The QI Course has been one of the most satisfying and enjoyable projects I have worked with. Two basic principles in the course include involving the staff that does the actual processes to come up with ideas for improvement and that data is required to determine what the actual problem is before the process can be improved.
- Environmental Health is participating in a County initiated quality improvement project.

Mr. Long commented that Barbara Jones is really been a tremendous asset to the health department in motivating and coordinating these types of projects, she has done an outstanding job.

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) regarding Mr. Long’s annual evaluation.

MOTION

Corey Buggs made a motion to go into closed session. Keith Raulston seconded and the motion was approved.

Dr. Hamrick stated that the Board of Health was going into closed session to review Mr. Long’s evaluation.

The Board returned from closed session and no action was taken.

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, January 10, 2012 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

L. Layton Long Jr, REHS, MSA
Secretary to the Board

This is a true and accurate copy of the November 1, 2011, Board of Health Minutes.

Dr. Mark Hamrick, Chair