

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

July 10, 2012 – 12:30 PM

BOARD MEMBERS PRESENT

Dr. Mark Hamrick
Ms. Alice Gray
Commissioner Don Truell
Rev. Lamar Moore
Mr. Keith Raulston
Dr. Michael Lanning
Ms. Becky Daley

STAFF PRESENT

Mary Lou Collett
Janie Ange
Nancy Rosier

VISITORS PRESENT

WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone.

MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Hamrick asked for approval of the meeting and consent agendas and the May 1, 2012 Board of Health meeting minutes.

MOTION

Michael Lanning made the motion to approve the items on the meeting agenda and consent agenda as presented. Alice Gray seconded and the motion was approved.

HEALTH DIRECTOR'S REPORT

- **Aid to County** – During the last Board of Health meeting Mr. Long alluded to fears of cuts in Aid to County money. These cuts did not occur and aid to county money was approved in its entirety. Additionally, there was \$4.9 million in non-recurring funds allocated for the promotion of community health and wellness initiatives with the provision added that these funds cannot be spent until January 1, 2013 and only if there is no Medicaid loss that these funds will have to cover.
- **Community Health Assessment (CHA)** – The CHA continues to progress with a draft copy for review having been sent to each of the partners. The ACHIEVE/Healthy Communities Coalition met on June 8th to make decisions about priorities, development of action plans and health improvement plans. The next meeting is planned for August 17th.
- **Strategic Planning Retreat** – Barbara Jones is currently working with the UNC Institute of Public Health to obtain a facilitator to conduct our annual strategic planning session. The date has not been established as yet; but, is expected to be in the latter half of August.
- **Dental Record Scanning** – A contract was executed with Laser fiche, the vendor that Davidson County uses for scanning records recently, and all dental records were picked up on June 29th to be scanned. A number of records (1,000) have already been scanned in-house and marked as scanned; however, there is some question about whether or some additions to these files have been scanned as well. Hence, all records will be scanned again to assure the integrity of the scanning of records and this will require a yet to be determined adjustment to the cost that was agreed upon.

- **Electronic Medical Records** – Two software vendors are still currently being reviewed for providing software to implement electronic medical records. Patagonia provided a demonstration to staff during the nursing in service meeting on May 30th and Allscripts will be demonstrating during the August 29th nursing in service meeting. With the changes that are currently being undertaken with the renovations to the clinic area and plans to begin integrated services in August, the incorporation of electronic medical records will most likely begin in the December 2012 to January 2013 timeframe. This will allow for ample time to adjust to the many changes that are going to be happening.
- **Accreditation Now and the Future** – In the budget (HB 950) for FY 2012 – 2013 the North Carolina legislature removed the funding for this program (\$300,000); but left the requirements for accreditation and the Ten Essential Services in the law, noting that there is a national program that the state program duplicates. The cost of the national program is significantly higher at around \$ 27,000 per health agency initially with an annual fee as well. The NCALHD voted two weeks ago to fund accreditation in the coming year with aid to county money and to allocate the funds prior to distribution. The cost will be approximately \$3,500 per health department. There will be discussions in the coming year on the best way to fund this in the future using aid to county money with a formula for distribution of costs to counties based on defined parameters. The accreditation visit for Davidson County is scheduled for September 25 – 27.
- **Environmental Health Restructuring Update** – The reclassification of an Environmental Health Specialist position Environmental Health Supervisor I and an Environmental Health Supervisor II position to Environmental Health Supervisor I have been approved by the Office of State Personnel and the Davidson County Board of Commissioners, with the last position being approved during the July 5th meeting. The request for posting the positions was submitted to Human Resources on July 9th and should be posted soon. The hope is to have the positions filled by the first of August. Also, the Public Health Preparedness position moved to Environmental Health on July 1st.
- **Davidson Medical Ministries Clinic** – Davidson Medical Ministries Clinic (DMMC) has been awarded the Federally Qualified Health Center (FQHC) award and is forming a partnership with Gaston Family Health Services. All parts of this partnership will be in place on October 1, 2012. The new partnership, which is a huge asset to the community, will allow DMMC to hire a full time physician. The DMMC clinic will be in place as it has for the past 20 years; but, will be able to expand in services that are offered at both the Lexington and Thomasville sites. The current relationship with the Davidson County Health Department and other partners will remain the same.

OLD BUSINESS

- **Clinic Renovations and Integrated Services Update** – Mary Lou Collett
Ms. Collett stated the clinic renovations are going very quickly. I would like for the Board when they leave to walk through and see how good the clinic looks with the different colors that were chosen. Hopefully, we are going to be on target for August 1st in the clinic area so we can move into integrated services during that time. The records area may have some more work to do because we are moving vital records downstairs so the funeral directors and people needing the services of vital records can just go in on the first floor. The clinic area should be done by August 1st and then we will move into integrated services where we will see patients every day for any of our services. Right now the clinic services have a blocked format; it has been that way for years. We are changing to make it more assessable to the community to come in for any service, any day of the week. The only hitch we may have is STD being a walk in service on Tuesdays and Fridays and it will be a little bit of a transition for people not to walk in because they have done it for years, with open access that will free it up a lot. Integrated Services planning also includes a mid-level practitioner and I will start going through the application process soon so I can offer that position and get them trained and orientated on integrated services. We are working with NC State staff though the NC QI Center for a Kaizen event September 4th – 7th and they are coming to evaluate our clinics and help us through the transition with any changes we can make.

NEW BUSINESS

- **2012 – 2013 Approved Budget – Janie Ange**

Ms. Ange updated the Board on the budget actually approved by the Commissioners. The handout included the actual whole health department expenditures and the revenue that were approved. Ms. Ange stated since I came to the Board in March the amount of county dollars we requested has gone down and that is due to the March budget request included a one fifth, one tenth salary increase for every employee but the Commissioners approved a 2% across the board so that affected the salaries and fringes. Also, they were able to hold the insurance rate at the same rate it was this past year so that was a decrease. Since the Board packets have gone out we have had a couple of resignations from staff and some of staff that will be replaced are in budgets that have county dollars; When you replace an employee that has 10 years of service with a new employee that will not be starting at the same salary level we may be using less county dollars. Hopefully, when we get the Environmental Health positions filled we will see a little reduction in County dollars also.

- **2011 SOTCH Report – Darren Cecil**

The State of the County Health Report, or SOTCH, is required by health departments in the years we don't do our Community Health Assessment. Our most recent SOTCH is from December 2011.

The first section statistical information and allows the health department to track trends and issues. Our population is increasing but the percentage of white vs. African-American vs. Hispanics remains relatively constant. The number of health care providers is still lacking. The top three leading causes of death remain unchanged from the previous year. The number of pregnancies and teen pregnancies has decreased from the previous year but the number of nonwhite pregnancies has increased.

In 2009, the last year of our Community Health Assessment, it was done in partnership with our Healthy Carolinians Partnership and focused on Access to Care, Asthma, Mental Health, and Obesity. Progress was made on each of these priority areas. In 2011, the county received an ACHIEVE grant to address chronic disease, tobacco, nutrition, and physical activity through policy and environmental strategies. With the cessation of Healthy Carolinians at the state level, and the implementation of the ACHIEVE grant, the two groups were merged into one and became the Davidson County Healthy Communities Coalition (DCHCC). DCHCC has three work groups: nutrition, physical activity, and tobacco. So far, these work groups have implemented a tobacco free policy at a local festival, a physical activity policy at an afterschool program, a healthy food policy with a local booster club, and a healthy food policy at a local church.

The health department has been successful in obtaining grant funds to enhance our services and increase access to care for community residents. In 2011, we received over \$138,000 in grant funding.

- **CTG Grant Application – Darren Cecil**

Community Transformation Grant is a new grant that just came out that funds small communities program. Approximately \$70 million will be awarded to up to 50 communities. Jen Hames has turned in a letter of intent and was accepted. The application needs to be submitted by July 31st. Jen's goal is for replacing the ACHIEVE group when the funding ends for that in the fall with the CTG.

- **2011 Communicable Disease/Foodborne Illness, CD Control Measures, and Public Health Enforcement Actions Report – Darren Cecil**

Ms. Collett gave the Communicable Disease report for 2011; 3 HIV, 1 Hepatitis B, and as far as any TB cases or foodborne illnesses there were zero cases. So we did not have an extreme year and there was no kind of trends or anything that we noted in that report for any of the communicable diseases.

Mr. Cecil gave the Public Health Enforcement Action report for 2011; 25 notices of violation for On-site wastewater, 14 letters of intent to suspend/revoke permits for Food, Lodging and Institution and 2 On-site wastewater, Letter of intent to take other legal action (court action) 1 Meth labs, 5 On-site wastewater and 2 other, actual suspensions in Food, Lodging and Institution 18 permits and 2 On-site wastewater permits revoked and 1 warrant for inspection On-site wastewater for the 2011 calendar year.

- **Child Fatality Report – Mary Lou Collett**

Every quarter the State sends us a report of all the child deaths under the age of 18. The subcommittee meets first and takes the entire information, compiles it together and reviews those deaths by each quarter to see if we need to take it to a full team evaluation. The full team is a combination of our child fatality team which is community members, doctors, DSS, behavioral health, school personnel, school social workers and the child protection team and if there is anything that could have been done differently or any kind of education that may prevent a future death in a child we try to send that back to the State. The back to sleep campaign, the poundage car seats and the ATV helmet laws came out of the child fatality task force recommendations. In 2011 we had 18 childhood deaths, 6 of those were motor vehicle accidents, 3 were birth defects, 1 SIDs, 1 suicide, 1 accidental death, 1 assault, 4 illnesses and 1 other. There were no full team reviews on any of these cases as it was determined that whatever could have possibly been done at that time was done so we did not take it to the full team for recommendations.

Dr. Hamrick Stated for accreditation purposes he needed to notify the Board about the accreditation requirements and responsibilities for hiring a qualified health director. The legal requirements are specified in North Carolina General Statutes 130A-40 and 130A-40.1 and outlines the educational and skills requirements. Once we identify a candidate we will send that candidate's credentials to the State. The State will check the credentials and send us a letter verifying the candidate is qualified. There are certain knowledge levels, skills and abilities that the candidates must meet. These are outlined in the current County health director job description – recommends the Board review this. The health director's position has been open for about two months and we have received approximately 54 applications. The sub-committee has reviewed the candidate's educational background, degree and experience and has narrowed them down. We are checking references and allowing them to provide more information to us. Then when that is completed the sub-committee will move into the interview phase and that should be coming up in the next few weeks.

Closed Session

Dr. Hamrick announced that the Board needed to go into closed session in accordance with North Carolina General Statute 143-318; 11(6) (1)-(9) to discuss personnel matters.

MOTION

Don Truell made a motion to go into closed session. Becky Daley seconded and the motion was approved.

FUTURE BOARD MEETING DATES

The Board of Health will meet Tuesday, September 11, 2012 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

Darren Cecil
Secretary to the Board

This is a true and accurate copy of the July 10, 2012, Board of Health Minutes.

Dr. Mark Hamrick, Chair

