

**Transylvania County Board of Health
Minutes**

☒ **Regular Meeting** ☐ **Special Meeting**

January 8, 2019; 6:00 p.m.

Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:00 p.m.

Members Present	Chris Biecker, PJ Boatwright, Lawrence Cull, Will Dalton, Anthony Fisher, Stacey Gash, Ben Lamm, Kelvin Phillips, Linda Tompkins,
Members Absent	Jim Lyday,
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Julie Cunningham, WIC Director Laura Petit, Administrative Services Coordinator Tara Rybka, Health Educator

Quorum was present

II. Agenda Modifications

None.

III. Consent Agenda

Approval of Agenda and approval of minutes of November 13, 2018 meeting and a motion by Dr. Boatright and seconded by Kelvin Phillips, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

Health Director's Report – Elaine Russell wished each of the Board members a Happy New Year. She mentioned that she had suggested calling off the December meeting due to the approaching snowstorm, not knowing how much impact the storm would have.

1. The agency was awarded a \$9,076 Bright Ideas grant award by the NC Division of Public Health – Public Health Preparedness and Response. Applicants were encouraged to identify an emerging best practice for funding. The agency chose to submit a proposal for a test year with the HIPAA compliant version of Survey Monkey, and a conference phone compatible with the new phone system which is a Voice-Over-Internet system. This version can be used in outbreak interviews, and in seeking client/community service feedback with a higher level of data security. Survey Monkey makes data analysis much

easier through their built-in capability, and the ease of connection to SAS software. Emergency uses such as shelter forms are underway. Other ideas are already being considered for day-to-day uses such as clinic and community satisfaction surveys, and a web link to allow self-reporting of possible food borne illness.

2. A Hepatitis A vaccination program has been started with the Transylvania County Jail. Every Monday, new jail inmates that are defined as at-risk at the time of their initial health screen receive the vaccination. The at-risk criteria are males having sex with males, homelessness, and use of injectable drugs. This is a coordination of vaccine inventory from our agency and jail nursing service on the part of the jail. It was pointed out that inmates upon release frequently work in food service establishments, which is another possible route of transmission for Hepatitis A. Dr. Lamm asked if this was a voluntary program and was told that it was. Elaine Russell stated she would bring the Board the figures relating to the numbers served in about six months.
3. Cost settlement for FY17-18 has been completed and submitted to NC Division of Medical Assistance (DMA). The settlement is projected to be \$98,631. At this point we do not know when the settlement dollars will arrive, and Elaine waits until the dollars are in hand before inserting into the budget.
4. Due to weather and holidays, the second Community Health Assessment (CHA) priority setting workshop was deferred until after the first of the year. Transylvania Regional Hospital (TRH) will serve as a partner for this workshop. There is an IRS requirement for community hospitals to be involved in the CHA process. It is likely the meeting will be on January 22, 2019.
5. Legislative carve-outs to the Maternal Child Health (MCH) Block Grant are nearing 40%, as previously presented to the BOH. The issue was deemed worthy of being a legislative advocacy point for the NC Health Director's Association for FY18-19. Commissioner Page Lemel was just appointed as the Chairman of the Health & Human Service Committee for the NC Association of County Commissioners. She has been provided with all the background information on this issue so that she may advocate against such excessive carve-outs. Elaine Russell explained that the projects funded by the carve-outs were worthy of their own funding such as Prevent Blindness, and March of Dimes, but not at the expense of the MCH program efforts.
6. The Environmental Health software Request for Proposal (RFP) has been posted. As of today, there have been inquiries by 6 vendors on the RFP. The process will close and go into the selection phase on January 17th with the contract award anticipated by February 25th.

VI. Old Business

None.

VII. New Business

A. Nomination and Election of Chairman and Vice Chairman

Elaine Russell explained that the state's General Statute allows three consecutive terms of three years for a Board of Health member, although Transylvania County generally allows someone to serve two consecutive terms. A motion was made by Dr. Boatright and seconded by Kelvin Phillips, for Chris Biecker to be the Chairman, with unanimous approval. A second motion was made by Dr. Cull and seconded by Kelvin Phillips for Dr. Boatright to be the Vice-Chair, with unanimous approval.

B. Health Director Job Description Annual Review

Accreditation standards require that the Health Director's job description be reviewed by the Board of Health each year. The Board reviewed the job description, and commented on the provision about the Health Director being the HIPAA Compliance Officer for the County. Sharon Cameron is the HIPAA Officer for Transylvania Public Health. The Board felt this matter might be an item for the new County Attorney, Mary Ann Hollocker to review.

C. Shelter Utilization Data report

Elaine Russell gave the Power Point presentation. Sharon Cameron and Linda Tompkins were the TPH representatives in the last major snow storm shelter in 1993. In the recent event staff answered the call to come into the shelter just before midnight on Saturday December 8. Transportation was provided for staff in emergency response vehicles due the treacherous road conditions. Sharon Cunningham and Sabrina Griffin arrived shortly after midnight and Elaine Russell arrived at 2:45 am. Elaine stopped by the Health Department to pick up medical supplies and forms relating to the shelter.

The Red Cross trailer had been pulled to the Parks and Recreation facility ahead of the storm. Before the storm it was made clear by Red Cross that counties may be on their own as far as staffing for the first few days. In our situation a Red Cross person was in the shelter before TPH staff, but she was inexperienced in running a shelter. It also became clear that the trailer was deficient in some items such as oversized cots, pillows, and cot pads.

TPH staff had to immediately deal with community residents being brought in by various emergency service vehicles. Many of the persons being brought to the shelter were elderly persons living alone, and often with chronic medical conditions, or relying on medical equipment such as electricity dependent oxygen generators. There were some young children and a couple of pregnant ladies. Additionally an Adult Group Home had to be evacuated to the shelter, which meant that six non-communicative clients and the associated Group Home Staff, had to be housed temporarily in the lobby of the building. Overall, the nurses were monitoring nearly 70 different medications including methadone. TPH staff were on 12 hour shifts continuously from midnight on Saturday December 8 through 5p.m. on Wednesday December 12, for a total of 89 hours. There

were eight PH Nurses and two PH Administrators on rotating shifts. TPH staff worked closely as a team with DSS, Law Enforcement and the Red Cross within the facility. TPH administrators also worked externally with Emergency Management to coordinate on needs for the shelter, transportation for individuals, obtaining medications, food service, and interfacing with the Transylvania Regional Hospital (TRH).

TRH was discharging elderly patients during the storm, and some were brought to the shelter. Elaine Russell had pointed discussions with the Hospital about them releasing patients without the necessary medications. This led to work-arounds to obtain medications from Gordon's Pharmacy, or by going to the person's home. Other issues that need to be followed up with the Hospital includes discharging patients without care instructions, without the needed oxygen equipment, and trying to offload some heavy and immobile clients to the shelter.

TPH staff held a hot wash upon the closure of the shelter. On the positive side this was a great relationship building opportunity with the County Emergency Services personnel, and the shelter residents were profoundly grateful to be in a warm, safe environment, being cared for by compassionate TPH staff. A Survey Monkey questionnaire has been administered to some of the residents, with very positive responses about how they were treated, and Tara Rybka hopes to complete that soon. On the side of possible improvements, the Parks and Recreation facility meant long walks to the bathroom for elderly patients who used walkers, and sometimes were on oxygen. Additionally the facility does not have showers, and has a very small kitchen.

Sharon Cameron has arranged for staff training on shelters from Macon County Health Department on January 15, and shelter go-kits are being discussed for the next event. Rob Blake said that lessons learned in the hurricane season by eastern NC counties showed the need for advance shelter planning. A draft Shelter Annex to the new Public Health All Hazards Plan has been created, and will be completed as soon as possible. Elaine Russell reported that it is hoped to have a wider hot wash discussion with all the county agencies that were involved in the near future.

Dr. Boatright asked about food service. Elaine Russell answered that the normal Red Cross connections with food providers in town fell through because no stores were open. On the first morning the Assistant County Manager, David McNeill, went to his house and brought enough food from his home refrigerator, and his wife and daughter cooked the breakfast. Other Red Cross meals were very basic on the first couple of days so David McNeill arranged substantial evening meals from the jail kitchen.

Dr. Fisher asked if TRH would be invited to the hot-wash to ask about their inadequate discharge procedures. Elaine Russell assured him that they would be invited to attend.

Dr. Boatright asked about pets. Elaine Russell explained that two dogs stayed with their owners at the shelter at different times. The owners were spoken to about keeping the animals quiet and taken outside for bathroom breaks. Normally animals would be taken to the County Animal Shelter and kept free of charge. There was some discussion about

service animals. A pet cat was kept at Brevard Animal Hospital and was picked up by the owners on their journey home being transported by county emergency responders.

Elaine Russell capped off the discussion mentioning that in this incident there was not a large scale destruction of homes and property, or loss of life. If there had been, the mental health aspects would have been much greater. She also said that in the recent very heavy rainfall event, a shelter was opened for a few hours and TPH staff were on site ready to serve. In that event no county residents came for shelter.

The Board members thanked staff for a job well done.

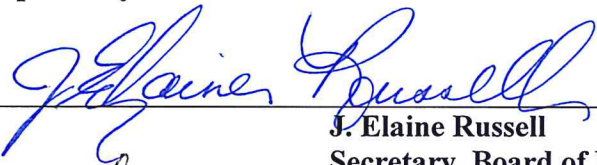

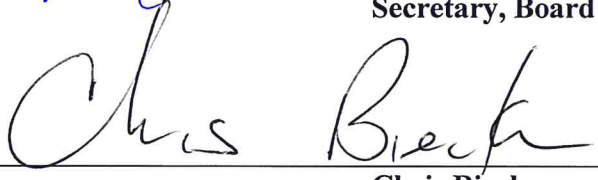
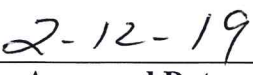
VIII. Informal Discussion and Public Comment

Mr. Biecker requested support for a Polar Plunge he is doing in support of Special Olympics on February 23.

Adjournment

Motion to adjourn by Dr. Boatright seconded by Ben Lamm. Motion carried unanimously. Meeting concluded at 7:00 pm.

Respectfully submitted:

	
J. Elaine Russell Secretary, Board of Health	Date
	
Chris Biecker Chair, Board of Health	Approved Date

Transylvania County Board of Health

Minutes

☒ Regular Meeting ☐ Special Meeting

February 12, 2019; 6:00 p.m.

Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:00 p.m.

Members Present	Chris Biecker, PJ Boatwright, Lawrence Cull, Will Dalton, Stacey Gash, Ben Lamm, Jim Lyday, Linda Tompkins,
Members Absent	Anthony Fisher, Kelvin Phillips
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director Laura Petit, Administrative Services Coordinator Tara Rybka, Health Educator Raime Hebb, EH Administrative Assistant

Quorum was present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

Elaine said the Board could remove Item VII D – Policy Update Review from the agenda, because this has been previously addresses with the Fee Eligibility Policy update in two previous Board meetings.

III. Consent Agenda

A. Approval of Agenda motion and Approval of minutes of January 8, 2019 meeting with a motion by Dr. Lamm, and seconded by Dr. Boatright, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

1. The Environmental Health software Request for Proposal (RFP) selection phase is underway, with five proposals received. There was an extensive group review session yesterday, which prompted several questions to potential vendors. Most of the vendors have price quotes within the allotted budget. The contract award will be on February 25th.

2. The agency received a three-year grant from NC State University to support the on-going provision of the Diabetes Prevention Program (DPP). The DPP curriculum is recognized and supported by the Centers for Disease Control and Prevention (CDC). The total grant award was for \$23,805. Elaine directed her kudos to Julie Cunningham for pursuing the funding.
3. Division of Public Health Agreement Addenda were received yesterday for FY19-20. All departmental budgets are due to County Administration on February 28, 2019. The agency's proposed budget is under development, and will be presented at the March 12, 2019 Board of Health meeting. This will allow the Board members to have input on the budget request prior to the Agency budget review meeting with the County Manager and County Finance Director on March 22, 2019.
4. The agency has been involved in planning for multiple health fairs in the community. Upcoming fairs include:
 - Comporium March 20, (Employee and Family Health Fair)
 - Kindergarten Readiness Rally March 21,
 - County Employee Health/Strollin' Colon March 22, and
 - Community Health /Strollin' Colon March 23.

The Strollin' Colon is a giant inflatable colon that allows a walk through to show normal tissue appearance and what abnormalities look like. Beth Hyatt has seen this successfully used in Cleveland County. There will be a giant banner across a street in town to announce this event to the public.

5. The County is conducting a Compensation and Classification Study through Evergreen Consulting during the month of March. This is a top priority for the County Manager for the upcoming budget year to address issues with the existing pay plan. The report from the consultants is due back in April, so that any resulting decisions can be wrapped into the budget process.
6. Dr. Boatwright and Elaine participated in the City of Brevard Dangerous Dog Appeal Board process. A successful resolution was achieved that protected the safety of the public, and negated the need to declare two dogs dangerous. Some additional time allowed the owner of the dogs to have support from community members to do the necessary work to protect the public.

VI. Old Business

None.

VII. New Business

A. Bad Debt Set-Off

The Department of Public Health Bad Debt policy identifies the process for handling aging accounts with no payment activity greater than 180 days. Laura Petit prepared this report pursuant to this policy, and made the recommendation to write off bad debts totaling \$622.80 for the time period 01/01/2018 to 06/30/2018.

- Account balances less than \$50 (Bad Debt): \$177.60
- Balances greater than \$50 (NC Debt Setoff): \$445.20

Upon approval by the Board of Health, it will be submitted to the Transylvania County Board of Commissioners for consideration and approval. If approved, eligible debts greater than \$50 will be forwarded to the North Carolina Tax Debt Setoff program. Motion to accept recommendation made by Dr. Lyday and seconded by Dr. Lamm. No further discussion. Unanimous approval.

B. 2019 Mid-Year Fiscal Report

Health Director explained that it is an Accreditation requirement and good business practice to keep the Board periodically apprised of the fiscal highlights. The mid-year report with totals based on seven months of expenditures, which accounts for 58% of the budget year is shown in the table below. Nearly all categories are in good shape at this point in the financial year, and Elaine added she likes to be in a position to return some dollars to the county at the end of the financial year – June 30, 2019.

Period Ending January 31, 2019			
Summary	YTD	Budget	% YTD
Expenditures	1,398,258	2,771,470	50%
Salary	1,170,231	2,240,676	52%
Operating	228,027	530,794	43%
Revenue	832,237	1,285,602	65%
Contract-451	65,588	166,894	39%
Fees Clinic-551	62,969	75,600	83%
Fees Env Health-550	78,418	140,000	56%
Medicaid-251	190,327	182,996	104%
State/Federal-351	310,514	464,518	67%
Grants	124,422	255,594	49%
Local Dollars	566,021	1,485,868	38%

C. 2018 Communicable Disease Report

Health Director Elaine Russell went through each segment of the 2018 Communicable Disease Report, noting that this year there were no legal actions or control measures needing to be used for communicable disease control. There were only two latent TB infections, and no active TB infections. For pertussis, Elaine noted that TPH investigated two possible cases, but one did not meet case definition, and the other tested negative. She noted several influenza deaths, three from Type A and two from Type B.

For foodborne disease Elaine pointed out the rising numbers of *Campylobacter* which is a regional phenomenon, and the falling numbers of *Salmonella*.

Elaine spent some time outlining the large Norovirus outbreak investigation last summer. She explained that although this is not a reportable disease, the outbreak involved many businesses, health care providers, the NC Division of Public Health, and the TPH staff. The numbers for the outbreak show the following:

- 82 cases presented to Transylvania Regional Hospital emergency room
- 280 individuals met the case definition
- 485 contacts made by Transylvania Public Health with symptomatic individuals
- 13 facilities linked to the outbreak
- 29 media engagements with 9 outlets
- 44,890 people reached and 20,255 engagements via 4 Facebook posts

For Sexually Transmitted Diseases the numbers of cases for Chlamydia and Gonorrhea are trending upwards as is the case for the region, state and nation. Dr. Boatright asked if there were any age patterns, and was told that the cases appear across the age spectrum.

There was discussion on the large surge in chronic hepatitis C numbers in the past two years, and Elaine acknowledged that increase saying that at one time the state system froze with the large data dump of local health department numbers. She added that we are planning Hep A exercises this year.

We were thankful for low numbers of confirmed vectorborne disease cases, but significant investigation and follow up work occurred by Personal Health and Environmental Health for the two LaCrosse Encephalitis cases, as with the other suspected cases. Two suspected cases of Rocky Mountain Spotted Fever and two suspected Lyme disease cases were investigated, but did not meet case definition. Elaine wants to keep a focus here with climate change affecting the range of potential vectors. She closed the report noting that there were no positive rabid animals, but there was a lot of follow up work done by nurses, animal control and law enforcement officers on the 175 rabies investigations.

D. Policy Update Review – Removed from the agenda by Board action at start of meeting

E. Strategic Plan Review

Health Director Elaine Russell noted that this is an Accreditation requirement, but also a good reporting and feedback tool to the BOH on actions of TPH in the preceding years towards Agency Goals. She thanked the Board for their involvement and expertise, and also thanked her Leadership Team for their hard work in the strategies under each goal area, and their involvement with many regional and state organizations.

Elaine noted the excellent fiscal situation that was already reported on in the mid-point budget review earlier in the meeting, and the excellent level of financial support from the County. Additionally, staff have been aggressively seeking outside funding sources for program priorities such as drug free communities and vector control. The only Corrective Action Plan (CAP) was for the adjustment to the Fee Eligibility policy which has now been updated and approved by the Board.

In the goal and strategies related to clinical services, Elaine noted that all the deliverables in the Agreement Addenda were met. She noted the excellent Hep A vaccine outreach in the jail and the excellent norovirus investigation that was included in the Communicable Disease Report earlier in the Board meeting. Elaine spent some time explaining the benefits of the Long Acting Reversible Contraception (LARCs) which are given under the clinical guidance of Dr. Shea.

For the fourth goal area of Community Services Elaine reported that we have met all the deliverables of the Agreement Addenda. Elaine was asked by Dr. Cull about the Adverse Childhood Events data from the phone survey. Tara Rybka explained the data is derived from regional phone survey conducted by PRC research company, where there are 75 core questions and three questions that we pick. The random digit calls reach land lines and cell phones and are conducted in English and Spanish. Elaine explained that the data is de-identified and can be retrieved from our website and from the library. Dr. Cull and Dr. Dalton would both like to see the data. Elaine will share with the BOH members. Dr. Dalton wants Tara to come to Hendersonville Pediatrics to speak on adding ACES assessment as an evidence based practice within the medical services already provided. Elaine appreciates the significant investment by Mission Health System of \$125K to make this survey possible, and hopes that HCA will continue in the same vein.

Lastly Elaine covered the Environmental Health Service improvements under the fifth goal heading. Again the program met all Agreement Addenda deliverables. She is proud of the vector control connections with Western Carolina University. She also noted the service improvements in the on-site septic and water well programs following the Lean 6 efficiency study, as well as the current selection process with the information technology solution for the data management needs of those programs.

F. 2018 Annual Report Presentation

Health Director Elaine Russell made comments on all segments of the two sided large prints of the Annual Report which were given to all Board members as a handout. The format allows for visual impact of the TPH programs and staff, and a traditional report would probably be 30-40 pages long, and have Ambien effects. Elaine reported on the Accomplishments section regarding the successful Reaccreditation efforts. She is also proud of the emergency preparedness improvements in the creation of an All Hazards Plan, and the beginning of a shelter annex to the Plan after the winter storm shelter in December. Dr. Boatright asked if the follow up meetings had occurred. Elaine replied that there was a very good after-action meeting with all the county agencies that were involved. The follow up meeting dates with the Regional Hospital and the Red Cross are in the hands of David McNeill, the Assistant County Manager to arrange. Elaine mentioned that excellent intern relationships that Sharon has had over the years with nursing students, and Julie with Lenoir Rhyne students, and specifically mentioned Haley Putnam from Brevard College as setting the bar very high for future interns.

Elaine continued to give further details and answers questions as the Board reviewed each panel of the Report. Under Finance and Administration Elaine noted the diversity of funding sources in the Revenue pie chart. She repeated the excellent work of her Leadership Team in securing other funding sources for program initiatives. She also noted we track birth certificates even though we lost the birthing center and the fact that our death certificates far exceed our births

Under the Environmental Health panel, Elaine noted the increased numbers of complaints that were investigated, and the increased number of food, lodging and institution inspections due to the improved staffing levels. She also commented how the two page format allows insertion of comments from the Community Satisfaction and Client Satisfaction surveys into various parts of the report.

On the other side of the handout on page two, Elaine highlighted the excellent work of the WIC program and the \$367K that is invested back into the community. She explained the Worksite Wellness Initiative and the staff support within the Hunger coalition. Elaine is very proud of the work on the Healthy Smiles Dental program as was explained in person in a previous BOH meeting. Lastly, Elaine highlighted the need for another School Nurse to buttress the existing school nurse program, who are attending the complex needs of many students in our school system. This will be a budget request presented to the Board in the March meeting.

For the last panel on Personal Health, Elaine highlighted the increased needs for Sexually Transmitted Disease testing as was indicated in the Communicable Disease Report earlier in this meeting, and repeated the excellent numbers in the LARC placements. Elaine

pointed out the improving numbers in the Immunizations chart, but noted that nationally and regionally there are growing numbers of people who are against vaccines.

G. Community Health Assessment (CHA) Presentation

Health Director Elaine Russell started the discussion on this topic by explaining this is a process that is done regionally. The results can be compared as apples to apples across similar counties, and regional trends are easier to see. Elaine then passed the discussion over to Tara Rybka to make a presentation. Tara explained that the CHA process is a three year process to describe the health status of the community, and to provide director for planning disease prevention and health promotion service and activities.

In the current year one, there is a collection and analysis of community data, and decisions on what is most important to act on. In year two starting in April, there will be health strategic planning, followed in year three by implementing actions and evaluating any improvements.

For the recent data collection stage Tara thanked all the Board members for their participation as key community informants, and for the good turn outs at the community workshops where priority selection took place. Tara explained that these data reviews allow trends to be seen, differences in gender, age, region, etc., as well as connections that can be made.

Tara showed the leading cause of death rates chart with columns for differences to state levels, and to the last four year period (2009-2013). Cancer is now the primary cause of death replacing heart disease. Tara pointed out the causes of death linked to substance abuse like chronic liver disease/cirrhosis, suicide and other unintentional diseases, where the Transylvania rate is higher than the state.

The next slide showed the top morbidity and mortality issues, followed by a slide showing the top community concerns. There was some similarity between the two in such areas as substance use, and effects of obesity. Following was a listing of the community resources some of which are directed at the morbidity and mortality issues, but also showing the gap areas where resources are needed, especially in mental health treatment and inpatient substance abuse.

Tara noted there was some “stand-out” data where even though health questions were being asked respondents brought up issues like street maintenance, worries over housing, financial instability, limited health insurance, mental health and treatment needs, and binge drinking.

In the priority setting stage, mental health and substance abuse came out on top, and Tara gave the following statistics as support:

- 29 deaths from unintentional medication/drug overdose (rate of 18/100,000)
- 38 deaths over 5 years from suicide (rate of 23.9/100,000)
- 34 deaths over 5 years from liver disease (rate of 13.6/100,000); male rate 2x

- female rate
- 211 deaths over 5 years from lung cancer (36.3/100,000); male rate 2x female rate
- 492 hospitalization for “other” causes including mental disorders
- 356 hospitalizations for digestive system diseases
- 322 hospitalizations for injuries and poisonings
- 4792 ED visits for anxiety, mood, psychotic disorders
- 66/10,000 ED visits for affective symptoms, suicidal thoughts, drug/alcohol use

These are connected to risk factors for disease and health:

- 11% reported high (4+) adverse childhood experiences
- 79% “always” or “usually” get needed social/emotional support
- 20% reported 7+ days of poor mental health in past month
- 12% did not get mental health care or counseling needed in past year
- 11 licensed mental health facilities; capacity of 116 (mostly camps for youth) plus day treatment and adult vocational program
- 42% reported life negatively affected by substance use
- 19% reported using opiates in past year, with or without Rx
- 5% reported use of illicit drug in past month (self or other)
- 18% reported binge drinking; 22% reported excessive drinking
- 7.8% of motor vehicle crashes related to alcohol
- 19% of babies (49) born to moms who smoked
- 15% current smokers; 4% use smokeless tobacco; 5% use vaping product

The second major priority is under a grouped header of Healthy Lifestyle, for which Tara gave the following statistics:

- 419 deaths over 5 years from heart disease
- 7.3% with heart disease
- 35.8% with high blood cholesterol
- 38.6% with high blood pressure
- 614 hospitalizations for cardiovascular disease
- 3.6% with stroke
- 109 deaths over 5 years from stroke (32.8/100,000)
- 57.9% of adults overweight or obese; 28.4% obese
- 19.4% of children overweight/obesity
- 10.4% diagnosed with diabetes
- 23 women diagnosed with maternal gestational diabetes

These are connected to risk factors for chronic health conditions:

- 27% reported limited activities due to physical, mental, emotional problem; most common problems were back/neck (23%) and arthritis (17%)
- 20% reported no leisure-time physical activity
- 19% met physical activity recommendations

- 14% consume 5+ servings of fruits/vegetables per day
- 20% reported food insecurity
- 494 households (3.4%) with no car and low access to store
- 26% lack health insurance
- 7% unable to get needed medical care in past year

Although these two items came out as top priorities, other important issues to consider include

- Financial stability
- Radon (Dr. Cull asked if attribution to lung cancer from radon has been done – not to our knowledge. COOP Extension does offer test kits, and lenders may require radon evacuation systems)
- Falls in those 65 years and older
- Domestic violence
- Early childhood interventions

Tara wrapped up by stating that we will be digging deeper to understand the story and root causes, so that we can develop evidence based strategies to improve outcomes. This will involve working with partners on selected strategies, creating performance measures, and evaluating implementation. Results will be published on an electronic scoreboard that is accessible via our TPH website.

Tara handed out the data to Board members who wanted that level of detail after the meeting

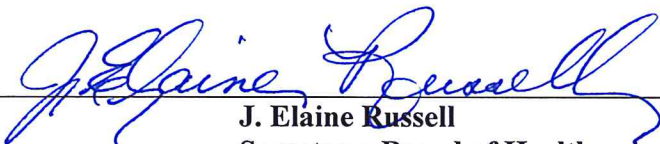



VIII. Informal Discussion and Public Comment

Mr. Biecker will soon be taking a Polar Plunge, and expects to raise over \$1,000 in support of the Special Olympics event for Transylvania County.

Adjournment

Motion to adjourn by Dr. Boatright seconded by Ben Lamm. Motion carried unanimously. Meeting concluded at 7:35 pm.

Respectfully submitted:

 <hr/> J. Elaine Russell Secretary, Board of Health	 <hr/> Date
 <hr/> Chris Biecker Chair, Board of Health	 <hr/> Approved Date

Transylvania County Board of Health

Minutes

☒ Regular Meeting ☐ Special Meeting

March 12, 2019; 6:00 p.m.

Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:00 p.m.

Members Present	Chris Biecker, PJ Boatwright, Lawrence Cull, Will Dalton, S Ben Lamm, Jim Lyday, Anthony Fisher, Kelvin Phillips
Members Absent	Stacey Gash, Linda Tompkins
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Laura Petit, Business Officer Tara Rybka, Health Educator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director Raime Hebb, EH Administrative Assistant

Quorum was present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

None

III. Consent Agenda

A. Approval of Agenda motion and Approval of minutes of February 12, 2019 meeting with a motion by Dr. Lamm, and seconded by Dr. Boatright, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

1. The Environmental Health software RFP selection is still underway. Inquiries with vendors and their clients are on-going. This is to ensure the best possible selection and investment is made for the county's investment in this important project.
2. The agency received notice of award for the Delta Dental grant. The agency submitted for \$3,200. The funds will be used to purchase supplies to support routine tooth brushing in area daycare centers
3. The CARE Coalition was one of 10 sites selected in the nation for a special federal site

visit to evaluate high performing rural federal grant recipients for their youth engagement work. The site visit is slated for June.

4. The Evergreen Compensation and Classification Study is underway. The employee focus groups and leadership interviews have been conducted. The review of the job descriptions for all employees started this week.
5. The Annual Summer Camp Operator Training is scheduled for May 1st. The planning committee for the training is focusing on general communicable disease awareness and building connections with the camp operators.

VI. Old Business

None.

VII. New Business

A. Proposed FY 19-20 Budget

The proposed FY19-20 operating budget for Transylvania Public Health is \$2,898,120.

Projected revenue sources for the proposed budget are:

Local appropriations	\$1,635,716
State appropriations	\$ 448,388
Fees	\$ 207,300
Medicaid	\$ 225,596
Grants	\$ 228,403
Contracts	\$ 152,717

Transylvania County Commissioners have a Compensation/Classification Study underway. The results of the study conducted by Evergreen Consulting are due this spring. Upon reviewing the recommendations of the study, the Commissioners will decide regarding investments in the county pay plan. Should changes not emerge in the pay plan, I have included 3 reclassification requests in the agency's proposed budget for FY19-20.

The following items are new positions and the reclassifications included in the proposed FY19-20 budget:

1. Create 2 additional School Nurse (Public Health Nurse II) positions to address the growing demands and complexity faced by the existing 3 school nurses. Local appropriations would be requested for the additional positions.
2. Reclassify the Health Educator II to a Planner/Evaluator II. The increasing complexity of the community-based work of CARE and Healthy Communities is requiring supervisory level engagement by the Health Educator to assist in data analysis, media management and evaluation measures in the work plan deliverables of the multiple staff members. The position is also providing a higher level of data management and analysis for the community health assessment process. This move to supervisory capacity is also building leadership capacity within the agency. Grant funds or local appropriations would be used to cover the change.

3. Reclassify the CARE Health Educator I position to a Health Educator II position to reflect the emergent duties of program development, data analysis, and evaluation management. Grant funds would be used to cover the change.
4. Reclassify the Environmental Health Processing Assistant IV to a Processing Assistant V to reflect the emergent duties of managing data and tracking data with the new Environmental Health software investment.

Elaine reviewed the PowerPoint budget slides from the Board packet which shows budgeted expenditures by program area. Elaine noted the county contributes 56% of our operating budget through local appropriations. Even though we are requesting two additional school nurses and the reclassification of three positions the number one priority this budget year is the county pay plan.

Dr Cull asked about additional screenings covered by the Breast and Cervical Cancer Control Program (BCCCP) and was told by Sharon there were additional screenings covered such as breast biopsies, breast ultrasounds and colposcopies. The BCCCP program also makes it easier for patients who receive a cancer diagnosis to enroll in BCCCP Medicaid. BCCCP Medicaid will cover cancer treatment costs and any surgeries associated with cancer diagnosis. Elaine also mentioned we've had patients that would not have received additional testing if it hadn't been for the BCCCP program. Sharon noted a patient must be enrolled in the BCCCP program prior to receiving a cancer diagnosis.

Dr. Dalton inquired about the provision of post-partum newborn home assessments and well-child visits. Elaine explained that in the past due to staffing limitations only the highest risk/complex cases were flagged for the service. It is a time-intensive visit. With the addition of the clinical child health nurse this spring, agency capacity to offer more the visits should expand as the nurse's training advances. Dr. Dalton also inquired about who sought well-child assessments from the agency. Elaine explained that families with school age children moving into the state sometimes schedule the exam as it meets the NC Department of Public Instruction's requirement for a physical for a youth having their initial enrollment in the NC school system. Other scenarios that bring people to the agency for the service include – lack of insurance, quick appointment not available in private sector immediately before start of school, or general preference for services through the Health Department.

Dr. Cull made a motion to accept the FY19-20 budget as proposed and Dr. Boatwright seconded the motion. The vote for approval was unanimous.

B. Analysis of Fees

The agency requested an analysis of clinical fees (CPT codes) by Steven Garner, the consultant used by most Health Departments for the Medicaid Cost Settlement process. On February 26, 2019, Steven returned a "Transylvania Cost Per Service Review – 2018" to the agency. The summation of Steven's report:

Please see attached a calculation of your cost per unit of service based on your clinical cost from your cost report and the units of service from your charge report. Please keep in mind that this is to be used as a guide only. You most likely would not want to change your fees to match these rates. However, I noticed that most of your fee are set at the Medicaid rate. It is advisable to increase these above if your environment allows.

Other things to keep in mind -

- 1) I used RVU's to set the relationship of services. Because of this, some codes such as vaccines are not cost only codes.*
- 2) There may possibly be codes with no calculated cost. This is because there is no RVU.*

Agency staff have analyzed all vaccine fees looking at purchase price, current fee, BCBS rate, Medicaid rate, and Medicare rate (where applicable). The following vaccines should be considered for price increases this spring due to changes in market prices:

Pneumonia/Prevna-13

Gardasil HPV-9

MMR (Measles, Mumps, Rubella)

Varicella – Varivax

Influenza High Dose

Polio

Vaccine	NAME	CPT code	Purchase Price	Current Fee	BCBS Rate	Medicaid	Medicare
PNEUMONIA (13)	PREVNAR-13	90670	177.93	170.00	198.06	193.91	205.11
FLU MIST	DON'T USE	90672	-	18.00	26.07	23.64	
ADULT HEP A	HAVRIX	90632	40.15	49.00	61.50	70.87	
ADULT HEP B	ENGRIX	90746	45.65	61.00	62.98	59.95	
DTAP	INFANRIX	90700	19.75	25.00	29.73	23.13	
MENIGITIS	MENVEO	90734	104.50	112.00	133.79	133.90	
PED. HEP A	HAVRIX - PED VIAL	90633	26.85	31.00	35.93	33.10	
PED. HEP B	ENGRIX - PED PFS	90744	23.55	24.00	25.49	22.97	
TDAP	BOOSTRIX	90715	35.75	40.00	45.36	40.11	
SHINGLES	SHINGRIX	90750	144.06	150.00	154.00	148.53	
GARDASIL-HPV-9 (NEW)	GARDASIL	90651	214.58	200.00	238.82	222.85	
MMR	M-M-RII	90707	74.97	72.00	82.54	74.97	
PNEUMONIA (23)	PNEUMOVAX	90732	98.18	100.00	110.21	103.19	107.75
ROTATEQ	ROTATEQ	90680	82.81	83.00	91.18	84.60	
VARICELLA	VARIVAX	90716	129.17	130.00	142.23	132.40	
INFLUENZA		90688	15.62	18.00	17.82	16.35	17.84
INFLUENZA		90686	15.62	18.00	19.77	17.74	19.03
INFLUENZA (HIGH DOSE)		90662	45.95	43.00	53.37	47.58	53.37
HIB	ACT-HIB	90648	10.64	23.00	14.63	15.76	
POLIO	IPOL	90713	31.88	30.00	35.17	32.15	
TD	TENIVAC	90714	33.83	34.00	31.25	32.33	

Environmental Health fees have been compared to Buncombe and Henderson counties. It must be noted every county designs their Environmental Health fee schedule differently. Some counties have very detailed fee schedules with reference to technical aspects of service and systems, while other counties have a very general fee structure. The current fee schedule for the agency's Environmental Health services is consistent in some regards with the two neighboring counties, however certain fees associated with on-site and well are higher.

	Transylvania	Henderson	Buncombe
Food Service			
Plan Review Facility	250	250	200
Plan Review Food Truck/Push Cart	250	250	100
Plan Review Temporary Establishment	75	75	75
Lodging Services			
No fees allowed by NCAC	N/A	N/A	N/A
Institutions			
No fees allowed by NCAC	N/A	N/A	N/A
On-Site Wastewater Residential			
1-3 bedrooms IP	250	0	150
1-3 bedrooms CA	250	0	300
1-3 bedrooms IP & CA	400	250	450
4 bedrooms IP	300	0	150
4 bedrooms CA	300	0	300
4 bedrooms IP & CA	450	250	450
Each Additional bedroom IP	50	0	
Each Additional bedroom CA	50	0	
Each Additional bedroom IP & CA	75	0	
Site not prepared for visit	50	0	50
On-Site Wastewater Commercial			
Up to 250 GPD IP	300	250	150
Up to 250 GPD CA	300		300
Up to 250 GPD IP & CA	450		450
Greater than 250 GPD IP per each GDP	0.5	250*	
Greater than 250 GDP CA per each GDP	0.5		
Greater than 250 GDP IP & CA per each GDP	0.5		
Site not prepared for visit	50	0	50
Existing Septic Inspection			
	75	100	75
Engineered Option Permit			
	30%	75	30%
Private Drinking Water Wells			
New Permit	470	330	300
Change to exiting permit	235	150	0
Site not prepared for visit	50	0	50
Water Sampling			
Organic/bacteriological	35	50	50
Full Panel (organic/inorganic/nitrate/nitrite)	150	130	150
Full Panel + Pesticides	150+75	130+100	150+75
Full Panel + Petroleum Panel	150+75	130+100	150+75
Full Panel + VOC Panel	150+75	130+100	150+75
Tattoo Parlors			
Annual Inspection Permit Per Artist	250	75	250*
Plan Review Fee New Establishment	250	0	0
Swimming Pools			
Annual Inspection Year Round	250	100	200
Annual Inspection Seasonal	150	100	150
Plan Review New Construction	250	250	200


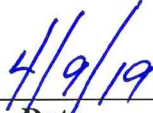
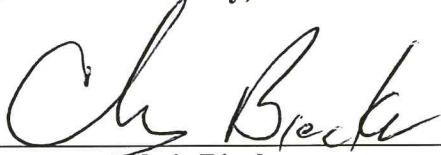

Dr. Cull asked if Health Departments were required to bill the same fee across the board no matter the payer source. Elaine indicated we could not arbitrarily change fees based on a client's payment source. Elaine also noted some of our fees are billed based on a sliding fee scale such as Family Planning and Child Health well child visits.

VIII. Informal Discussion and Public Comment

Adjournment

Motion to adjourn by Dr. Boatright seconded by Dr. Lamm. Motion carried unanimously.
Meeting concluded at 6:55 pm.

Respectfully submitted:

	
J. Elaine Russell Secretary, Board of Health	Date
	
Chris Biecker Chair, Board of Health	Approved Date

Transylvania County Board of Health
Minutes
☒ **Regular Meeting** ☐ **Special Meeting**
April 9, 2019; 6:00 p.m.
Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Vice Chair Boatwright at 6:00 p.m.

Members Present	PJ Boatwright, Lawrence Cull, Will Dalton, Stacey Gash, Ben Lamm, Jim Lyday, Anthony Fisher, Kelvin Phillips, Linda Tompkins
Members Absent	Chris Biecker – unavoidably delayed
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Accreditation Coordinator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director Raime Hebb, EH Administrative Assistant Laura Petit, Business Officer Tara Rybka, Health Educator
Members of Public	Dr. Lisa Busche, Brevard College Haley Putnam, PH Intern Dorie Blake, Wellness Center Manager

Quorum was present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

None

III. Consent Agenda

A. Approval of Agenda motion and Approval of minutes of March 12, 2019 meeting with a motion by Dr. Lamm, and seconded by Dr. Cull, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports
Health Director's Report

1. The Environmental Health software RFP was awarded to HealthSpace, with confirmation at a Board of Commissioners meeting this morning. Formal notice of the bid award will

be issued this week. The selection of this company, which was the lowest bidder at \$41,600, compared to four other companies, with the highest bidder at \$364,000. Two other companies scored higher in the initial ratings of the proposals, due mainly to HealthSpace not having any current customers in NC. Conversations with current customers of the various companies, both in NC and around the country, revealed that HealthSpace has not lost a contract once signed, and that the other two companies had some dissatisfied customers. Work will start on the implementation timeline and data transition for the Food/Lodging/Institution information contained in CDP. Arrangements have been made with County Finance to bridge over the allocated money across two financial years as needed for this project. The agency secured a paid intern through the National Environmental Health Association (NEHA) to assist with the process this summer.

2. The swimming pool/spa inspection season has started, with the goal of providing the requested inspections to allow pools to open by Memorial Day weekend. There are complex tracking mechanisms related to the pump and skimmer systems used by the various pools. This is related to child fatality and injury prevention measures. Jim Boyer further explained the provisions of the federal Virginia Graham Baker Act of 2009, designed to prevent suction injuries and deaths. Inspectors check the approximately 40 public pools and spas in the county, to make sure main drains and other suction points in the facilities are protected with the correct fittings, and that the manufacturer's instructions are followed, along with the projected shelf life of the product.
3. The agency is fully staffed except for the Health Educator I position in CARE. The position has been posted for 4 months with no success in identifying a qualified candidate willing to accept the available salary for a master's degree level position. On a more positive note, the Department was glad for two recent local hires to take place: a nurse and an environmental health specialist.
4. The Evergreen Compensation and Classification Study continues. The employee focus groups and leadership interviews have been conducted. The Job Assessment Tools (JATs) have been completed and reviewed. The process is now moving forward for Evergreen to analyze the collected data and work with the county to formulate recommendations for County Commissioners to consider. The results of the study are to be wrapped into the county budget process, hopefully with some adjustments in the new financial year starting July 1.

VI. Old Business

None.

VII. New Business

A. Agency Intern Project

Creating opportunities to engage youth and college students in the practice of local public

health is an important avenue for developing public health professionals and advocates. The agency also benefits from the guided work interns can contribute to various on-going projects. In the past year, interns have contributed to community breastfeeding policy review (WIC) from Lenoir-Rhyne College, youth alcohol prevention messaging (CARE/TAFFY) through Bain Brown from Brevard High School (he now has a full ride scholarship to UNC-Charlotte as a Levine Scholar), and a new collaboration with Brevard College focused on preparedness and epidemiology through Haley Putnam. Haley has volunteered since last fall and has helped create a number of new products such as:

- A new All Hazards Plan,
- A Shelter Annex,
- Camp Operator Communicable Disease Training,
- All Staff Training and Table Top Exercise
- Successful Bright Ideas Award which has funded a HIPAA compliant Survey Monkey tool.

Haley applied to several graduate level colleges for an MPH course of study, and successfully landed a place in the Global Epidemiology program at Emory University. The Health Director awarded Haley a certificate of appreciation for her work with TPH.

The agency applied for a National Environmental Health (NEHA) intern and was selected as an award site. The NEHA intern will support the data migration process for the new Environmental Health software implementation this summer.

The agency anticipates continuing the intern dynamic. At this time, the internships do not have a local fiscal investment aside from the mentoring time invested by agency leadership and staff. The NEHA intern coming from Seattle WA is awarded a stipend through NEHA funds.

B. Legislative Update

The following bills have been introduced in the legislature and are of interest to the operations of local public health. The bills are being monitored through the North Carolina Association of Local Health Directors (NCALHD).

- House Bill 91/Senate Bill 87: ABC Laws Modernization Study – Elaine commented that this opens this arena up to privatization. Currently under General Statute there is a provision to invest some of the profits in education against underage drinking. This has meant that there is investment in the CARE program
- House Bill 103: Allows for the sale of raw milk – this would go beyond the cow share model and allow off the shelf sale of raw milk products
- House Bill 579: Local Communicable Disease Program/Funds – last year some counties in the eastern part of the state complained that a similar provision did not

account for population size. The current proposed legislation would appropriate a total of \$16 million recurring dollars to local health departments for CD programs.

(\$8 million 2019-2020 and additional \$8 million 2020-2021). \$4 million of the funds will be divided equally among health depts, and DPH will disperse the additional \$4 million based upon population of county(s) in year 2019-2020 and then the additional \$8 million will be dispersed the same in 2020-2021. This means that by year 2020 health departments will receive \$8 million dollars PLUS additional funds based upon population. Bill sponsors are the Chairs and co-chairs for the HHS Appropriations committee.

C. Medicaid Managed Care Overview Presentation

Statewide Prepaid health Plans (PHP) contracts were awarded to the following entities, which will offer Standard Plans in all regions in North Carolina:

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

Contract Award: Total worth of \$6 billion per year, with contract period of three years and an option to extend for an additional two years

Timeline

About 1.6 million Medicaid and NC Health Choice beneficiaries will enroll in a Standard Plan, which will provide integrated physical health, behavioral health and pharmaceutical services.

Regions 2 and 4, Medicaid Managed Care will launch in November 2019

In all other regions (including our Region 1), Phase Two of the Medicaid Managed Care will launch in February 2020

Clinical Aspects

- Transylvania Public Health not engaged with primary care
- Family planning services are a carve-out for local health departments
- PHPs will be required to offer local health departments the right of first refusal for the provision of maternal and child case management through July 1, 2022 (population based payment)

Social Determinants of Health

- Food insecurity
- Housing instability
- Transportation

- Interpersonal violence

Elaine commented that DHHS Secretary Cohen wants a more holistic view of clients in order to move beyond the individual, and to move upstream in community prevention work through policy updates, and this is where the CARE work most closely matches the current holistic approach

Agency Preparations:

- A current review of the PHP contract templates is being conducted by a legal firm in Raleigh, paid for by the NC Association of Local Health Directors
- Legal firm is Smith, Anderson, Blount, Dorsett, Mitchell and Jernigan, LLP
- Lead attorney for public health and managed care is Julian D (Bo) Bobbitt Jr.
- One that legal review is completed Elaine will request a review by the County Attorney, with a focus on how to develop community based prevention programs

Dr. Lamm asked about the two legal reviews. Elaine thinks the first legal review will be generally sufficient for Transylvania Public Health, but will ask the County Attorney for specifics for our county. She added that the law firm feedback is due in May, and we will likely sign contracts this summer. Elaine wants to see a positive upbeat Family Planning model, excellent case management, but acknowledged this piece of the Medicaid Transformation may be a few years down the road, and lastly some community based prevention programs such as diabetes prevention and smoking cessation.

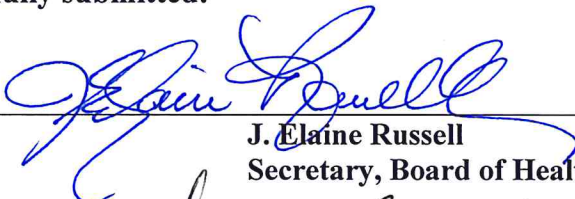

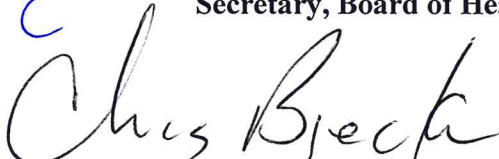
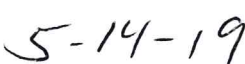
VIII. Informal Discussion and Public Comment

None

Adjournment

Motion to adjourn by Dr. Lamm, seconded by Dr. Fisher. Motion carried unanimously. Meeting concluded at 6:40pm.

Respectfully submitted:

 <hr/> J. Elaine Russell Secretary, Board of Health	 <hr/> Date
 <hr/> Chris Biecker Chair, Board of Health	 <hr/> Approved Date

Transylvania County Board of Health

Minutes

☒ **Regular Meeting** ☐ **Special Meeting**

May 14, 2019; 6:00 p.m.

Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:00pm

Members Present	Chris Biecker, Anthony Fisher, Will Dalton, Stacey Gash, Ben Lamm, Jim Lyday, Linda Tompkins
Members Absent	Lawrence Cull, PJ Boatwright, Kelvin Philips
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Laura Petit, Business Officer Tara Rybka, Health Educator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director Nicole Santamaria, Communicable Disease Nurse Karin Smith, Notary Register of Deeds
Members of Public	None

Quorum was present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

None

III. Consent Agenda

A. Approval of Agenda motion and Approval of minutes of April 9, 2019 meeting with a motion by Dr. Lyday and seconded by Dr. Dalton, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

Health Director's Report

1. The Annual Summer Camp Training occurred May 1st. Camps were provided with an overview of key risks and the resources to assist with addressing the risks. The 3-hour training included a table-top exercise around Hepatitis A. Participants requested additional resources related to measles.

2. The agency is participating extensively in the Pisgah Health Foundation's Blue Zone site visit. The Blue Zone model seeks to assess and build capacity related to healthy lifestyles. The model is based on the research of the Buettners into communities across the world that have documented populations of centenarians.
3. The Drug Free Communities grant proposal was finally released after a 5-month delay. Agency staff are working on a proposal submission that will be due in early July. A winning proposal would secure an additional 5 years of funding for the CARE Coalition's work.
4. The agency is wrapping up the program deliverables and expenditure process for FY18-19 in accordance to local and state requirements.

VI. Old Business

None.

VII. New Business

A. Environmental Health Software Update

After receiving 5 responses to the RFP, we have selected HealthSpace as our vendor. A project team has been formed to include Elaine Russell, Rob Blake, Jim Boyer, Dean Landreth, Neill Cagle, Patricia Hawkins and Raime Hebb. HealthSpace has received many merits which are: excellent customer service reviews, never lost a customer, the cost was in line with our budget and the willingness and ability to customize product was a plus. The contract has been reviewed and signed and we are in the process of getting initial 50% payment sent to vendor. We are submitting EH forms and documents and are currently have bi-weekly project calls. We plan to transition from current CDP software once they receive our 90-day written notice. The key goals from this project will be: complete food/lodging/institution software build and transition off CDP with no data loss, onsite wastewater/well and other programs builds with integration of Laserfiche data repository and train and integrate mobile technology.

B. Measles

We had two suspect cases that both received a negative result.

VIII. Informal Discussion and Public Comment

None

Adjournment

Motion to adjourn by Dr. Fisher, seconded by Dr. Lyday. Motion carried unanimously. Meeting concluded at 6:56pm.

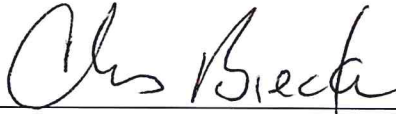
Respectfully submitted:



J. Elaine Russell
Secretary, Board of Health

8/13/19

Date



Chris Biecker
Chair, Board of Health

8/13/19

Approved Date

Transylvania County Board of Health
Minutes
☒ **Regular Meeting** ☐ **Special Meeting**
June 11, 2019; 6:00 p.m.
Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:10pm

Members Present	Chris Biecker, PJ Boatwright, Jim Lyday, Kelvin Philips, Linda Tompkins
Members Absent	Lawrence Cull, Will Dalton, Anthony Fisher, Stacey Gash, Ben Lamm,
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Laura Petit, Business Officer Tara Rybka, Health Educator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director
Other Members of Staff and Public	Dr. Brian Byrd, Professor WCU Nicole Santamaria, Communicable Disease Nurse Bella Santamaria, Daughter Raime Hebb EH Office Support Neill Cagle, EH Program Coordinator Patricia Hawkins, EH Program Coordinator

Quorum was not present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

None

III. Consent Agenda

A. Due to a lack of a quorum there were no voting decisions, and this was an informational meeting

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

Health Director's Report

Elaine Russell welcomed Dr. Brian Byrd, a professor in the EH Department at WCU, who bridges between the academic world and local public health practice. He has been re-building vector control knowledge and capacity at the local level after the state program was axed over a decade ago.

1. As an update from the last Board of Health meeting, TPH has completed the initial review of immunization records for Brevard Academy. Per our findings with regard to Measles Mumps and Rubella (MMR) vaccine, 348 out of 383 total students are up to date on required immunizations having received two (2) doses (91%), 10 out of 383 students are not fully up to date having received only one (1) dose (3%), and 25 out of 383 students have received no dose of MMR (6%), which will include the religious objectors. The findings are based solely on the North Carolina Immunization Registry (NCIR), therefore additional inquiry remains to definitively determine the vaccination status of the 3% and 6% cohorts. Brevard Academy is under different school health standards than other public schools, and so our School Health Nurses are only called in on higher level issues. Brevard Academy has now secured the services of a nurse who will be engaged on this issue. Elaine will meet with Brevard Academy's Headmaster Dr. Duncan on June 12th, 2019 to determine communication strategies to improve the situation. Elaine wants to ensure that if a measles outbreak occurs that requires a 21-day quarantine period that no one is surprised within the Academy.
2. The Compensation/Classification Study for county employees has a financial placeholder in the proposed FY19-20 budget. The County Commissioners must give a final approval vote for the Study findings to be implemented. If the recommendations are adopted, changes would be implemented in August.
3. Through Get Set the agency is exploring a collaboration with Duke University's Healthy Connects for universal post-partum newborn home assessment. The service is currently only offered to the most high- risk mothers and infants enrolled in case management services. Healthy Connects offers the service to all women. Talks have also initiated regarding pursuing Dogwood Trust funding to support the provision of Nurse Family Partnership which is an intensive case management model for at-risk first-time mothers. The program pairs the nurse and mother from early second trimester to 2 years of age for the infant.
4. The Health Educator position for CARE has been filled with a new MPH graduate from Georgia Southern University, Anna Robbins, who hails from Haywood County. This follows a seven (7) month vacancy for this position.

VI. Old Business

A. Environmental Health Software Update.

Work with the new environmental health software vendor, Health Space, is moving forward. TPH Team calls with the company occur every Tuesday at 1pm. Key progress points to-date:

1. The 50% deposit required by the Request for Proposal (RFP) has been processed for payment.

2. The flat file of existing Food, Lodging and Institutions (FLI) data has been transferred from State DPH – Environmental Health Section to Health Space
3. Health Space is reviewing the flat file data, FLI forms, and our requested needs to develop a GAP analysis to guide the software build for FLI
4. When the GAP analysis is complete in a couple of weeks, a timeframe will be known for transitioning from the current CDP software used for FLI to the new Health Space product; expediency has been emphasized given the 90-day notice of termination that must be issued in writing to CDP
5. The purchase order has been initiated for Laserfiche to allow the scanning of the paper records for on-site and wells to be started in the coming weeks; the experience of scanning all the medical records will be helpful in organizing this significant task
6. The purchase order has been initiated for the purchase of the field iPads and printers required by the new software

The contract with TPH is the first account for Health Space in North Carolina, so they want to do a good job for us.

VII. New Business –

A. Fee Schedule Update and Review - Unable to process due to lack of a quorum

B. Mosquito Project Presentation

Dr. Byrd recollected that years ago he was studying at Tulane when Hurricane Katrina displaced him back to this area, with his wife being a native of Haywood County. Most of the medical entomologists in the state were deployed down to assist in the Katrina recovery efforts, and he was called to Western Carolina University (WCU) to teach and conduct research studies. He made a presentation to the TPH Board of Health early in his WCU tenure and was posed a “how do you know” question about whether dumping out stagnant water really made a difference in mosquito numbers and disease transmission. That question led to one of his early studies.

Dr. Byrd went through his presentation slides and added some comments:

Slide 2 – most commonly reported mosquito borne pathogen is malaria from travel exposure

Slide 3 – For every La Crosse Encephalitis (LACE) case there are likely to be hundreds of infected people who do not meet the tight disease case definition

Slide 4 – TPH’s Neill Cagle collected mosquitos for the CDC analysis for La Crosse virus (LACv) and for Jamestown Canyon virus. LACv is the most common cause of pediatric encephalitis is children under 15 years old

Slide 5 – Symptoms of LACv are nonspecific, but the disease can have devastating long-term sequelae

Slide 6 – Burnsville mother of JJ posted these pictures on Facebook to show severe disease

Slide 7 JJ relearning fine and gross motor skills in recovery stage

Slide 8 LACE patients are put on multiple drugs as supportive treatment. There is no silver bullet. Public Health Prevention is the best and most economic route.

Slide 9 LACE show up mainly in summer months to fall with peak in August

Slide 10 National statistics show how LACv affects young people whereas West Nile virus affects older persons

Slide 11 LACv shows up in the Appalachian states

Slide 12 When those states are looked in more granularity the western NC counties including Transylvania have the highest incidence of LACE

Slide 13 TPH – Neill Cagle collected mosquito samples during the international Zika virus outbreak for the CDC statewide survey. Mosquitos of concern reside in tree holes but also in anthropogenic or manmade containers

Slide 14 Tree holes can be very difficult to see

Slide 15 This tree hole in a black gum tree is in Balsam Grove. Using a tube to draw out the trapped stagnant water yielded two gallons of fluid, and six mosquito species, with three of the six being potential disease vectors

Slide 16 Manmade artificial containers provide the stagnant water for mosquito breeding

Slide 17 LACE case residence – well kept, but had a cut off fence post that allowed stagnant water to build up and potential mosquito vector larvae to develop

Slide 18 At the TPH BOH meeting 14 years ago one of the Board members asked Dr. Byrd about the effectiveness of the tip and toss message? This led to a research study that showed how artificial containers lead to an increase in abundance of tree hole mosquito *Aedes triseriatus*, with a higher risk for disease transmission in the blood fed females.

Slide 19 Dr. Byrd pointed out the complexity of the native *Aedes triseriatus*. In top left is blood engorged female which is the reservoir with high rates of infection to the eggs in vertical transmission. There is a potential for overwintering of the virus in the egg stage. Human hosts are dead end hosts for the virus because we don't get enough viremia for another mosquito to feed on us and get infected. Little mammals like squirrels and chipmunks have a three to four day virus amplification stage. While much of the focus has been on the female mosquito that needs the blood meal for egg laying, the male mosquitos can transmit the virus by the venereal route

Slide 20 As well as the native tree hole mosquito there are invasive mosquitos shown on this slide. They are both competent vectors on diseases, and they are found in western NC

Slide 21 First bullet refers to Buncombe County family that had one child sick one day and a sibling sick the next day and both met case definition.

Slide 22 The case investigation found that the children played outside a lot

Slide 23 The emerging trend shows that cases are often co-located geographically

Slide 24 Pairing of the LACv cases showed how important the geographic location – usually the place of residence is to predicting future cases

Slide 25 The pairing of cases goes beyond family to other persons in that location – in this case a caregiver living at the house

Slide 26 Further analysis showed the connection of a geographic location over time with cases emerging in later years from an earlier case. This leads to a working hypothesis that the risk persists over time

Slide 27 This table shows the link between cases within families in the same location when the house was sold to the second family

Slide 28 Co-incident LACv cases have occurred in multi-building clusters

Slide 29 Dr. Byrd pointed out the importance of the Communicable Disease Nurse to do a thorough case investigation, and education about personal protective measures, and for the Environmental Health Specialist to do a thorough environmental assessment looking for the tree holes and artificial containers

Slide 30 Dr. Byrd noted that CDC money flows through the Epi-Lab capacity building agreements with the state. Studies are looking at advanced treatments such as focused barrier treatments. He also noted the new In2Care potential treatment of tree hole mosquitos, where the female goes to lay her eggs and is dusted with a growth regulator and a fungus that kills her a few days later. The female does lay eggs hopefully in the tree hole which have the growth regulator and so her eggs don't develop into mature adults

Slide 31 Dr. Byrd and colleagues have produced many research study documents.

Slide 32 Dr. Byrd noted the financial resources such as used tire fees that used to pay for a statewide program that was axed in state legislation, and some very experienced vector control experts lost their jobs. In the intervening years Dr. Byrd and others including Mike Doyle in the State Communicable Disease section are concentrating on rebuilding expertise from the county level. He pointed out the mosquitos in the east of the state are largely nuisance mosquitos and in the west are a disease threat. A small amount of money from the state has gradually been re-building capacity in this region within Transylvania and Haywood Counties. Dr. Byrd applauded the work of Neill Cagle within TPH Environmental Health who has contributed expertise in several CDC and state studies and contributes data to the CDC Mosquito Net Surveillance System. Neill is now a recognized resource person in this region, and the mosquito surveillance and control equipment at TPH is now a regional asset, and he has participated in regional, state and national meetings. Neill commented that he enjoys the work!

At the conclusion of the slides Dr. Byrd invited questions:

The original naming of the virus was for the town from which it was isolated which was La Crosse WI. It is very likely that we had this virus in the area at that time, but that the disease cases were called California Encephalitis. Dr. Byrd added that this is likely seen more abundantly in the Appalachian region because of the increased population in the area, the better clinician recognition of the disease, and possibly the new invasive mosquito species have contributed to the disease burden.

How should tree holes be filled? Not with stones because of possibility of injuries when tree is cut or felled. Some research on use of sand, expandable foam, and possibly bentonite which swells with addition of water

How often should bird baths be emptied out? At least weekly. Also gutters need to be cleaned out too.

Dr. Byrd concluded by thanking the Board and Health Director for the invitation to speak. Everyone gave him a round of applause for an excellent presentation.

VIII. Informal Discussion and Public Comment

None

Adjournment

Motion to adjourn by Dr. Boatright, seconded by Mr. Phillips. Motion carried unanimously. Meeting concluded at 7:15pm.

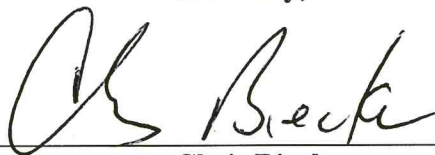
Respectfully submitted:



J. Elaine Russell
Secretary, Board of Health

8/13/19

Date



Chris Biecker
Chair, Board of Health

8/13/19

Approved Date

**Transylvania County Board of Health
Minutes**

☒ **Regular Meeting** ☐ **Special Meeting**

August 13, 2019; 6:00 p.m.

Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Chair Biecker at 6:00pm

Members Present	Chris Biecker, PJ Boatwright, Lawrence Cull, Anthony Fisher, Ben Lamm, Jim Lyday, Kelvin Philips,
Members Absent	Will Dalton, Stacey Gash, Linda Tompkins
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Laura Petit, Business Officer Tara Rybka, Health Educator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor
Other Members of Staff and Public	Paula Piercy, Public Notary Justine Marecaux – NEHA Intern

Quorum was present

A. Oath of Office – Commissioner Will Cathey – Not Present

II. Agenda Modifications

None

III. Consent Agenda

Approval of Agenda motion and approval of minutes of May 14, 2019 meeting with a comment to remove Dr. Lamm from the Members Absent row and insert Dr. Lyday in the Members Present row, along with the minutes for the June 11, 2019 meeting. Motion by Dr. Lyday and seconded by Mr. Phillips, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

Health Director's Report

1. The County Commissioners approved the Compensation/Classification Study at the full market level of \$2.7M. They also approved for the annual cost of living to still occur in January 2020. The Comp/Class will be applied in September. This will be a positive way to recruit and retain staff. County Human Resources will meet individuals starting next week to show how the formula applies to them.

2. The agency will submit a letter of intent (LOI) which is due to the Pisgah Health Foundation on August 23, proposing a Nurse Family Partnership collaboration with the Henderson County Health Department. From the pool of LOIs, the Pisgah Health Foundation will then issue invitations to submit a full grant application. The Nurse Family Partnership model targets high-risk first-time mothers for intensive case management and life-skills coaching by a nurse. Clients are enrolled in the program in early pregnancy and remain in the program through the child's 2nd birthday. The model proposed will be the small-scale model of two nurses. All funding would be requested from the Pisgah Health Foundation. TPH and Hendersonville County Health Department were focus counties in the first tier of funding, so Elaine is hopeful for this proposal. Awards are due to be made in early October.
 3. Plans have initiated for the 2019 Annual Training Day which will be held on November 8. Training this year will use a small-scale functional exercise around aspects of crisis response. The Training Day will be held at the Parks and Recreation Facility, which is the designated location for shelters, points of dispensing etc. The exercise will build on previous exercises and help staff understand their emergency response roles.
 4. Plans have initiated for the agency to participate in Halloweenfest, the focus of the agency's booths will be child safety and preventive dental. This is a continuation of the collaboration between the county agencies involved in Get Set and the Sesame Street organization. Last year the dental giveaways of toothbrushes were well received as was the teaching demonstration of toothbrushing using Flossy the Dinosaur's teeth. Delta Dental also approved of an additional allowance of money this year to purchase some of the giveaways. The CARE Coalition will also participate in the agency's booth.
 5. The agency was awarded a \$11,774 special grant from WIC to research and develop localized media outreach and purchase child incentive books on fruits/vegetables. TPH will be utilizing the services of Erica Allison's company for the web presence of this outreach.
-
6. The agency has started a new Diabetes Prevention Program (DPP) at the Housing Authority based on expressed interest and positive recruitment. Julie Cunningham is not present tonight at this meeting due to the need to fulfil this interest in starting up this program for the Housing Authority.

VI. Old Business

A. Environmental Health Software Update.

Work with HealthSpace is progressing as anticipated. The Food/Lodging/Institution build is the initial body of work so the current contract with the current vendor, CDP, can be terminated after 90 days' notice. Once this build is established, work on the On-site and Wells will initiate. TPH is the first customer in NC for HealthSpace, and they are showing responsiveness to our needs. There is a large dependence on the system being able to "talk" to the state BETS data system.

- Thirty minute or one-hour weekly webinar style meetings are held to go over changes made by HealthSpace, and any TPH requested changes of the test Food Module
- TPH staff and a NEHA Intern use a testbed system prototype, with Food and other program inspection forms, along with Administrative Tools, and send any comments to HealthSpace
- I-Pads were configured by County IT and have been given to each EH inspector for them to get familiar with the equipment. The NEHA intern is assisting EH staff for familiarity with the equipment
- Well over half of the old paper style septic records have been recorded by TPH in an Excel template, and the boxes have been sent to One Source, which is now processing those records into Laser Fiche format. The remaining paper files are being processed for later processing by One Source
- Next week a session is planned for all I-Pad users with HealthSpace for familiarity of the equipment and the HealthSpace system

Jim Boyer added that this will be a long process. Patricia Hawkins and others are providing detailed responses to HealthSpace to help them construct their system to meet TPH and NC criteria.

Dr. Fisher asked if there is an app for this system, and was told that an app is in development, and at this point there are multiple facets to deal with already, and this means a steep learning curve for our staff.

The Laser Fiche project was discussed to show how this will increase electronic access to septic and well records for homeowners, contractors, realtors etc., and this should cut down some of the need for customers to visit TPH in person.

VII. New Business –

A. Fee Schedule Update and Review

The following vaccine fees need to be periodically adjusted due to recent price increases from vendors. The agency also charges a \$23 vaccine administration fee for the first vaccine administered and \$12 for the second vaccine administered during a visit. If the visit entails more than 2 vaccines, no further vaccine administration fees are charged. The administrative fee helps offset the costs of administrative and clinical staff, and the supplies used to administer the vaccine. The reimbursement rates of Medicaid, Medicare, and BCBS are taken into consideration for vaccine fee updates.

There are no further modifications to the agency's fee schedules for clinical or environmental health services at this time.

Vaccine	CPT Code	Current Vaccine Fee	Vaccine Purchase Price	Recommended New Vaccine Fee

GARDASIL-HPV-9	90651	\$200.00	\$208.46	\$210.00
MMR	90707	\$72.00	\$74.97	\$76.00
PNEUMONIA (13)	90672	\$170.00	\$177.30	\$180.00
POLIO	90713	\$30.00	\$31.14	\$32.00

Dr. Lamm asked if this could be done automatically upon supply price increases. Elaine explained that state legislation requires that fee increases need to be approved by the Board of Health and the Board of Commissioners.

Dr. Fisher asked about the shortage of TB PPD serum and was told about the nationwide shortage. TPH has a small supply left in case of an active TB case. This is affecting workers in health care who go through workplace screening. Dr. Cull commented that HCA is using T Spot testing.

Motion to accept the recommended vaccine fees as presented by Dr. Lyday and seconded by Dr. Boatright. Motion approved unanimously. Elaine explained that the next step was for an approval by the Transylvania County Board of Commissioners.

B. Bad Debt Write-off

The Department of Public Health Bad Debt policy identifies the process for handling aging accounts with no payment activity greater than 180 days. Pursuant to this policy, it is my recommendation to write off bad debts totaling \$334.17 for the time period 07//01/2018 to 12/31/2018.

Account balances less than \$50 (Bad Debt): \$147.37

Balances greater than \$50 (NC Debt Setoff): \$186.80

Motion to accept the recommended bad debt write off as presented by Dr. Boatright and seconded by Dr. Lamm. Motion approved unanimously. Elaine explained that the next step was for an approval by the Transylvania County Board of Commissioners. Elaine added that eligible debts greater than \$50 will be forwarded to the North Carolina Tax Debt Setoff program.

C. Legislative Update

The North Carolina Legislature and the Governor are at an impasse regarding the inclusion of Medicaid expansion in the current budget under consideration. To continue operating, the

prior budget framework was extended past July 1st. This is detrimental to new budget investments. Those impacting local public health are communicable disease and school nurse.

House Bill 579: Local Communicable Disease Program/Funds

- Appropriates a total of \$16 million recurring dollars to local health depts for CD program. (\$8 million 2019-2020 and additional \$8 million 2020-2021)
- \$4 million of the funds will be divided equally among health depts and DPH will disperse the additional \$4 million based upon population of county(s) in year 2019-2020 and then the additional \$8 million will be dispersed the same in 2020-2021. This means that by year 2020 a health dept will receive \$8 million dollars PLUS additional funds based upon population.
- Bill sponsors are the Chairs and co-chairs for the HHS Appropriations committee.

House Bill 524: Additional Funds for School Nurses

- General fund to Department of Public Instruction \$10M recurring for FY19-20
- \$20M in total recurring for FY20-21
- \$30.7M in total recurring for FY21-22
- Have a ratio of school nurses to students in the unit that is lower than the average ration of school nurses to students in the State
- Have a student population in the unit that is growing at a rate above the average rate of student population growth in the State

This is very disappointing after all the work that has been done over the years to support the needed investment in Communicable Disease and the School Nurse programs.

D. Community Health Assessment – Community Health Improvement Plan Update

Tara Rybka reported that yesterday the first Community Health Improvement Plan (CHIP) workshop was held in the County Elections building. She referred to the slides in the Board packet to explain the three-year time frame for the CHA/CHIP process. Tara also explained that the two selected health priorities are 1. Mental Health and Substance Abuse and 2. Healthy Lifestyle plus a needed review of Financial Stability. In the current year two of the process there is a need to develop a strategic plan with the input from the workshops.

Tara used slide five which has several key questions to be considered to start discussion with the Board of Health members. This is a coalition approach, and not individual agencies doing their activities in silos, and is focused on shifting the efforts upstream in evidence-based prevention approaches. Elaine added the key will be to answer the last bullet on that slide about “Who is willing to Lead, Collaborate, or Support each effort?”. Tara invited Board members to participate in the upcoming second session on Mental Health and Substance Abuse on August 22, and in the sessions on Healthy Lifestyle on either August 19 or August 27. All workshops will be held in the Elections Building.

Dr. Boatright asked how many attended? Tara replied that seven (7) individuals from various agencies attended such as Meridian, CARE, Faith Community and Schools, and added that several people who could not make the first workshop have said that they will attend the second workshop.

Dr. Fisher asked if any Mental Health organizations that should have attended but were not there. Tara responded that it would be great to have VAYA as a regional resource in attendance. Tara added that it used to be the case that a person seeking mental health assistance could find a local "door" to enter into the system, but this has been replaced by a regional approach along with telemedicine, but that a person now often shows up at the local Emergency Department.

Dr. Cull asked if the Peer Support model was mentioned. Tara said this was discussed. Dr. Cull added he thinks this may be an effective model.

Dr. Cull commented that Public Health would be a good place to have a Mental Health component. Elaine responded this direction may come out of the Medicaid Managed Care discussions

VIII. Informal Discussion and Public Comment

Dr. Boatright expressed his dissatisfaction with the continued absence of Commissioner Cathey who was appointed to the Board of Health. Former Commissioner Mr. Phillips added that it is a statutory requirement. Dr. Fisher said that County leaders need to be made formally aware of the situation, and to ask if there is any recourse. Elaine said she would take this matter to Ms. Laughter, County Manager, and to Commissioner Hawkins as the Chair of the County Board.

Adjournment

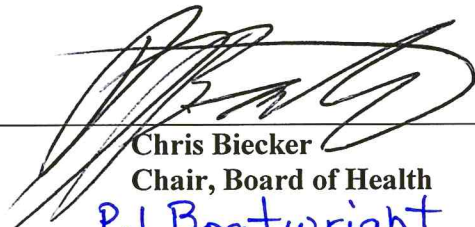
Motion to adjourn by Dr. Boatright, seconded by Dr. Lamm. Motion carried unanimously.
Meeting concluded at 7:00pm.

Respectfully submitted:



J. Elaine Russell
Secretary, Board of Health

9/10/19
Date



Chris Biecker
Chair, Board of Health

9/10/19
Approved Date

PJ Boatwright
Vice-Chair, Board of Health

Transylvania County Board of Health Minutes
☒ Regular Meeting ☐ Special Meeting
September 10, 2019; 6:00 p.m.
Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Dr. Boatright at 6:00pm

Members Present	PJ Boatwright, Will Cathey, Stacey Gash, Ben Lamm, Jim Lyday, Linda Tompkins
Members Absent	Chris Biecker, Lawrence Cull, Will Dalton, Anthony Fisher, Kelvin Philips,
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Laura Petit, Business Officer Tara Rybka, Health Educator
Other Members of Staff and Public	Paula Piercy, Public Notary Beth Hyatt, Community Health

Quorum was present

A. Oath of Office – Commissioner Will Cathey read the two written statements out loud and signed them in the presence of Paula Piercy, Public Notary.

II. Agenda Modifications

None

III. Consent Agenda

Approval of Agenda motion and approval of minutes of August 13, 2019 meeting.
Motion by Dr. Lamm and seconded by Ms. Gash, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports

Health Director's Report

1. At the August meeting Ms. Russell shared the joint application idea between Henderson and Transylvania County for potential funding from the Pisgah Health Foundation. The Foundation selected the agency's Letter of Intent for a Nurse Family Partnership Project for the pool of grant applicants. This is the gold standard nationally for case management. The proposal serves Transylvania and Henderson Counties for 3 years at an estimated total of \$1.1M. The grant proposal is due by October 6, 2019. Ms. Russell will report back to the Board on funding status at a later date.

2. The current Family Planning program under Agreement Addendum 151 includes multiple funding sources. Two of the funding sources, Title X and Women's Health Service Fund, are allocated based on "request for application", so that technically Transylvania Public Health (TPH) is a sub-contractor to the state for these funds. In order to be eligible to continue to receive Title X and Women's Health Service funds starting June 1, 2020, the agency must apply. The Request for Application will cover a 3-year period. Applications are due October 23, 2019. TPH depends heavily on these funds.
3. The flu shot dynamic has changed dramatically in recent years from the days when the Health Department was the main place to receive the shots, to the current situation where they are available at many locations. TPH will offer flu shots to the following:
 - County employee from October 4 – 9, 2019.
 - City employee flu shots from October 10-11, 2019.
 - The 2-week school flu shot campaign for students and staff will begin Monday, October 14, 2019. Parents sign a permission form.
 - The Connestee Falls outreach is October 14, 2019.
 - The agency will start general population flu shots on October 14, 2019

Last year, a total of 972 shots (685 students/287 staff) were administered in the school system. The cost of the regular flu shot is \$41, and the high dose flu shot is \$73.

4. The FDA's Vaccines and Related Biological Products Advisory Committee met in Silver Spring, Maryland on March 6 and 22, 2019, to select the influenza viruses for the composition of the flu vaccine for the 2019-2020 U.S. influenza season. During the meeting, the advisory committee reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics of recent flu isolates, serological responses to 2018-2019 vaccines, and the availability of candidate strains and reagents. The committee recommended that the trivalent formulation contain: A/Brisbane/02/2018 (H1N1)pdm09-like virus; A/Kansas/14/2017 (H3N2)-like virus; and B/Colorado/06/2017-like virus (B/Victoria lineage). The committee also recommended that quadrivalent also contain B/Phuket/3073/2013-like virus (B/Yamagata line).

There has already been lab confirmed flu cases at NC State which is very early in the influenza season. Dr. Lamm asked if this year's flu shot mix would be effective against the new cases? Staff were not sure about the answer to his question.

5. Sanofi confirmed Tubersol is still allocated and the company anticipated an August 31, 2019, assessment date to know if allocation would continue. We have been encouraged by the Communicable Disease/TB Division to order state supplied Tubersol, and orders will be filled when the inventory is received from Cardinal (middleman supplier). State-supplied Tubersol can only be used in connection with TB investigations. The agency keeps a separate inventory of Tubersol to meet employment screening requests. In the absence of adequate inventory, the state's recommendation is to provide a letter from the agency containing a risk-assessment review.

Due to the shortage TPH is holding a few doses for TB cases. Persons wanting a TB skin test for employment purposes are being told about more expensive blood tests done by hospitals and other health care facilities. TPH and the state is hoping that the glitch in the supply chain will resolve soon.

6. Agency nursing staff are being trained on the use of Narcan on September 11, 2019, and a standing order is being developed with Dr. Shea. There is now an expectation that any emergency shelter that is opened should have Narcan available and staff trained. This was announced with last week's preparations for Hurricane Dorian.

VI. Old Business – HealthSpace – Environmental Health Software Update

Work with HealthSpace is progressing steadily. The Food/Lodging/Institution build is the initial body of work so the current contract with CDP can be terminated. Once this build is established, work on the On-site and Wells will initiate.

- A one-hour weekly webinar style meeting was held with all the EH staff to go over changes made by HealthSpace, for the test Food Inspection Module, and to familiarize the staff with the I-Pad tablets. EH Staff appreciated the opportunity to learn more about the mobile technology capabilities of the equipment and the HealthSpace system.
- TPH staff use a testbed system prototype, with Food and other program inspection forms, along with Administrative Tools, and send any improvement comments to HealthSpace
- Mobile printers are being configured by County IT to accompany the I-Pads and are being given to each EH inspector to get familiar with the equipment.
- Nearly all the old paper style septic records have been recorded by TPH in an Excel template. The first half of the project has been sent to One Source, which is now processing those records into Laser Fiche format. Once all the paper files are recorded by TPH the second half of the project will be shipped to One Source for processing.
- Justine Marecaux, the NEHA Intern contributed a great deal to these projects this summer in familiarizing the EH staff with the I-Pad technology, creating Google Drive storage of needed inspection handouts and transferring hundreds of Excel files for the One Source project to the contractor, contributing her share of Excel spreadsheets for the paper file conversion to Laser Fiche, and compiling the reports to HealthSpace about needed changes in their rollout of the food establishment inspection module.
- Ms. Russell added that this transition will result in increased efficiencies and improved data management and access to historic records. It will also ensure a smooth transition away from an outdated Access database that stores the historic data for the on-site programs.

VII. New Business –

A. Fiscal Closure Report for FY 18-19

For fiscal year 2018-2019, the financial statement resulted in an overall positive end for the agency. The department spent \$346,553 less than budgeted and had a revenue of \$146,686 more than budgeted. Therefore, the agency ended in a positive position of \$493,239. The key factors that assisted in the positive outcome are as follows:

- Environmental Health's new software will carry forward \$42,700 to FY 2019-2020
- The agency received a total of \$195,155 in Medicaid Cost Settlement dollars: \$106,387 for FY 16-17 and \$88,768 for FY 17-18
- 5 vacant positions/turnover resulted in spending \$168,268 less than budgeted in salaries and \$39,724 less than budgeted in fringe/benefits

FY 2018-2019			
Summary	End of Year	Budget	% YTD
Expenditures	2,473,510	2,820,063	88%
Salary	2,061,609	2,269,600	91%
Operating	411,902	550,463	75%
Revenue	1,461,549	1,314,863	111%
Contract-451	168,040	183,894	91%
Fees Clinic-551	98,849	75,600	131%
Fees Env Health-550	145,675	140,000	104%
Medicaid-251	483,142	308,332	157%
State/Federal-351	374,741	367,743	102%
Grants	191,101	239,294	80%
Local Dollars	1,011,961	1,505,200	67%

Ms. Russell stated she was proud of the conservative use of allocated money by the agency.

B. Vaping Impact Briefing

Ms. Russell used a Power Point presentation to explain the current national level vaping associated pulmonary injury investigation, in which Transylvania County has an active case.

Slide 2 – additional comment that the vapor is not water vapor as sometimes reported by the media

Slide 3 – additional comments that food grade products are for ingestion not inhalation, and that these products are marketed heavily to young people

Slide 4 – Startling statistics on the right-hand side of dramatic increases from 2011 to 2017 in e-cigarette use by middle school students (430%) and high school students (894%)

Slide 5 – Additional comments that the required respiratory support includes ventilators, and that the August 2019 NC cases were picked up using NCDETECT syndromic surveillance

Slide 6 – Additional comments that the patient in Transylvania County is critically ill. Ms. Russell also asked for legal clarification about the laws re non-communicable diseases and was told that the legal authority is with the State Health Director, GS 130A-15, who can reach out to local health departments to request an interview with the case. Additionally, CFR 164.512 and HIPAA also apply regarding patient confidentiality.

Slide 7 – Additional comments that the NC cases are split $\frac{3}{4}$ male and $\frac{1}{4}$ female. Oils are being inhaled into the lungs, and when the cases end up in the hospital all that can be given is supportive care. Various products like JUUL, CBD and THC are being used. Sub-lingual use is now being replaced by vaping use to get a quicker high. Added to this is the fact that youth feel they are invincible.

Slide 8 – Additional comments to the NC Case definition is that the lungs are being damaged by the inhaled oils. Some cases are not confessing to vaping and so the medical teams must rule out all other possible causes, and they often look like TB cases with the wasting away, great fatigue, but no encapsulations in the lungs, and a bilateral appearance of cloudiness.

Slide 9 – Additional comments are that the federal FDA and CDC are asking for cases to surrender any remaining vaping products so that they can be analyzed for the toxic components

Slide 10 – For the current TPH case we have phoned and sent a follow up letter and are waiting to hear back from the patient

Slide 12 – Additional comments – we hope this national level focus will lead to nudging the School Board to strengthening their stance on their own tobacco and vaping policy. Additionally, Beth Hyatt from TPH Healthy Communities is working on this issue and hopes there will be an increased educational effort

Dr. Lamm inquired regarding education opportunities with the school system. Ms. Russell hopes that this would be part of an extensive student education outreach on the dangers associated with vaping.

C. Relevance of Blue Zone Project for Public Health

Ms. Russell previously shared with the Board that the Blue Zone Project was considering Brevard as a partner. She said she and Tara Rybka had just come from a celebration meeting at Brevard College because Brevard has been selected as the 50th American community to be a Blue Zone partner and the first in the Carolinas. Blue Zone projects are particularly successful where they have a solid local Public Health partner. Ms. Russell is excited about this partnership because it will allow for the national marketing and policy experts to apply their skills with us in addressing community health issues such as physical activity and nutrition and lead to healthier lifestyle changes by the Transylvania County population. Ms. Russell briefly covered the main points of the two-sided one-page Blue Zone handout “Let’s

make the healthy choice the easy choice". There will be a six-month research process with Ms. Russell playing a leadership role with other community partners followed by a three-year process on improvement steps.

Dr. Lamm inquired if there was statistical support for their approach. Ms. Russell responded that there is international data showing how the nine main areas positively affect human health, and national statistical support to assist the localities in their efforts. Ms. Russell believes the policy experts will assist in such topic areas are food choices in schools and restaurants. She will aim to keep the Board informed in the coming months as the project evolves.


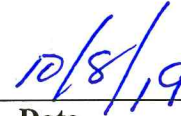
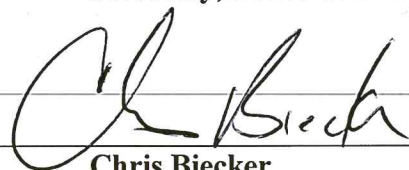
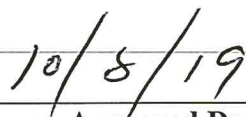
VIII. Informal Discussion and Public Comment

Commissioner Cathey commented at the conclusion of the meeting that he found the meeting very informative. He commented particularly on the dangers of vaping cited in the presentation and added the whole subject area is becoming more involved in the court system.

Adjournment

Motion to adjourn by Dr. Lamm, seconded by Dr. Boatright. Motion carried unanimously. Meeting concluded at 6:50 pm.

Respectfully submitted:

	
J. Elaine Russell	Date
Secretary, Board of Health	
<hr/>	
	
Chris Biecker	Approved Date
Chair, Board of Health	

Transylvania County Board of Health Minutes
☒ Regular Meeting ☐ Special Meeting
October 8, 2019; 6:00 p.m.
Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Mr. Biecker at 6:00pm

Members Present	Chris Biecker, PJ Boatwright, Lawrence Cull, Anthony Fisher, Kelvin Philips, Linda Tompkins
Members Absent	Will Cathey, Will Dalton, Stacey Gash, Ben Lamm, Jim Lyday
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Laura Petit, Business Officer Tara Rybka, Health Educator
Other Members of Staff and Public	Patricia Hawkins, Environmental Health Program Specialist Nicole Santamaria, Communicable Disease Nurse

Quorum was present

II. Agenda Modifications

None

III. Consent Agenda

Approval of Agenda motion and approval of minutes of September 10, 2019 meeting.
Motion by Dr. Cull and seconded by Ms. Fisher, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports
Health Director's Report

1. An amendment to Rule 15A NCAC 18A .2816 was adopted and approved with an October 1, 2019 effective date. This amendment emerged from lessons learned out of the Flint MI lead contamination, and Ms. Russell applauds this change. This amendment requires that all licensed childcare centers test all drinking water faucets and food preparation sinks for lead contamination within one year, and new centers must test upon application for a license. After that, centers will need to test once every three years. In order to monitor compliance with the new requirement, childcare operators will need to provide documentation of testing during periodic sanitation inspections for review by the local

health department. The grade sheet will be modified to capture this information; however, no changes to the current inspection process will occur prior to October 1, 2020 except for new centers, which are required to test prior to licensure. Fortunately, the Environmental Health Section anticipates receiving a grant from the U.S. Environmental Protection Agency to pay for the entire first round of testing.

2. The agency received an additional \$12,106 in State funding for the support of Family Planning. Ms. Russell is working with program staff to identify good uses of the funds such as supplies, marketing, incentives and staff time.
3. The North Carolina Public Health Accreditation Program has transitioned to a cloud-based software called VMSG Dashboard for handling all Health Department accreditation evidence. Two TPH staff were trained on the system in August at statewide training held in Greensboro. Health Departments are now required to upload benchmark evidence and narrative to the software. This will hopefully streamline the review process as agencies prepare their evidence and make the review process easier for accreditation site visitors. All leadership staff have been trained on the new software. The system allows for reports based on traffic light colors for activities in compliance (green), partially in compliance (yellow) or needing attention (red).
4. New nursing staff hired in the six months are completing the required Principals and Practices of Public Health Nursing, a significant foundational framework for public health nursing practice. Credentialing is also being pursued for the new child health nurse for "Childcare Healthcare Consulting" and "Enhanced Role Child Health Nurse". These new TPH nurses have approximately another six months of state required training.
5. The WIC program has completed their media development project with Formation P+R for a series of billboards, streaming service ads, and general media handouts. Formation P+R also provided multiple recommendations and strategies for next steps in external communication for young clients. This marks a shift in marketing for the program with an outreach directed at late teens to mid-20's through on-line Netflix and Hulu rather than the former TV ads. The billboard towards Rosman has a young lady with blue hair and tattoos and is tastefully done to help prospective clients identify with the lady on the billboard. The project was accomplished with a special WIC grant allocation.
6. Community Care of North Carolina (CCNC) has executed a clause in their case management contract with local health departments to recall all case management reserve funds at the county level. The funding recall impacts 52 of the 87 Health Departments. The funding recall is intended to generate money to cover the ongoing expenses of the deeply troubled case management software known as "Virtual Health." Transylvania Public Health must return \$67,126, which was accumulated over 5 years. Ms. Russell is disappointed in this outcome because the Virtual Health system was designed for chronic illness management and from the start has not been good for health department charting of clients. Sharon Cameron added that Virtual Health replaced a CMIS system about two years ago and has not worked from inception. The return of the money by the health departments is unlikely to resolve the brokenness of the Virtual Health system if the company stays on the same pathway. Fortunately, Transylvania County Finance Directors, Gay Poor and Jonathan Griffin have tracked the resources in reserve funds. Dr. Fisher asked if the County attorney should get involved, but Ms. Russell said the contract language is very clear. She will be talking to Commissioner Paige Lemel about possible state level political action. This issue will likely be on the Commissioner's agenda next

week. Mr. Biecker asked about the future, and Ms. Russell responded that program dollars would be directed to the case management nurse, and that the newly adjusted salaries in the improved compensation plan would draw down these dollars so that there will not be a reserve of unspent funds.

VI. Old Business – HealthSpace – Environmental Health Software Update

Work with HealthSpace is progressing on the Food module. This is included in the initial work so the current contract with CDP can be terminated. Once this build is established, work on the On-site and Wells will initiate.

- A one-and-a-half-hour webinar style meeting was held between Patricia Hawkins, Rob Blake and Lauren Rieger from HealthSpace to go through TPH correction comments that had been submitted to HealthSpace over the past few weeks. Coming out of that meeting was a deeper understanding on the part of HealthSpace about how much control the state has over the design of the database and how little latitude there is for local health departments in this program area. Ms. Russell thanked Patricia Hawkins for doing the heavy lift on the testing of the new system
- It is hoped that staff will be trained soon on changes made by HealthSpace, for the test Food Inspection Module, and to familiarize the staff with the I-Pad tablets.
- Mobile printers are being configured by County IT to accompany the I-Pads and are being given to each EH inspector to get familiar with the equipment.
- All the old paper style septic records have now been recorded by TPH in an Excel template. This second half of the records will be processed by a company named One Source into electronic records through a Laser Fiche format. Ms. Russell expressed her thanks to Raime Hebb for leading this project.

VII. New Business –

A. Legionella Outbreak

Ms. Russell went through the PowerPoint presentation that was in the Board packet. She thanked the Board for their support in response to the regular emails she sent to them during the outbreak. Ms. Russell noted that there were periods during the outbreak when there was a lack of communication from the state. At several points she explained how the timeline differed for TPH as opposed to the state communicable disease office. She also raised the concern about the Quilting show that occurred after the outbreak without any environmental sampling results or remediation efforts from lessons learned during the outbreak. Ms. Russell thinks that there may have been high level political decisions particularly on the Department of Agriculture side that may have influenced these decisions. Ms. Russell thanked the internal TPH Epi Team for their diligence during the outbreak. She asked Nicole Santamaria the Communicable Disease Nurse for her thoughts. Nicole was grateful for the community partnerships that really paid off in obtaining needed information

on the cases and suspect cases. Tara Rybka reported on the communications with the media, particularly the good working relationship with the Transylvania Times. She also gave some statistics on the social media outreach success in that the initial post on Facebook had 3,500 hits with a total reach for the outbreak of 9,189. Many of these resulted in likes and shares.

Dr. Fisher asked if Ms. Russell had access to her counterparts at Buncombe and Henderson Counties with their large numbers of cases? She replied that Steve Smith from Henderson County was away on travel and had delegated his roles to staff and added that she had not contacted Jan Shepard in Buncombe County.

Mr. Phillips asked why the South Carolina hot tub vendor had not been sampled? Ms. Russell said that the full reasons were not disclosed on the phone calls with the state, but that the situation was liability laden. She also added that in a large outbreak she was involved with in Cherokee County where there were several deaths in a health care facility from Legionella, that legal orders were used to obtain environmental samples in a neighboring factory.

Ms. Russell concluded the report stating that the internal Epi Team conducted a hot wash meeting on Monday at 3pm.

B. Community Health Improvement Plan (CHIP) Electronic Demonstration

Tara Rybka reported on the link for the CHIP on the TPH website located under the Data Tab at <https://embed.resultsscorecard.com/Scorecard/Embed/17871>

The 2018 Community Health Assessment priority areas are:

- Mental Health & Substance Use
- Healthy Lifestyle

Tara explained how TPH works to bring community members together to develop action plans that will address these top health priorities. Together, these action plans form a Community Health Improvement Plan (or CHIP), which is a strategic plan for the entire community designed to encourage cross-sector collaboration. The website e-CHIP" scorecard is a low-cost, easy-to-use tool that helps us track and display data related to these health priorities and organize community improvement efforts to improve health in Transylvania County.

Tara gave a high-level view of the Mental Health and Substance Abuse area reading the website verbiage: Transylvania County is a vibrant, engaged community that offers resources and leverages its inherent strengths to support the lifelong physical, emotional, and social well-being of all its residents. She then pointed out the possible measures under this broad indicator such as Emergency Department visits for anxiety, mood, psychotic disorders. Tara noted that the rise in the graph to over 4,000 Emergency Department (ED) visits was a steep rise in numbers and may be partly attributable to changes in ICD coding. In the process the partners list out items under headers "What's Helping?" and "What's Hurting?" The CHA / CHIP group

participants list out items that fit under these questions. This process then looks at the partners in the room that have a role to play to impact the numbers and lists out the partners who are working in that area who were not represented in the meeting room. The group participants also list out possible strategies of action which leads to some great ideas for possible implementation. The crucial step is the identification of individuals and groups who are willing to lead or collaborate on these evidence-based strategies to move the needle on the dial in a positive way. Tara showed how these strategies were prioritized and then bolded on the website:

- More comprehensive listings on 211
- Small groups for mental health education, self-care, etc.
- Education for emergency department staff on trauma-informed practices and suicide prevention
- Peer support in emergency department

Tara continued the presentation by showing similar steps under the Medication and Drug Poisoning Deaths, and showed how the end of the CHA/CHIP process gave the partners some evidence-based strategies for upstream prevention rather than downstream statistics

Tara finished the presentation by explaining the process for the Healthy Lifestyle priority area. The initial graph showed the climb in the age adjusted percentage of obesity among adults over 20 years old. Tara shared the group findings under What's Hurting? for such items as no PE in schools, lack of walkability in certain neighborhoods, long commutes leading to poor food choices when people get home after work. Tara said that the Blue Zone initiative is exciting for new partner strategies particularly in the areas of Built Environment, Food Policy and Tobacco Cessation. The Library has become a key partner in this area to assist in education and support for diet and exercise, particularly the evidence-based Diabetes Prevention Program. The Library will work to enhance access to books on good food choices. Other strategies to push forward were Double-Up Food Bucks for produce purchase at Food Lion and possibly the Farmer Market, supporting pop up mobile food markets, expanding sidewalks for walkability, expanding bike trails, including active lifestyles in the county strategic plan and demonstrating cost savings through healthy employees lowering insurance costs.

Ms. Russell thanked Tara for all her work in this area.

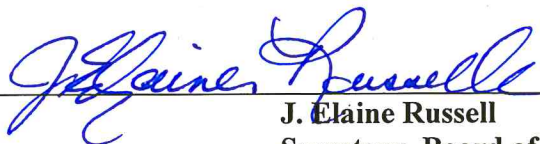
VIII. Informal Discussion and Public Comment

None

Adjournment

Motion to adjourn by Dr. Boatright, seconded by Dr. Cull. Motion carried unanimously.
Meeting concluded at 7:15 pm.

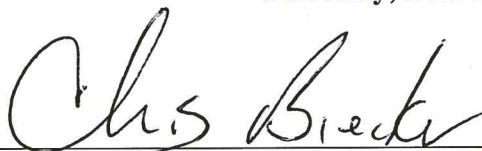
Respectfully submitted:



J. Elaine Russell
Secretary, Board of Health

11/12/19

Date



Chris Biecker
Chair, Board of Health

11/12/19

Approved Date

Transylvania County Board of Health Minutes
☒ **Regular Meeting** ☐ **Special Meeting**
November 12, 2019; 6:00 p.m.
Community Services Building Conference Room

I. Call to Order with Welcome and Announcements

Meeting was called to order by Mr. Biecker at 6:00 p.m.

Members Present	Chris Biecker, PJ Boatwright, Anthony Fisher, Stacey Gash, Ben Lamm, Kelvin Philips, Linda Tompkins
Members Absent	Will Cathey, Lawrence Cull, Will Dalton, Jim Lyday
Staff Members Present	Elaine Russell, Health Director / Secretary to the Board Rob Blake, Planner Evaluator Jim Boyer, Environmental Health Supervisor Sharon Cameron, Personal Health Services Director Alisa Corn, Administrative Services Supervisor Julie Cunningham, WIC Director Laura Petit, Business Officer Tara Rybka, Health Educator
Other Members of Staff and Public	

Quorum was present

II. Agenda Modifications

Ms. Russell asked that the Board defer the Blue Zone project until the December or possibly the January meeting.

III. Consent Agenda

Approval of Agenda motion with the deferred Blue Zone Project Update and approval of minutes of October 8, 2019 meeting. Motion by Dr. Boatright and seconded by Dr. Fisher, with unanimous approval.

IV. Public Comments or Public Hearing

None.

V. Administrative or Committee Reports
Health Director's Report

1. The agency received notice of federal award for an additional 5 years of Drug Free Communities (DFC) funding to continue the work of the CARE Coalition. The proposal was funded at the maximum level of \$125,000 annually for a total grant award of \$625,000. This federal award is highly competitive and nationwide in scope. Other NC counties involved are Cleveland and possibly Rutherford. Ms. Russell expressed her thanks to staff members Kristen Gentry and Karen Gorman for their work.

2. The agency is preparing the annual grant submission to Delta Dental Foundation. The funds are used to purchase teaching tools and resources for dental education in daycare settings. TPH has been fortunate to get \$3-5K each year. Lori Clark oversees this submission.
3. The 2019 Annual Training Day was held on Friday, November 8th. The training focus was increasing knowledge and skills related to shelter operations, points of dispensing (POD), and better serving clients with hearing and vision loss. Representatives from Transylvania County Emergency Management, NC Services for the Deaf and Blind, Division of Public Health Preparedness, and the American Red Cross (ARC) participated in the training. This shows an improvement in relationships since the shelter operation last December. Shelter supplies from ARC were displayed at the Rec Center and are stored at the County Emergency Operations Center. Overall the County is better prepared for shelter operations than last year. The Hospital relationships are still in flux. There was a quick slide show of most of the speakers, and Ms. Russell expressed her appreciation for the low vision speaker, Judy Davis and her guide dog.
4. The agency was the lead on the development and preparation of the Get Set November Toolkit addressing “Emotions and Tantrums”. The agency will also serve as the lead for the February Dental Toolkit and April Healthy Eating Toolkit. The toolkit project is a major focus of the Get Set Initiative and seeks to build resources and knowledge for various topics relevant to families with young children. This is a collaboration of several organizations with Sesame Street with a current focus on health, wellness and mental health in 0-5 years old’s. Board of Health member Ms. Gash is also involved in this effort

VI. Old Business – HealthSpace – Environmental Health Software Update

Work with HealthSpace (HS) is progressing on the Food module. This is included in the initial work so the current contract with CDP can be terminated. Once this build is established, work on the On-site and Wells will initiate.

- The one-on-two meetings between Maureen Garrison at HealthSpace with Patricia Hawkins and Rob Blake have been productive. Maureen can make programming changes immediately on the screen, which shortens the production time compared to the former Project Manager who was lower in the HS organization. Testing of the mobile platform and printing is on-going. Ms. Russell is pleased to have Maureen as the new Project Manager assigned to us who is higher in the HS organization. Maureen Garrison is familiar with the NC EH system with lot of programming skills.
- Maureen has increased communication with the Division of Public Health – Environmental Health BETS system manager to ensure environmental health program information is uploaded into that state system, Interfacing with the BETS systems is required for any software used by a local Health Department.
- In the concurrent project to scan all the old paper style septic records Raime Hebb uncovered a few errors made by the vendor. Some of the records were scanned into other records rather than into their own stand-alone record. Raime and the

vendor are retrieving those “lost” records, but this involves many extra hours for TPH and the vendor. TPH has asked the vendor to do a more thorough quality assurance step before uploading the next batch of scanned records. This second half of the boxed records remains at TPH to be picked up and processed by the company into a Laser Fiche format.

VII. New Business –

A. FY 19-20 1st Quarter Fiscal report

B. Quarterly Financial Summary FY 19-20			
Summary	July-Sept.	Budget	% YTD
Expenditures	463,065	2,741,638	17%
Salary	359,414	2,270,766	16%
Operating	103,650	470,872	22%
Revenue	197,191	1,276,404	15%
Contract-451	14,703	159,917	9%
Fees Clinic-551	12,090	72,300	17%
Fees Env Health-550	32,970	150,000	22%
Medicaid-251	36,713	214,596	17%
State/Federal-351	83,814	458,388	18%
Grants	16,901	221,203	8%
Local Dollars	265,873	1,465,234	18%

Ms. Russell presented figures from Business Manager, Laura Petit, for the first quarter of this financial year from July 1 to September 30. Ms. Russell explained how we are operating between 17-22% on the expenditure side and she and staff are cognizant of keeping expenditures low as possible.

C. Munis Accounting Software Rollout

Transylvania County has invested in the complete suite of Munis fiscal management software. This is a significant systems improvement from a daily fiscal operational perspective. Departments will have more engagement, and responsibility for the fiscal data management and reconciliation process each month. Tyler Corporation, owner of

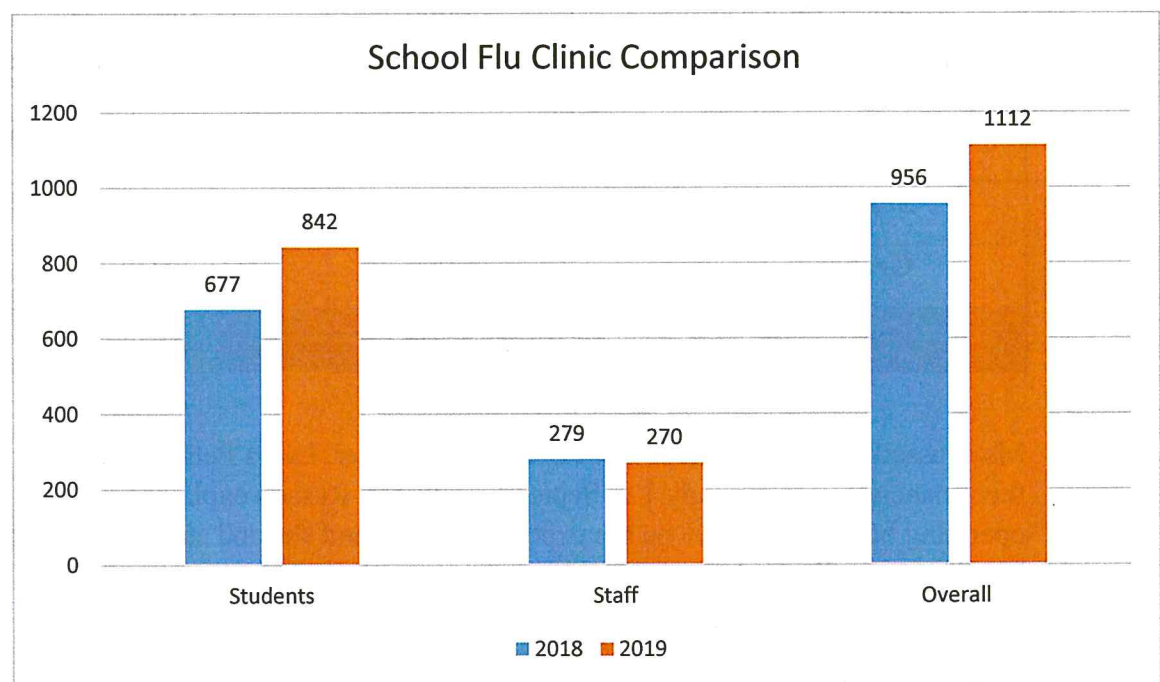
Munis, will be present in December for in-person training. Prior to the intensive December training, the Health Department requested to become familiar with Munis functions through “Tyler University On-line Training Portal.” The county is expected to “go live” on January 1st with many of the accounting functions connected to the General Ledger. Payroll function through Tyler will activate on April 1st or July 1st.

Improvements for the Health Department will include:

1. Integration of all purchase card data directly to Munis, making Bank of America Works System entry unnecessary.
2. All fiscal processing can occur electronically.
3. Journal entries can be initiated by an agency for sign-off by the County Finance Director.
4. Contracts and agreement addendum can be electronically stored/linked with their revenue and expenditure functions.
5. The FY20-21 budget for the agency will be built in Munis, not in separate Excel files.
6. Payroll will become totally electronic by July 1, 2020.

Ms. Russell is excited about this because of movement from the previous CSI system that caused the former Finance Director, Gay Poor and her staff a tremendous amount of work. With tracking mechanisms at federal and state levels tightening, this new system will be very beneficial.

D. Flu Shot Outreach



The data represents the total number of flu shots given in the schools until October 31st of each year. School nurses are currently still providing make-up shots in the school system. A small number of makeup shots were given after this timeline last year. There is an overall increase of 156 shots in the comparison date ranges. High school students received the forms electronically through the school system's Communications Director, Kevin Smith. This may have facilitated better uptake/engagement than the traditional paper packet that is distributed. The Communications Director did an excellent job of saturating the various parent information pathways regarding the school-based flu shot campaign. Dr. Lamm asked if the early flu cases that had been seen via the media also had an effect? Ms. Russell acknowledged that she had not considered that angle and that media stories do then to have an effect.

Through regular clinic operations (11/4/19) a total of 443 flu shots have been administered. Target audiences have included: Transylvania County Employees (206), City of Brevard Employees (44), Connestee Falls (48), Dr. Cozarts Office (6), and the general public (139).

E. Impact of Community Services Building HVAC Project

The bid review process is underway for the Community Services Building. If a bid is awarded for a new HVAC system on the older side of the building (2-story portion only), a significant space shift will occur December through April. The second-floor offices will relocate initially. In the second phase, first floor offices will relocate which will impact Environmental Health and Administration. All conference room meeting space in the building will be lost throughout the project. Conference rooms will be converted to multi-use office space for displaced employees.

The alternative meeting location for the monthly Board of Health:

December – Board of Elections Training Room

January – Board of Elections Training Room

February – To Be Determined

March – Board of Elections Training Room

April – Board of Elections, but may be bumped due to need of Election Board*

Ms. Russell stated that the bids are going to be presented to the Board of Commissioners on November 25, so there will be updates after that meeting


VIII. Informal Discussion and Public Comment

None

Adjournment

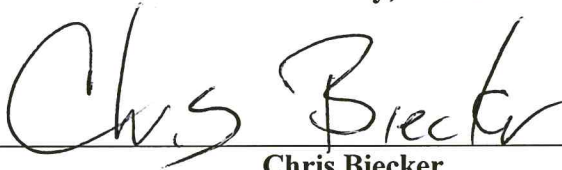
Motion to adjourn by Dr. Boatright, seconded by Dr. Lamm. Motion carried unanimously. Meeting concluded at 6:30 p.m.

Respectfully submitted:



J. Elaine Russell
Secretary, Board of Health

1/14/2020
Date



Chris Biecker
Chair, Board of Health

1/14/2020
Approved Date