

**WILKES COUNTY BOARD OF HEALTH
MEETING MINUTES**

December 8, 2014

The Wilkes County Board of Health held a regular business meeting Monday, December 8, 2014 at 5:30 p.m. in the Wilkes County Health Department Conference Room. Board of Health members attending were:

Mr. Don Manus, Chair
Ms. Eyda Bennett
Ms. Teana Compeau
Dr. Robbins Miller
Ms. Brenda Sales
Dr. Robert Taylor
Dr. Robert Ricketts
Ms. Sandra Sheppard

Ms. Ann Absher, Ms. April Edwards, Ms. Allison Marron, Mr. Martin Klingbeil, David Willard and Commissioner Keith Elmore were also in attendance. (Prior to the December meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board of Health member for review.) A special invitation was sent to all Wilkes County Commissioners to attend the meeting for the presentation by David Willard.

Adoption of Agenda:

Mr. Don Manus, Chair, called the meeting to order. The first item was the adoption of the agenda with the change to delete item number 6 as Tony Triplett unable to attend; a motion was made by Ms. Eyda Bennett to approve the agenda, second by Ms. Sandra Sheppard and unanimously approved by all Wilkes County Board of Health members.

Discussion of ENDS (Electronic Nicotine Delivery Systems):

Ms. Ann Absher introduced Mr. David Willard, Northwest Tobacco Prevention Coordinator stationed in the Appalachian District Health Department. David presented the latest information on ENDS including the report by Dr. Tim McAfee from the CDC. He included the health effects of ENDS including toxicant exposure to users, toxicant exposure to non-users, additional hazards such as accidental ingestion and poisonings among young children. Since ENDS are not yet regulated as tobacco products under the Tobacco Control Act, we have very little information about the ingredients of liquids or the approximate exposure to harmful and potentially harmful ingredients when using electronic cigarettes over the short-term or long-term. Harmful constituents have been documented in some ENDS including irritants, toxins that can change genes and other ingredients that have been shown to cause cancer in animals. Pregnant women can transfer nicotine to their developing fetus, exposure during adolescence may have lasting adverse consequences for brain development. To date, no ENDS have been approved as a smoking cessation aid by the FDA. The limited studies show that the users of these products are not more likely to quit smoking. There are seven products that have been shown to be effective and these are approved by the FDA as an option for effective smoking cessation.

Comprehensive smokefree policies have been found to reduce the prevalence of tobacco use, increase the number of tobacco users who quit and reduce tobacco use initiation among young people. Air containing ENDS aerosol is less safe than clean air, and ENDS use has the potential to involuntarily expose children and adolescents, pregnant women and non-users to aerosolized nicotine and if the products are altered, to other psychoactive substances. Therefore clean air should be the standard. David states he is available to assist with education and assistance as we move forward. He shared information from Sally Herndon, NCDHHS and the list of reported recent local government regulations specifically prohibiting the use of e-cigarettes in government buildings, grounds and/or public places. David answered questions about e-cigarettes. Several Board of Health members expressed concern with youth marketing and using the vaping method to deliver other drugs and substances. Ms. Compeau states she has heard even heroin is delivered this way as well as other drugs that are turned into liquid. Board of Health discussed importance of school policy and community college policy around this with an effort to stop youth from nicotine addiction in this new form that is attractive due to new method and the variety of flavoring. David reported that flavoring other than menthol is not permitted in cigarettes but allowed in e-cigarettes and the taxes are not equal with cigarettes taxed much higher. Of concern to the board of health members is the unknown risk of second hand exposure.

Approval of Minutes:

Mr. Don Manus asked for motion to approve the October 13, 2014 minutes; a motion was made by Ms. Teana Compeau to approve the minutes and second by Dr. Robbins Miller and unanimously approved by all Wilkes County Board of Health members.

Administrative Report:

Ms. Absher presented the Wilkes County Board of Health with the Wilkes County Health Department Administrative Report. Ms. Absher addressed the following topics:

2014-2017 Strategic Plan Review, update and discussion led by Ms. Absher: The strategic plan was reviewed as discussed below. Surprising how much we have accomplished this year, and how much work we still have to do. Included in the discussion were the priorities identified from the CHA, work areas, goals and strategies, assignments from the health department that are bolded and highlighted. We documented goals that were met as well as those not met. Some goals were extended. Many community partners work with us on the strategies particularly the school system, hospital, Health Foundation, YMCA, cooperative extension and United Way.

CHA 2013: Based on priorities identified on triangulation table:

1. Mental Health / Substance Abuse: 1.) Revitalize the substance abuse taskforce since FB taking project state wide by (*first quarter 2014 not met.*) Identify lead of taskforce (unable to find lead; Fred Brason is working on state injury prevention project). **Health Promotion takes lead and Health Director to work with Medical Director and NWCCN to revitalize taskforce by end of third quarter 2015** 2.) Met: Delete this goal since accomplished. Education to public and pharmacies about community drop box site. *Second quarter 2014 accomplished in May.* **Health Promotion.** 3.) NC Injury prevention team (buddy guide) to assist with substance abuse recovery from Wilkes by end of 2015. Training completed **Health Promotion taking lead.**

2. Mental Health: Continue taskforce; 1) Promote services available through speaker's bureau to providers, civic groups public 2014 promote and implement education to group. **Health Director taking lead. Met and ongoing.**
 - a. 2) IVC committee regularly review data to decrease wait time in hospital ED for IVCs. By March 2016, reduce the number of mental-health related emergency department visits by 5 %.
 - b. 3 Mental Health First Aid goal to train 20 community members in this program by the end of first quarter 2016; Schools would like to have 60 employees trained in the spring. So far school trained 3 and MESH trained 2
3. Affordable Healthcare/Indigent care:
 - a. Received grant from Health Foundation to implement CAC. Education to public about options for insurance through ACA (community events). Sign up uninsured to insurance through partnership with other community agencies. Become CAC organization; hire temporary workers to place in hospital; DSS; WPN and health department. **Health Department Health Director; HCC Social worker taking lead.** Goal is to sign up 1,000 of eligible uninsured seen in hospital, health department, and WPN by end of March 2014.
 - b. Pursue other grant opportunities for linking uninsured at 100% poverty and below. **Health Director taking lead; Goal not met but assisted almost 1000 consumers.**
 - c. Goal for 2015 enrollment period continue to assist consumers to sign up for insurance on Marketplace Exchange. Goal is to assist 500 consumers.
4. Economy/Poverty Goal
 - a. Education to public and private groups about social determinants of health. Work with CTG program to expand access to fresh fruits and vegetables in corner stores. Goal is to pilot working with 3 different corner stores near schools end of third quarter 2014 (one healthy corner store started; add another by end of 2015). Farmers market accept EBT in Wilkesboro by end of 2014. Open to it, in contemplation stage but not ready to implement. New goal is to implement by 2017. **Health Promotion taking lead.**
 - b. Increase WIC participation to 97% of 2045 clients by end of 2014. Did not meet. But exceeded new goal of 1699 for this 2015 FY. New goal is to exceed this by 5% this year. **WIC taking lead (Nancy and Jerri).**
5. Cardiovascular Disease (Heart & Cerebrovascular Disease, High Blood Pressure) and Cancer
 - a. Create chronic disease taskforce by end of first quarter 2014. Encourage hospital to lead this taskforce. Encourage same goals as on 990. Establish goals for taskforce early 2014. Report on goals 2015-2017. **Hospital taking lead on their chronic disease measures. Health Director will encourage hospital to add community members in 2015.**
 - b. Implementing compliance and promotion with House Bill 2 (no smoking law). Goal is have zero complaints from public by end of 2017. (no complaints in 2014) **Environmental Health lead**
 - c. Work with CTG program and Northwest Tobacco Prevention Coalition to include E cigarettes in tobacco free policies by end of 2017. Tobacco free policies in West Park Medical complex by end of 2014. Develop tobacco free policies for parks by 2017. E-

Cigarettes prohibited in health department policy and in county school policy. **Health Promotion taking lead.**

6. **Obesity / Nutrition education / Diabetes**

- a. Fitness and Nutrition for Disease Prevention Taskforce (FNTP) to establish goals by end of first quarter 2014. Accomplished and approved by DPH.
- b. SHAC and FNTP---Re-establish BMI measurements in middle schools. Accomplished through fitness gram in elementary and middle schools in fall 2014. **Health Promotion to lead**
- c. DSME program growth for education and nutrition programs. Investigate opportunity to outsource MNT services to schools on MESH unit by end of Sept. 2014—not met. New goal is to implement Brenner Fit with WFUBMC in 2015. **DSME taking lead.**
- d. iMap pilot grant to identify and implement evidence based strategies through Center for Public Health Quality. Met in September 2014. **Health Promotion taking lead.**
- e. 5 Pursue grant to print resource booklet for physical activity in county and publish on our website by end of 2014 extend to 2015. **Outreach lead**

7. **Elder Care / Aging**

- a. Participate in Adult Daycare Advisory Board 2017. **Health Director lead**
- b. Participate on WSR board 2017. **DON lead.** Participate on Wilkes Multidisciplinary team—**DON lead**
- c. Partner with Senior Services, local churches and YMCA as sites for HP to deliver CDSMP (2 classes delivered in 2014 with goal of 4 more classes for 2015). **Health Promotion taking lead.**

8. **Neglect/ Abuse**

- a. Participate on CPPT. **Outreach Supervisor**
- b. Participate on JCPC (Juvenile Crime Prevention Council). **Outreach**
- c. Promote Safe and Child Advocacy Center development. (Center had open house in November 2014). **Health Director and Outreach taking lead**
- d. CAPT (Child Abuse Prevention Team). **Outreach**
- e. Lead CFPT (Child Fatality team). **Health Director & Office Clerk lead**

9. **Specialty Care**

- a. Promote Health Care Connection ongoing 2017. **HCC Social Worker takes lead**
- b. Partner with the hospitals to increase patients who are eligible for services.
- c. Implement Duke Endowment access to care grant. **Health director and HCC SW leading**

10. **Coordination of Resources and Services**

- a. Shrinking resources. Work with community partners to combine resources. Outsource when appropriate by end of 2014.
- b. Connect to NC HIE and train by end of 2014 (Met goal in spring 2014). **DON took lead**

- c. Need for improved efficiency. Identify opportunities for restructure and realignment of duties and job descriptions to include cross training by end of 2014 and ongoing as need develops. **Management Team lead**
- d. Succession planning for future retirements by second quarter 2014. (Management team met—Clinic to be met soon) **Health Director lead; DON; Clinic Nurse Supervisor.**

11. Workforce development

- a. Workforce development in core public health competencies by the end of May, 2014 if grant approved by NACCHO. Did not get grant- retry later. **Health Promotion Lead**
- b. ICD-10 training and implementation by developing team, policies and training by end of Sept, 2014 **Nursing Supervisors and DON lead goal**: Extend to October 2015
- c. Coding training for appropriate reimbursement and identification of acuity and service level by end of January, 2014. **Goal Met. Need to re-train new FNPs by end of 2015.**
- d. Implement practice management best practices to improve processes in clinical services and registration, scheduling and AR. Assessment by end of January, 2014 to determine baselines. Decrease lead time to 1 hour for physical and complex visits by end of 2014 Measure. **Nursing Supervisors, Management Support Supervisor and DON Lead**
- e. Environmental Health workforce development with new staff in several key positions. Hire food and lodging EHS by end of January. Training and orientation completed end of 2014 (Hired)—training not offered again until 2015 in February. **Health Director and EHS Supervisor taking lead**
- f. Roll-out Patagonia for Diabetes and MNT by end of 2014 (met in the summer of 2014).
- g. Training and orientation for new environmental health staff by end of 2014 (**extend through 2015; not offered until February.**)

The board of health members are particularly excited about our work around childhood nutrition and increased physical exercise. Ms. Absher discussed the opportunity to work with Brenner Fit through our Diabetes and Nutrition Center using tele health. After discussion of the strategic plan, Dr. Robert Taylor made a motion to approve the plan and Eyda Bennett second, and unanimously approved by all Wilkes County Board of Health members.

2014 Wilkes County State of the County's Health Report: Ms. Allison Marron presented the SOTCH Report. A progress report was given of on all the priority areas.

- **Access to Care progress made:** Work is continuing with private physicians, WRMC, community centers, WCHD and Care Connection Pharmacy to ensure availability of care for the uninsured. Update to data show an additional 1,800 clients receiving services for a total of 6,600 if 12,000 uninured estimate (55%). Several free dental clinics have been offered and over \$36,900 in free dental care donated.
- **Chronic Disease (Fitness and Nutrition for Disease Prevention):** Wilkes County Schools successfully implemented Fitness Gram in Grades K-8. The School system updated the tobacco free policy to include e-cigarettes. The Kate B. Reynolds grant was completed which included updating the elementary school playgrounds and a joint use agreement for

the community to use after hours and on week-ends to increase physical activity. Change in the BMI data shows that 57% of K-8 had a healthy BMI whereas in 2011 47% of 6-8 graders had a healthy BMI. Schools updated tobacco policy to include ENDS. A grant with the Health Foundation provided farmers' market vouchers to purchase fresh fruit and vegetables for parents of students in North Wilkesboro elementary. The health department received a grant from NACCHO to implement Chronic Disease Self-Management Program workshops, an evidence based program from Stanford University. Three "Healthy Living" peer leaders have been trained.

- Mental Health (Access to Services): The taskforce has been meeting since 2010 focusing on prevention and access to care. A speakers bureau was formed with the focus on education to the area providers and the public about resources and how to access. The Crisis Intervention Team has been providing mobile crisis mental health evaluations. Mental Health First Aid training for school nurses and teachers has been identified as an important strategy with several school nurses and MESH staff already trained. The Health Department through a Health Foundation grant led the effort to train four certified counselors to assist individuals with signing up for health care through the Affordable Care Act. There has also been an increase in the number of local agencies who are dispensing Naloxone kits including health department nurses with specialized training through the Board of Nursing and the Board of Pharmacy. The Involuntary Commitment subcommittee continues to work on solutions surrounding access mental health hospital care creating long waits in the emergency room. WRMC reported 173 IVC patients in 2010 and 158 in 2013. The goal is to reduce this by another 5% by 2016.

Ms. Marron reported that emerging issues continue to be the high unemployment rate in our county for the past several years, decreasing public health funding jeopardizing capacity and response when events like Ebola occur, and uncertainty around Medicaid reform, and indications of an increase of heroin use over prescription drug. Board of Health members discuss why this is happening. The apparent reason is that heroin is cheaper to purchase. The leading causes of death are still cancer, diseases of the heart and lower respiratory diseases. The leading causes of morbidity or hospitalization are cardiovascular and circulatory disease, respiratory disease, and heart disease. Ms. Marron also discussed the resources in Wilkes promoting health including walking trails, parks, tobacco free campuses. Some of the needed resources are additional tobacco free public places, healthy foods policies, completion of the Yadkin River Greenway, and integration of health in planning. The SOTCH report reflects all the work being done in our community. Mr. Manus thanked Ms. Marron for the SOTCH report. Ms. Absher asked about distribution of the report. Ms. Sheppard will have it distributed to the hospital and the doctors through their channels. A press release will go to all news media outlets including the paper, we will place on the WCHD website and the public library. We will also share with other stakeholders like the Health Foundation and County Commissioners. After discussion, Dr. Ricketts made a motion to approve the SOTCH and Dr. Taylor second the motion and the Board of Health members approved unanimously.

Update on Grants: Ms. Absher gave the report on our current grant initiatives.

- **Environmental Health**—Angie Rhodes, Environmental Health supervisor has written and received two grants from the CDC for the implementation of the foods

standards. This is like accreditation for our food program. The grants total \$12,500 and will pay for specialist trainings, vendor and community education.

- **Komen Grant**---This grant has been written and submitted by Debbie Nicholson, DON. We received \$30,000 last year and are asking for \$35,000 this year. This grant is awarded in March. It pays for mammograms and breast education for uninsured women.
- **Meaningful Use II**---Nancy Moretz is working on the components to apply for this reimbursement. We must server 30% Medicaid population and be sure our providers are documenting all the meaningful use requirements. The dental clinic is also working on this component to apply.
- **School Based Health Centers**---Melissa Black is reapplying for this grant that supplies increased staffing for our MESH unit. This is a three year grant. We increased our mental health counseling provider in the high schools and increased the nurse practitioner's time on the unit.
- **Florida Innovation Lab**---As part of the Way to Wellville grant that we applied with the Health Foundation, Heather Murphy attended the conference in Tampa, Florida. She won this \$100,000 grant that will allow Wilkes County to evaluate why the ED is used for primary care with experts in this field. We will send a team which includes hospital, care managers and a patient to Florida probably in February.
- **Duke Endowment Access to Care Grant**---We were awarded \$150,000 annually for two years with the hospital to work with uninsured through our Health Care Connection and Care Connection Pharmacy and the primary care adult clinic in the health department. This grant is renewable as long as we meet objectives and continue to serve uninsured.
- **Clinically Integrated Network**—We have the opportunity to join with other independent practitioners to work as a group toward improving access and outcomes for Medicaid clients through Community Care of NC. The goal is to provide resources to independents like coding experts and group purchasing. Later this could develop into another model like an Accountable Care Organization. No risk to join at this point.

Permission for the Health Director to Advocate for Public Health issues on behalf of the Board of Health---Ms. Absher asked the Board of Health members to formally approve for her to advocate on behalf of the board of health on issues that affect public health in Wilkes County including funding to legislators, NC DHHS, NC department of Public Health and others when needed to advance public health initiatives and to serve as the representative on boards and coalitions. Ms. Absher just began a term on the hospital board. Is she the best advocate for the Board of Health and Public Health? Ms. Sheppard made a motion and Ms. Sales second and all board of health members unanimously approved for the Health Director to represent the Board of Health on the WRMC Board and to advocate for the BOH on public health issues.

Update on Re-accreditation---The Self-Assessment document (HDSAI), evidence and other documents are due December 31, 2014. The Management team and others are working very hard to meet this deadline. It has been particularly challenging since we have had so much turnover due to retirements, extended medical leaves and etc. We stay constantly ready and have the evidence, it has just been challenging due to the four years of pulling it together in the right folders with loss of this history due to turnover in key positions such as Health Promotion and having all the evidence hyperlinked and submitted at the same time. Last reaccreditation, we submitted the documentation but did not have to submit the hyperlinked evidence until right before the site visit. This requires a lot more work in a shorter period of time so this is challenging. Our site visit is March 31 and April 1, 2015. They will interview Board of Health members so Ms. Absher will ask for volunteers for this interview closer to the site visit.

Committee Reports:

- Establish committee for Health Director Performance Annual Appraisal and job description review due in February, 2015: The committee established is Dr. Taylor, Don Manus and Dr. Ricketts. The Board of Health agreed with this committee by consensus.

Unfinished Business:

Adding e-cigarettes to county tobacco BOH rules for government buildings, grounds:

Tabled until next meeting until further direction from county attorney on the process.

Commissioner Elmore expressed support of this addition to the current Board of Health rules.

New Business:

Resolution to legislators to increase the cigarette tax by \$1 per pack. Ms. Absher presented a Resolution to the Board of Health members in support of an increase in NC's Cigarette Tax by at least \$1. The important points are that smoking is the leading cause of preventable death and disability in NC and increasing the cigarette tax by \$1.00 would result in a 15.5% decrease in Youth smoking rates preventing 62,700 NC children from becoming addicted adult smokers while generating an estimated \$351.48 million in new revenue the first year and an equivalent increase in taxes on other tobacco products would generate another \$52.2 million. After discussion, Dr. Taylor made a motion that the Board of Health adopt the resolution in support of increasing the cigarette tax by \$1 per pack and Dr. Miller second the motion with all Board of Health members voting in unanimous support of the resolution.

Public Concerns:

There were no public concerns.

Mr. Don Manus announced that the next Board of Health meeting will be February 9, 2015 at 5:30 pm. A motion was made by Ms. Teana Compeau to adjourn the meeting, second by Dr. Robert Taylor and unanimously approved by all Wilkes County Board of Health members.

The meeting adjourned at 7:50 pm.

Minutes respectfully submitted by,

Ann Absher, MPH Health Director

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Mr. Don Manus, Chairman, Board of Health