

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

March 3, 2015
12:30 p.m.

BOARD MEMBERS PRESENT

Ms. Jana Andrews
Ms. Becky Daley, Chair
Dr. Rick Gilliam
Ms. Alice Gray
Dr. Michael Lanning
Dr. Cathy Riggan
Mr. Tobin Shepherd, Vice Chair
Commissioner Don Truell

STAFF PRESENT

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

VISITORS PRESENT

Mike Newby, Asst. County Attorney

WELCOME

Ms. Becky Daley called the meeting to order, established a quorum, and welcomed everyone to the March Board of Health meeting. Ms. Daley explained that this meeting was a little different because instead of a typical eleven member Board, there are currently eight members. The three vacant positions are waiting to be appointed by the Board of County Commissioners. Those three positions are: a Public Citizen to replace Rev. Lamar Moore, a Veterinarian to replace Dr. Mark Hamrick and an Engineer to replace Keith Raulston. The appointments will probably be placed on the Commissioners Agenda for Tuesday, March 10th at the 7:00PM meeting. According to the Board of Health Bylaws, a quorum is “a majority of the actual membership of the Board excluding vacant seats”. So, for now, a quorum is five members and all eight Board of Health members are in attendance today.

MEETING AGENDA- DISCUSSION and AMENDMENTS

Ms. Daley explained that due to the current situation with our membership, the Board needs to revise the March 3, 2015 meeting Agenda that the Board has before them and a motion is needed to postpone the following until the appointment of the new Board members by the County Commissioners:

- The Oaths of Office for the new Board of Health Members
- The Appointment to the Board of Health Subcommittees

MOTION:

Dr. Riggan made a motion to revise the March 3, 2015 Board of Health meeting Agenda. Dr. Lanning seconded and the motion was approved without dissent.

PUBLIC COMMENT

None

CONSENT AGENDA

Ms. Daley stated that the General Services and Budget Subcommittees Meeting Minutes were provided at the table. She explained that these meetings took place Wednesday of last week and so the minutes were not included in the Board packets. More detail will be provided throughout the meeting regarding the topics discussed.

Ms. Daley requested a motion for approval of the agenda as revised, consent agenda, the January 6, 2015 meeting minutes, the February 25, 2015 Budget Subcommittee meeting minutes, the February 25, 2015 General Services meeting minutes and the financial reports as presented.

MOTION

Ms. Janna Andrews made a motion to approve the agenda as revised, consent agenda, the January 6, 2015 meeting minutes, the February 25, 2015 Budget Subcommittee meeting minutes, the February 25, 2015 General Services

meeting minutes and the financial reports as presented. Dr. Riggan seconded and the motion was approved without dissent.

PROGRAM UPDATES

The Executive Management Team will now present their Updates. As always, the Executive Staff will answer any questions Board members may have and if there is additional information they would like to share, they will briefly do so. Please note that Jen Hames is absent. She is attending the Statewide Asthma Summit. Ms. Thomas will briefly cover a few topics for Health Education.

- **Environmental Health Director Darren Cecil** highlighted a few items:
 - **Centralized Permitting:**
 - Resignation of Jose Colon, Centralized Permitting Supervisor
 - **Public Health Preparedness:**
 - A contract with On Target Preparedness to assist in planning the full scale exercise for the Spring of 2016 has been prepared. The item has been placed on the Commissioners meeting agenda to provide funds for this initiative.
 - **Items to Note:**
 - Water loss in Thomasville on February 22nd was an issue for about 4-5 hours. Environmental Health staff were called in to review facilities that were open, mainly restaurants. Environmental Health had to close two restaurants that were operating without appropriate water.

- **Director of Nursing Mary Lou Collett** highlighted a few items:
 - **Successes and Challenges:**
 - **Successes:** Hiring of Physician Extender – Charlie Phillips, PA accepted the position. His first day was January 26.
 - **Audits**
 - **Immunization Audit: led by Joan Gore and Angelia Mason**
 - Children (0-24mos.) who have received any services at the Health Department: 94%
 - State average – 86%
 - Other children (0-24mos.): 86%
 - State average – 69%

Mary Lou Collett updated the Board concerning the meeting with the General Services Subcommittee about the change in Clinic schedule. Ms. Collett mentioned that changes are being made to open more appointment slots for services that take more time. She is hopeful that this will decrease the number of clients who have to call back repeatedly to obtain appointments.

Ms. Daley thanked Ms. Collett and her staff for the great Immunization Audit numbers and also for being creative in opening up those other appointment slots and looking at other ways to schedule appointments in the clinic.

- **Health Education - Reporting for Jen Hames - Monecia Thomas** mentioned two items:
 - **Professional Meetings/Trainings Attended**
 - “Darkness to Light” (D2L) session focused on training individuals in the community to prevent, recognize, and react responsibly to child sexual abuse. The meeting was sponsored by the J. Smith Young YMCA and the Tom A Finch YMCA and their goal is to educate at least 5% of the entire Davidson County’s adult population trained in the Darkness to light curriculum. It is an online 2-hour training but doesn’t have to be completed in a 2 hour block. Ms. Hames and Ms. Thomas sent an email to the health department staff and encouraged them to complete the training. It is not a health department initiative and not just a Y initiative it is about our entire community being able to recognize signs and symptoms of child sexual abuse. The group that is coordinating and sponsoring the free training feels if everyone is trained to recognize and react responsibly to child abuse this could possible result in less child sexual abuse in our community.

Ms. Thomas would like to send the Board the link and encourage groups that they may be linked to participate in the training as responsible adults in the community. Mary Jane Ackerman is trained and has offered to come out and do group training.

▪ **Successes:**

- The Poverty Simulation project was an initiative on the strategic plan and it is moving forward. The Healthy Communities Coalition, specifically the Access to Care Workgroup is working on providing the project.

Excerpt from Strategic Plan: *The Healthy Communities' Access to Care Committee and the Board of Health will research activities (e.g. Poverty Simulation) to educate stakeholders and determine feasibility of offering them in Davidson County by March 2016.*

The cost will basically be \$3,000. We have received funding from both hospital foundations for \$1,500 each to cover the cost.

A poverty simulation is a guided experience that exposes participants to the realities of poverty, including the challenges of navigating the complex world of government services and other essential service providers.

During the simulation, each participant: Board of Health, County Commissioners, Davidson Medical Ministries Board, School Boards –will assume the roles of up to 26 different families facing poverty. The task for each family is to provide basic necessities and shelter during four 15-minute weeks, while balancing the requirements of their families' needs with various service providers and the realities of daily life. This will be completed either at a church or at Davidson County Community College where we can have a large room with everything set up for the participants to access all the services. Ms. Thomas encouraged the Board of Health members to participate and also encourage other Boards' members to participate.

Ms. Daley commented that it would be great to see as many Board members as possible participate because it is a daily challenge for a lot of people in our community.

• **WIC Director Barbara Hedrick**

▪ **Items to Note**

- Nutrition Services Branch has made caseload adjustments for FY 2015-2016. Adjustments were based on the participation during the months of July, August and September 2015. The DCHD Crossroads conversion took place in July and significantly impacted participation during that period.
- Beginning July 2015 Davidson County's WIC Participation Base caseload assignment will be 4036 and the target 97% participation goal will be 3915.
- We will not seek to fill the vacant Nutritionist position due to the decrease in funding allocation.

Question: Is the lack of participation because the need for WIC is not there or because the program can not get the people enrolled?

Ms. Hedrick felt the issue was multifaceted. The financial and economic situation of Davidson County has had an impact for a number of years. The Hispanic population tends to follow the jobs so if those jobs are not here, the population tends to be more mobile. Also there were federal changes in the Food Stamp program that may have impacted the WIC population. At one time, the allotment for families increased. It was assumed that when the increase stopped, more participants would return to the WIC program. But, at the same time, the Federal Shutdown took place and so people may have been confused and wondered if the WIC program was still operational. When WIC adopted the electronic medical records system, some appointment hours were missed due to staff training. The State focused on the months of July through September because most of the counties across the State experienced higher participation rates during those months. For Davidson County, that was not the case.

- **QA/QI -Nancy Stout**

- **Relevant Data**

- Improved show rate in Breast and Cervical Cancer Control Program (BCCCP) clinic from 62% to 82 %. The Family Planning show rate increased from 64% to 84%. This project is getting closed out and Ms. Stout was hopeful that the changes that Ms. Collett is making in the Clinic will continue to improve the show rate. BCCCP clinic was previously only scheduled for Fridays and appointments were scheduled several weeks out, but now they will be offered more frequently throughout the week and the appointments will be open access.

- **Health Director Monecia Thomas** mentioned that she had a few items to share.

- **Professional Meetings/Trainings Attended:**

- School Nurses/Year-Round Calendar - Lexington City Schools is contemplating going to a balanced or year-round calendar for their school system and that can impact three of the health department's School Nurses. A meeting is scheduled with the Lexington City Schools Superintendent to focus on how this will impact the School Nurses that currently work and get paid for ten months out of the year. A change would have to be made in Human Resources for the School Nurses' salary to be paid across twelve months. Another question for the nurses relates to training - A School Nurse Conference is typically scheduled during the break or intersession of classes. Would the School Nurses be able to attend? How would their time be allotted?
 - Smoking/Tobacco Meeting – Ms. Thomas mentioned that the Board of Health had just met prior to the issue of Smoking and Tobacco use at the Central Permitting building going before the County Commissioners.

Fortunately during the Commissioners' meeting, the conversation went broader than what was originally mentioned and the County Manager and County Commissioners discussed Smoking/Tobacco ordinances for all County grounds and/or designated smoking areas. Mr. Newby was tasked with writing and preparing the document.

Mr. Newby provided a packet of information (Memorandum - County Smoking ordinances, Draft Ordinances) to each Board member

- Drafted two purposed ordinances out of an abundance of caution:

1. To Prohibit Smoking in County Facilities, County Owned or Leased Vehicles and Mechanized Equipment and to Restrict Smoking upon County Grounds.
 - This ordinance is based on what is currently in place at the county courthouses. In particular it restricts smoking not only in facilities, but also on grounds, in County vehicles and mechanized equipment. The main thing to know is this ordinance is hopefully flexible enough to allow for smoking permitted areas if this decision is made.
2. To Prohibit Smoking or Electronic Cigarette Use in County Facilities, County Owned or Leased Vehicles and Mechanized Equipment and to Restrict Smoking upon County Grounds.
 - This ordinance addresses electronic cigarettes (e-cigarettes). These products are not considered 'smoking' because they do not involve the burning of tobacco products. There is certainly a lot of concern about e-cigarettes and how they are impacted by smoking policies. Version 2 is a modified and expanded version of Version 1 and includes e-cigarettes.

Mr. Newby explained that there are issues with both proposed ordinances: the first ordinance is close to what is in place now (Courthouse). The reason for ordinances is that N.C General Statute 130A-498 allows counties to regulate smoking in public places and that provision specifically addresses smoking, not tobacco products like chewing tobacco or electronic cigarettes. Mr. Newby stated that he is comfortable with ordinance Version 1 and he felt it could withstand any challenge, but he did not think there would even be a challenge. Since electronic cigarettes were not addressed under N.C. General Statute 130A-498, the locations that have banned e-cigarettes

are using a more general power that the counties have to prohibit or regulate conditions detrimental to the health of citizens. The problem with that is they do not have the data that is as strong as the data for secondhand smoke which is what the public health statute is really about - regulating peoples' exposure in public to secondhand smoke. The use of this general prohibition is a little more problematic and risky because at some point in time you may have to convince a judge that e-cigarettes are bad for the people smoking them and also for people around them. Mr. Newby stated that when topics are nebulous or uncertain, there is a risk of having them overturned. Mr. Newby noted that change may be best done slowly and that there were concerns when smoking was regulated at the courthouse. There maybe more concerns if the ordinance is expanded to include e-cigarettes. Mr. Newby wanted the Board of Health to have a couple of options. He noted that in the future, the General Assembly may address e-cigarettes in regards to N.C. General Statute 130A-498. Once this occurs legally, the case can be stronger to take action and ban the substance.

Discussion/Questions/Answers:

Question: The Version 1 ordinance prohibits smoking, the Version 2 ordinance prohibits smoking and e-cigarettes. If the e-cigarette portion was challenged would that make the rest of that ordinance void?

Answer: The way it reads now, if that part of the ordinance was invalidated, the court would probably invalidate the whole ordinance, but we could put in a couple changes and make a provision so that would not be a problem.

Question: Is that known as a severability clause?

Answer: Yes

Question: Is the reason the County does the smoking ordinance rather than a tobacco free environment is because of the specific law you mentioned?

Answer: The N.C. Gen. Stat 130A-498 specifically talks about smoking and does not talk about general tobacco products.

Ms. Thomas mentioned some things to Mr. Newby when he shared the ordinance drafts with her; *Section 3 C) Upon County grounds, specifically excluding privately owned vehicles wherever located.* Ms. Thomas Mentioned to Mr. Newby and Mr. Robert Hyatt, the County Manager, that if you are on hospital or school property, even if you are in your private vehicle, you still cannot smoke; you literally have to leave the property to do so. Also, we talked about signage. Ms. Hames tends to have some funding for signage, but most of the time, it can not be used for signage for designated smoking areas. Ms. Thomas asked if there was any time frame when this might go before the County Commissioners.

Answer: Mr. Newby responded that he did not know right now. After the Board of Health discusses, it may be placed on the County Commissioners calendar.

Ms. Thomas stated that she did not know how the Board wanted to move forward. One of the items Ms. Hames and Ms. Thomas discussed after the Commissioners' meeting was in reference to e-cigarettes and someone mentioned they can be used as a conduit to stop smoking. They noted later that legally, it can not be said that e-cigarettes can be used as a method of smoking cessation. Ms. Thomas agreed with Mr. Newby that science is still trying to determine what the hazards are.

Ms. Thomas asked Mr. Newby if in his opinion the Board could have a little more time to think about this or is he looking for them to approve something today and send it on to the Commissioners.

Answer: It is certainly up to the Board. They may want to take more time since they will have to feel comfortable with what they decide and advocate for the passage of the Ordinance. He noted that there were some good questions and the documents can be tweaked as needed.

Question: Understanding that the General Assembly has not addressed other tobacco products; in your opinion is that something that is coming? Is there any hope in the future that legislation will include tobacco products and not just smoking? The Board member expressed that there may be harm to others who are involved with those that use tobacco products.

Answer: Mr. Newby noted that there are organizations that include these products and general clauses about health issues. If the Board and the County Commissioners felt comfortable that they can state the health hazards, then they can certainly develop regulations to regulate the use of tobacco products or e-cigarettes.

Ms. Thomas asked if the Board would like for her to pull information from what other counties have done in terms of smoking, tobacco products and/or the use of e-cigarettes.

A Board member mentioned that he understood some County Employee's point of view regarding being in a county vehicle alone and choosing to use tobacco products. If no one is harmed, should this be regulated? He noted that it is a public vehicle and the chance of spilling tobacco and damaging property may be a possibility. He noted that the products are bad, harmful and nothing good can come from their use, other than the release of some tension. But, may be the individual could find another way to reduce tension. It is concerning that from a public health standpoint, we are addressing a portion of the tobacco problem and not the other portion of the tobacco problem.

Mr. Newby mentioned that that is a valid point, but the County controls its property and can regulate the types of things one can do in the vehicles. The problem is placing restrictions in public connotations, like a courthouse.

Question: Do you see smokeless tobacco use at the courthouse now in private individual offices?

Answer: The use is fading and it is not the issue it used to be.

Ms. Daley commented that now it is so acceptable that school and hospital properties are tobacco free (including chewing tobacco and everything else). The hospital thought there would be pushback when the policy changed to be tobacco-free. There was some at first, but now that is just the way it is.

Ms. Daley asked the Board what they would like to do. It was noted that Ms. Thomas should check with other counties and share information at the next meeting.

Discussion:

It was noted that it may be wise to review additional information. If the Board decides to move forward focusing on smoking only, they may decide in the future, it may have been better to go tobacco-free.

It was noted that it may be an idea to present something to the County Commissioners that is going to be more easily accepted and then maybe in a year or two move towards tobacco-free. It was noted that there can be dangers associated with tobacco products, other than smoking cigarettes. It was also expressed that there is secondhand smoke, but with chewing tobacco, there are no secondhand effects.

It was noted that when House Bill 498 started, the focus was on smoking as a known health hazard. This was a big deal for several months, but now, years down the road, it is not a big deal anymore. It was noted that a conservative strategy may be a good idea.

It was noted that when the information is sent to the County Commissioners, it is up to them to make changes. The Board of Health should recognize that regardless of what changes are made, at least the Board took a stance and supported it.

There was some discussion about individuals vaping and from a distance, this being misconstrued as smoking. It may be a good idea to avoid this confusion and include vaping in the ordinance.

Ms. Thomas mentioned that some other health departments have already taken that stance. At the Davidson County Health Department, changes have been made to the policy to specifically address e-cigarettes. Some restaurants have also done this as well.

Conclusion: At the May Board of Health meeting, the Board will review the information Ms. Thomas will collect from other counties and Mr. Newby will revise the Version 2 ordinance so that if one part is challenged, it does not void the other part.

- **Fire Alarm Issues:** Ms. Thomas mentioned we have had fire alarms going off in the morning around 2:00-5:00AM. One day three different technicians came by and we are also having different people come in on Friday of this week to meet with us. Just to give the Board a heads-up our system has probably been in place for over twenty-five years or since the building was built in 1979. Ms. Thomas wanted to make the Board aware that this is a very old system and you cannot buy parts for it so we are going to gather suggestions from the County and technicians.
- **State Health Director's Annual Conference** – Ms. Thomas, Ms. Collett and Ms. Hames attended.
Highlights:
 - Session on Teen Pregnancy
 - Infant Mortality
 - Tobacco focused on point of sale
 - Research was completed on the point of sale of tobacco. It was mentioned that convenient stores that are located near schools and in low income neighborhoods tend to have their entire windows covered in tobacco advertisements. Also where the store located tobacco products compared to the location of candy was emphasized. The presenter showed a picture of a bowl of tobacco and candy products and you literally could not tell the difference.
- **Community Health Assessment:** Ms. Thomas and Ms. Hames are working to contract with a consultant to help them with the latest Community Health Assessment. It is traditionally completed every four years (as required by the State) but Davidson County is moving to a three year cycle so that we can work closely with the hospitals. We just had a conference call with WFB - Lexington and Novant Health -Thomasville Medical Centers and they have given us the official word that they are on board and are happy to split the cost of the Community Health Assessment and provide some volunteers to do some of the door to door surveys. DCHD is moving forward with the Assessment plans and we have reached out to four different agencies and consultants.
- **Items to Note**
 - Posted Positions: Office Support III (DCHD)
 - There are currently 3 Office Support III positions posted in the County. The County has received approximately 500 applications for those positions.

Old Business

Ethics Webinar – Training

Ms. Daley reminded the Board that they were asked to review the Ethics Webinar and she wanted to remind everyone to complete this brief training. The webinar lasts for about 70 minutes and is quite interesting. The sign in form is being distributed. Please let Ms. Thomas or Ms. Nancy Rosier know when you have completed the training.

Review Board of Health Calendar of Meetings (May 2015 Meeting)

In January, the Board approved the Board of Health 2015 schedule for meetings. Due to a training that will involve Ms. Thomas and Ms. Hames, we are requesting that we move the May meeting from May 5th to May 12th.

MOTION

Mr. Shepherd made a motion to move the May Board of Health meeting from May 5th to May 12th. Dr. Lanning seconded and the motion was approved without dissent.

Association of NC Boards of Health report

Ms. Daley stated that the State Association for Boards of Health has provided the Board with a handout from the January meeting. It notes that 19 NC Boards have paid membership dues to the National Association. Davidson County is one of those counties. She mentioned typically, there should be 2 handouts – one per month, but there was no update for February because of the weather during that time.

New Business

Review of Board of Health Bylaws

Ms. Daley commented that recently, we have had several Board members complete their 9 year terms. One question that has come up relates to who may be eligible to join the Board and replace these outgoing members. Ms. Thomas and Mr. Newby, the Assistant County Attorney, will provide the Board of Health with some general guidelines about new members and refresh our memories about our current Bylaws.

Ms. Thomas stated that Dr. Riggan brought this subject up and it was an excellent question. The question was in terms of ownership of different practices, contracting with the Health Department and membership on the Board of Health. Ms. Thomas went to Mr. Newby for answers in regards to this and she felt it was a good opportunity to review the bylaws and talk about conflicts of interest.

Mr. Newby explained that Eileen Youens from UNC did an excellent presentation about conflict of interest in North Carolina and although the particular context was about federal programs, he felt everyone would be educated by this.

- o Self-dealing (N.C.G.S. 14-234)
- o Flow Chart to see if you fall within the purview:
- o Making or administering a contract + Direct benefit to you or spouse = Class 1 misdemeanor* & void contract* (* unless an exception applies)
- o One fact changes everything – it is not as simple as you would like to think it is.
- o The Board of Health Bylaws specifically talk about conflicts of interest as reasons to remove someone from the Board. Article III sets up a process where someone who has Conflict of Interest issues does not vote on an item.

Conflict of Interest: It shall be the policy of the Board that no member shall participate in, discuss or cast a vote as to any matter or issue on which such member stands potentially to receive any financial gain or any personal favor or in which a conflict of interest may exist. No member should vote on an item of business in which he/she has a direct personal benefit not common to other members of the Board. A member must abstain from voting in matters involving conflicts of interest as described by North Carolina law N.C. Gen. Stat. 14-234 or its successor as well as the Code of Ethics adopted by the Davidson County Board of Commissioners where applicable. If a member has withdrawn from a meeting without being excused by a majority of the remaining members, the member's vote shall be recorded as an abstention.

- o Davidson County Board of Commissioners Code of Ethics specifically addresses General Principles
 - Remaining incorruptible, self-governing, and not subject to improper influence while at the same time being able to consider the opinions and ideas of others.
- o N.C.G.S.A. 14-234 makes it a misdemeanor for a public official to engage in Conflict of Interest issues.
- o Common Law Conflict is found when you work for a government contract and you agree to comply with their provisions. Common Law Rule refers to someone (employer or employee, relative or

friend) benefiting from a contract that could be a violation of the Federal Rule. This is not a criminal violation but it could violate the contract.

- o What can fix these situations? They can be cured by nonparticipation in deliberations. If you think you have a conflict, first of all, talk to the County Attorney's office; second if you determine through discussing with the county attorney that you may have a direct or indirect conflict, request to be excused from participation in the deliberations and voting on that issue. These questions are so complicated, one fact changes everything, so please pick up the phone and call.
- o The Board of Health operates in a quasi-judicial capacity because are there a times when the Board hears appeals and acts in a judicial capacity resulting in a conflict of interest in those situations where you are receiving some benefit from a ruling.
- o Bias is if you go outside the hearing to collect information or talk to people. Bias can invalidate a decision. In a quasi-judicial capacity, the Board should always listen to the proceedings presented to you and not do your own investigation. If you have any connection with any of the participants, you should also disclose them so the other parties have an opportunity to object or to consent. Bias in quasi-judicial capacity is addressed by disclosure.
- o Mr. Newby shared a lot of information to show the Board that conflict can be very complicated. He noted that disclosure addresses most things and nonparticipation addresses all things.

This was a thorough review/re-training of Conflict of Interest. Some main points to consider:

1. If needed Board members can abstain from voting if there is a conflict.
2. It is not recommended that Board members have a contract with the health department. So those positions that own a portion of the practice or their spouse owns a portion of the practice and the health department contracts with the agency for the signing of standing orders -- these individuals should not be considered for the Board.
3. Mr. Newby was alluding to the fact that sometimes we may have to go to him with a specific issue. The health department contracts with pediatric practices and OB/GYN practices; but when we contract with them typically one person is responsible for signing the contract and then one person is responsible for signing standing orders. Ms. Thomas is hearing from Mr. Newby and other health directors that these individuals should not be members of the Board, but what does it say about others in the practice if they are not the ones signing the document?

Mr. Newby explained that it comes down to limited exception. Consideration may involve a situation where the Board is trying to maintain cost related to contracting or if the health department contracts with more than one practice. A good rule of thumb is how would the situation look through the media's eyes.

Policy Review and Approval – Program Eligibility Personal Health 100.46

Ms. Daley mentioned several members of the Executive Team recently completed a webinar sponsored by the State on Fees. Following the webinar, the Program Eligibility Policy was reviewed and some procedural changes were made so Nancy Stout will explain.

Nancy Stout explained there was only one significant change that came out of the webinar as far as how the health department determines eligibility. Financial Eligibility section 4.7: Child support payments * cannot count for family planning income. There are a lot of highlighted areas indicating changes made to the Program Eligibility Policy but they were procedural changes from a paper record to an electronic record.

MOTION

Dr. Cathy Riggan made a motion to accept the changes to the Program Eligibility Policy as presented. Dr. Michael Lanning seconded and the motion was approved without dissent.

Retention Schedule Amendment

Ms. Daley stated the NC Department of Cultural Resources provides a Records Retention and Disposition Schedule for Local Health Departments to follow so they have provided an Amendment and Ms. Stout will provide the Board with the details.

Ms. Stout explained that unless the Board adopts this Amendment, the health department would have to get permission from the Department of Cultural Resources to destroy any record no matter how insufficient. This change reflects personnel records under terminology from the United States Citizenship and Naturalization Services and changed the disposition instructions from allowing destruction after three years from hire date to requirement of mandatory retention throughout the duration of the person's employment. The United States code citation was changed to account for the retention of the form.

MOTION

Mr. Tobin Shepherd made a motion to approve the Records Retention Schedule Amendment. Dr. Riggan seconded and the motion was approved without dissent.

Ms. Daley stated this document requires her signature to indicate compliance so she will sign the Records Retention Schedule Amendment at the end of the meeting along with the approved minutes.

Northwest Community Care Network - Primary Care Program Update

In mid-February, Ms. Thomas provided the Board with an email about the Northwest Community Care Network Primary Care Management program. Some of the Board members may have additional questions and so Ms. Thomas and Ms. Collett will cover the current program briefly and take questions.

Ms. Thomas wanted the Board to understand that the Northwest Community Care Network has three programs at the health department; (CC4C) Care Coordination for Children, Pregnancy Care Program and Primary Care. All the changes are taking place in the Primary Care Program. There was a move across the region that as Primary Care Managers left positions (for whatever reason), the Network would hire them instead of hiring them through the health department as County employees and having them physically based here. Davidson County was one of two health departments in our region that still had primary care managers and because our department seemed pretty stable in terms of care managers, Ms. Thomas felt we would have them here for a long time, but then the supervisor resigned for a great position at Davidson County Schools and two care managers went directly to Northwest Community Care Network. This left the health department with one primary care manager and one Health Check coordinator.

Ms. Thomas talked with the Executive Director. It was mentioned that the Network would continue to fund the program as long as staff were present. DCHD has already received the agreement up to June of this year. The Network Director also advised that the agreement for the next fiscal year will be prepared soon. There will be separate agreements for the Care Coordination for Children (CC4C) and Pregnancy Care Management programs. Ms. Thomas felt that this was a good relationship to have between public health and those care managers and in addition, we would hate to lose any health department staff. The concern now for Ms. Collett and Ms. Thomas is the remaining staff all report up to Ms. Collett as the Nursing Director, but there is no direct supervisor for the one remaining Care Manager and Coordinator. We are working with the Network to figure out what needs to be done.

Fee Recommendations and Review and Approval of Proposed Budget

The Board will hear from Mary Lou Collett and Darren Cecil about the proposed fee changes in their Divisions. Ms. Collett will go first and share a brief overview of the proposed fee changes for Personal Health and those changes are detailed in the Budget Subcommittee meeting minutes.

Clinic Fees

Ms. Collett shared a brief overview of the two fees that needed to change because the health department was not breaking even:

- o Pregnancy Test current fee is \$17.00 - proposing \$20
(Prenatal vitamins are provided if client receives positive pregnancy test)
- o Tuberculosis Skin Test (Mantoux), the current fee is \$12- proposing \$20 for the fee.

Darren Cecil will provide a brief overview of the Environmental Health Fee changes.

Mr. Cecil highlighted the following within the Environmental Health Fee Review Policy:

- o Page 2 (4.2 F) - wording changed to be more specific (Changed to reflect central permitting staff from management support to technician)
- o Page 3 (4.3 D) – ‘and’ changed to ‘and/or’ to include the Central Permitting process
- o Page 3 (4.5) – new effective date on the policy included
- o The Application Fee for a Return Visit to a Site “not ready” for evaluation and the Return Visit to a Public Pool that is “not ready” increased from \$50 to \$60. This is basically a deterrent to encourage clients to have everything ready and prepared.
- o The Application Fee for a New Private Water Supply Well increased from \$240 to \$260. This was discussed in the January Board of Health meeting. When we took this to the Board of Commissioners after the last meeting the Assistant County Manager chose not to move forward to the Commissioners Agenda because he wanted to make this a part of the budget package next year.
- o Added Temporary Permit for a Tattoo Artist for \$100.00 for 10 days. This permit would accommodate those that come to Davidson County on a temporary basis to provide tattoos.
- o The Application Fee for Plan Review of a Mobile Food Unit was added at \$90. It will make people that are really interested in doing this fill out the application. Mobile units are typically served from a trailer of some type. A Mobile Food Unit is not the same as a Food Push Cart.

The Board will hear from Janie Ange about the overall Health Department budget and she will note a few highlights. Please note that the budget is very similar to last year with the addition of about \$90,000 due to the salary increases that the County requires DCHD to include.

Health Budget

Ms. Ange distributed and provided highlights of the changes to the budget:

- o We Have been directed right now to put 1/5, 1/10 salary increases in the budget. However, Ms. Ange and Ms. Thomas met with the Assistant County Manager and the Budget Analyst and they are considering other options, including a flat fee increase.
- o Health insurance increase included approximately 5 to 5.5%
- o Travel reimbursement from .56 to .57 cents per mile
- o No longer have a Dental budget in the coming year
- o NWCC budget – only have 1 care manager and 1 Health Check Coordinator
- o WIC budget will not be able to fill vacant Nutritionist position due to State cutting funding
- o Healthy Mothers/Healthy Children’s block grant cut by \$6,004
 - Family Program 1,797
 - Prenatal 4,207

Mr. Shepherd asked if basically this is a hold the line budget with a projected increase in salaries.

Ms. Ange answered yes.

MOTION

Dr. Michael Lanning made a motion to accept the proposed Health Department Budget noting that the proposed salary increases will be determined by the County. Ms. Jana Andrews seconded and the motion was approved without dissent.

Discussion of current Public Health issues

There has been some lively debate about a couple of topics and Ms. Thomas noted that if any Board members felt strongly about the topics, they can be discussed at the next meeting (in the interest of time). One topic is Medicaid expansion. Some Boards of Health have passed Resolutions in support of Medicaid expansion. Medicaid expansion is a part of the NC Association of Local Health Directors (NCALHD) Legislative Priorities and it is on the NC Association of County Commissioners (NCACC) Legislative Priorities.

The other topic is School Based Health Centers. There are about 25 in the state. We do not have one in Davidson County. The Durham County Board of Health has requested a change in G.S. 115C-81 that currently states: *Contraceptives, including condoms and other devices, shall not be made available or distributed on school property.* The proposed change is *Contraceptives, including condoms and other devices, shall not be made available or distributed on school property except in school based health centers. Medical providers providing*

care in school health centers shall provide services within their scope of practice that meet the needs of their patients.

One Board member noted that distributing contraceptives in high schools may be acceptable.

Dr. Riggan wanted to discuss the document “Access to Primary Care Services for Youth in Davidson County, NC”. She noted that there was a lot of reaction in the Pediatric office. Ms. Thomas responded to the questions that were presented in an email from Dr. Riggan.

1. Where did this study come from?

The study was not requested directly by the health department per se. Ms. Thomas was approached by UNC-Chapel Hill Bachelor Students in reference to looking for topics for research. The Northwest Region was also approached and submitted several ideas: Awareness of Public Health Issues, E-cigarettes and Over Utilization of ED departments. Ms. Thomas talked with Thomasville City Schools and together they suggested School Based Health Centers. Ms. Collett and Ms. Thomas have discussed school based health centers previously and they are probably not appropriate for our area because Davidson County has such strong pediatric practices.

Once the subject was provided, the professor broadened and changed it to access to primary care because otherwise, the students would just produce a report on School Based Health Centers. Overall, we were impressed by the work of the Bachelors level students.

The students completed the first part of their work in December. The next report addresses the issues they found: income level, youth and their parents, insurance, transportation, time and primary care providers.

Dr. Riggan specifically mentioned the sentence: The Davidson County Health Department expressed concerns regarding the adequacy of primary care services for youth in the county.

Ms. Thomas noted that the study was not a topic that the health department was interested in acting on. The students simply needed a research topic.

Dr. Riggan noted several areas that needed clarification:

Page 4: Furthermore, low-income and minority patients have reduced access to these PCPs; almost 70% of African Americans and Latinos are concentrated in two cities in the county where the major pediatric care centers are not conveniently located.

Ms. Thomas stated she had marked that sentence as well when she read it and she shared feedback with the students.

Dr. Riggan stated that Thomasville Pediatrics is one mile from Liberty School, two miles from Thomasville Primary, and one block from Super Walmart in Thomasville. Dr. Riggan was not sure how much more centrally located in Thomasville the office could be. She noted that even though they are Bachelors levels students, they need to report correct information.

Dr. Riggan stated Thomasville Pediatrics has seventeen providers and 20,000 patients (10,000 are on Medicaid) so it is a little alarming to think that a school based clinic could provide better care than the Pediatric practice.

Ms. Thomas stated that she would share the feedback with the students and they can make changes.

CLOSED SESSION

Ms. Daley requested a motion to move into Closed Session to further discuss Personnel Issues in accordance with General Statute 143-318.11(a)(6).

MOTION

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

CLOSED SESSION

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

OPEN SESSION

Ms. Jana Andrews made a motion to approve the Closed Session Meeting Minutes for November 2014 and January 2015. Dr. Michael Lanning seconded and the motion was approved without dissent.

Mr. Tobin Shepherd made a motion to accept the proposed Organizational change. Dr. Michael Lanning seconded and the motion was approved without dissent.

BOARD MEETING DATES

The Board of Health will meet Tuesday, May 12, 2015 at 12:30.

MEETING ADJOURNED

Mr. Tobin Shepherd made a motion to adjourn. Dr. Michael Lanning seconded and the motion was approved without dissent.

Respectfully submitted,

Monecia R. Thomas, MHA
Secretary to the Board

This is a true and accurate copy of the March 3, 2015 Board of Health Minutes.

Rebecca Daley, RN, MHA, Chair