

Wilkes County Board of Health Meeting Minutes

February 11th, 2019

The Wilkes County Board of Health held a regular business meeting Monday, February 11th, at 5:30 p.m. in the Wilkes County Health Department Conference Room. Board of Health members in attendance were:

Dr. Joe Fesperman
Ms. Teana Compeau
Ms. Deborah Britton
Dr. Gary Nash
Dr. Robbins Miller
Dr. Robert Ricketts
Ms. Marcia Reynolds
Mr. David Gambill, Jr.
Ms. Sylvia Robinson

Ms. Debbie Nicholson, Ms. Nancy Moretz, Ms. April Edwards, & Ms. Ragenia Harless were also in attendance. Prior to the February meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board of Health member for review and sent via email.

Meeting Called to Order: Dr. Joe Fesperman, Chair called the meeting to order at 5:30 p.m.

Adoption of Agenda: Ms. Deborah Britton made the motion to adopt the agenda for the Board of Health meeting for February 11th, 2019; the motion was seconded by Ms. Teana Compeau, and unanimously approved.

Approval of Minutes for December 17th, 2018 Meeting: Dr. Gary Nash made the motion to approve the minutes; the motion was seconded by Ms. Teana Compeau and unanimously approved by the Board of Health.

Unfinished Business: None

New Business:

- **Bad Debt Write-Off – Ms. Ragenia Harless:** Presented the bad debt write report for the past 6 months in compliance with our policy. The total amount is for the Bad Debt Write-off is from July 1, 2018 thru December 31, 2018 and is \$7,582.21. The breakdown chart was attached; 22 total patients listed, 5 of the 22 patients have been discharged from "Adult Health" within the past year (no shows, noncompliance, broken contracts regarding medicines, etc.), 9 of the 22 were self-pay, 6 of the 9 did not bring in proof of income, 3 of those "refused" to bring that information in and it is explained to the patients that if the information is not provided they would go to 100% payment and they would be responsible for that amount, 3 of the 9 did not bring their proof of income after several opportunities and they went to 100%, 8 of the 22 had some type of insurance and the balances for these came from deductibles, coinsurance, and services not covered by insurance, 3 of these patient's insurance were verified at the time of the visit, but payment was not honored when submitted (the lapse was 2 nonpayment of premium, and 1 of those was discharged from employment). Patients are always offered a payment plan if they are not able to pay. These patients did not enter a payment plan or did not carry out the plan of payment.

Approval of Bad debt write-off – Dr. Robert Ricketts made the motion to approve the bad debt write-off; the motion was seconded by Ms. Sylvia Robinson and unanimously approved by the Board of Health.

Delegation of Authority: Ms. Debbie Nicholson – When Ms. Rachel Willard, Health Director may be absent from Wilkes County or otherwise unable to sign official documents and take other official actions, the stated “Delegation of Authority” would go into effect with the following employees, in the order they are listed, to act on her behalf.

Approval of the Delegation of Authority: Ms. Teana Compeau made the motion to approve the “Delegation of Authority”; the motion was seconded by Mr. David Gambill, Jr., and unanimously approved.

Administrative Reports:

Communicable Disease Report – Ms. Debbie Nicholson: We had 355 cases last year, 238 STDs, and 17 other reportable diseases, 69 cases of foodborne illness, and 11 cases of vector borne illness. Primary categories of Communicable Disease were 3% Vector Borne, 70% STD, Foodborne 21%, & Vaccine Preventable was 6%. Reportable STDs for Wilkes County was 238 in 2018, 231 in 2017, cases of Gonorrhea was 50, 48 cases in 2017, 69 cases of foodborne illnesses, 60 in 2017, 12 cases of E.coli, 40 cases of Campylobacter, 17 Salmonella, and we did investigate and confirm 2 outbreaks of norovirus, and 2 outbreaks of influenza during 2018 in local nursing homes and assisted living facilities. Hepatitis C is not considered a reportable disease, the NC Communicable Disease Branch has data available for individuals who test positive for Hepatitis C. During 2018, this information was made available to local health departments through NCEDSS, our state communicable disease data reporting system. This report shows 138 Wilkes County residents tested positive for chronic Hepatitis C during 2018, with some of those individuals needing further testing to determine continued infectious status. 67 patients were tested at Wilkes County Health Department, with 15 of those individuals continuing to be actively infected. These individuals were given return appointments to arrange for referral for treatment, and to determine if further vaccinations are indicated. Rabies: Our number of positive rabies cases in Wilkes County continue to be low during 2018, with 4 animals testing positive through our State Lab facility (2 raccoons, and 2 skunks). However, we continue to have a significant number of human rabies exposure investigations, with 33 reported this year. Of those investigations, 12 resulted in clients identified as potential exposures with rabies post-exposure prophylaxis recommended. Our Epi Team continues to work on public education and outreach, encouraging individuals to have animals vaccinated, and avoidance of animals who are high-risk for having rabies.

Quality Improvement Annual Report – Ms. Debbie Nicholson: The **Customer Satisfaction Team:** the results reflected range from 94-100%, these were ranged from January to September. These were for the paper surveys; we had a total of 333 completed for the year and those were all department services. Last year, we had approximately 50 patient surveys from the clinical area, so we realized we were not getting the amount of patient input we need, so we have now switched to iPads in all areas except Environmental Health as of September. Since we have changed over to electronic surveys, between September & December, we have received 466 English surveys and 40 Spanish surveys. The **Employee Satisfaction Team:** in August, 2017, completed our baseline survey and overall the results were good, but we did decide to improve our orientation process and developed a new employee welcome packet, communication between departments, and teamwork training videos. We repeated the survey in 2018; overall, the findings were similar, but the orientation process showed improvement. It was decided for 2019, we would focus more on the communication between departments. **Colorectal Screening:** we were selected to participate in a Colorectal Cancer Screening QI Learning Collaborative in 2018. The goal was to increase our CRC screening rates from 7% to 25% by the end of 2018; Overall CRC Screening rate for 2018 increased to 50%. **Diabetes QI Team:** August, 2018, objective was to improve Diabetes HgbA1C rates from baseline of 35% to 30% by the end of December 2018. The process begins with identifying patients 18 to 75 years of age with a

diagnosis of Type I or Type II diabetes whose most recent HgbA1C level performed during the measurement year is greater than 9% or who had no test conducted during the measurement period. Overall HgbA1C rates have decreased to 28.7%. **Program Monitoring-TB:** 29 areas addressed with 100% in all areas except for...1 of 2 (50%): Cases with initial positive sputum cultures will have documentation of culture status every 2 weeks until conversion to negative is achieved, 1 of 2 (50%): Cases with positive sputum culture results will have documented conversion to sputum culture-negative within 60 days, 1 of 2 (50%): Cases with positive AFB sputum-smear results will have treatment initiated within 7 days of specimen collection. 16 of 18 (89%): Contacts to sputum AFB smear-positive TB patients will be fully evaluated and that information will be entered into NCEDSS. 0 of 2 (0%): Suspect TB cases will be reported to the regional TB Nurse Consultant within 7 days of notification. 0 of 2 (0%): Surveillance reports on both lab and clinically confirmed cases will be forwarded in NCEDSS to the nurse consultant within 12 weeks of starting treatment. 0 of 2 (0%): Follow up reports reported through NCEDSS to the nurse consultant within 4 weeks of treatment completion. 1 of 2 (50%) Documented visits with a physician or mid-level provider at the beginning and end of treatment. **Immunization Rate Assessment 2018:** The health department was 74% overall, but had children up to date on immunization by the 2 year old birthdate. The 4th DTaP dose was 79% and all other vaccine administration rates were in the 90's. If a child does not receive the DTaP at their 12 month visit, we need to administer it at their 18 month visit. If the child receives the 4th DTaP after their 2nd birthday, then they are considered "late up to date" (There is a plan for improvement in place which has been approved by the state). **Breast & Cervical Cancer Control Program:** Next monitoring visit will be year 20-21, Patients Screened was 42 & target to reach by June 2019 is 60, No cases of breast cancer or cervical cancer identified, Percent of mammograms provided to women aged 50 or more was 88%, Percent of PAP test provided to women rarely or never screened was 25%. **Program Chart Audits and Reviews:** Charts audits are performed every 6 months or more often if indicated; any areas we're not 100% in, we do education for appropriate staff and then we re-audit problem areas three months later. **Environmental Health QI: Food and Lodging:** Site visits are made with specialists each quarter to ensure sanitation grade and the inspection sheet matched. 10 site visits were made from January – December 2018 and 1 file review was completed to evaluate the inspection marking accuracy. Any discrepancies were reviewed with the specialist and appropriate education provided. **On-site Wastewater:** QA site visits were performed on 16 permits issued. 3 permit errors were corrected (1- site plan incomplete, 1-proposed drain field had not been flagged, 1-proposed system was within property line setback). **Well Permits:** 3 well permits reviewed with no deficiencies found. **Client Concerns:** There were only two concerns and those were related to customer service; they were reviewed and followed up by the supervisor and the Director of Nursing and they were handled appropriately. **Incident Reports for 2018:** There were 4 incidents for the year 2018 with no adverse outcomes; 2 falls, 1 medication, 1 twisted ankle, each incident was investigated, staff educated, & managed appropriately. **Peer Review Audits:** Third Qtr. All provider Peer Review scores range from 96-100%, there were opportunities for improvement with documentation noted in immunizations, Med List Updated, & Smoking Status & the 4th Qtr. Review is in process now. Ms. Nicholson also stated that Laboratory Quality Assurance, Proficiency Testing, Competency Testing, Quality Assessment, Hemocue HGB, Kit Testing, Hecoue Glucose, Urinalysis QC were completed and within the acceptable ranges. **Re-Accreditation Site Visit** went very well; only one activity out of 147 was missed, which designates a health department as "Reaccredited with Honors". There were 21 cases of vaccine-preventable reportable diseases, primarily Hepatitis B and pertussis. Wilkes County reported an increase in adult influenza-associated deaths during 2018, 3 during the 2017-2018 influenza season and 5 already in the 2018-2019 influenza season. North Carolina reported 391 deaths during the 2017-2018 influenza season.

Accreditation Update – Ms. Debbie Nicholson: Met 146 out of 147 activities. A Health Department is designated as **Reaccredited with Honors** if they miss one or less activities within each of the core functions/essential service standards. **Not Met Activity:** 29.2 - the local health department shall develop and implement policies for participation in research activities that impact its clients or community members. The Site Visit Team found that the current health department policy on research did not address the health department acting as the host agency for research.

Community Health Needs Assessment (CHNA) - Mr. Jared Belk: The CHNA is due in March and there are a few things to complete; however, we had our Health Summit at the end of October, 2018, and reviewed all the data which helped us to identify our priority areas. This report is done every 3 years in conjunction with the local hospital and it is “snapshot” of our county to determine what our perceived risks are where our areas of improvement are going to be, along with an “action plan” for the next cycle of years. We look at secondary data, hospital data, and a community and stakeholder opinion survey. There were approximately 540 surveys and about 35 stakeholder surveys. The “Selected Priorities of Health” were Chronic Disease & Obesity, Tobacco Use, Mental Health & Substance Abuse, & Access to Care. In regards to “Health Resources”, our 2017 ratios for active health professionals per 10,000 population were lower in Wilkes County than the upper area of North Carolina, we have 10.21 MD’s, 1.98 Dentist, 64.51 Registered Nurses, & 4.71 Pharmacists. It was noted that our “active” practitioners in Wilkes County, 21% of the physicians, and 21% of the dentists are over the age of 65. (Dr. Ricketts stated he would like to discuss in more detail the information in regards to dentists; Mr. Jared Belk said he would get more information). Long-Term Care Facilities, the number of beds in Wilkes County, May 2018, Adult Care homes had 261 beds, Family Care Homes, we have none, & Nursing Homes, we had 407 beds. Health Statistics, the leading causes of death overall was “Cancer”, which is about 4% higher than the N.C. rate. The second was diseases of the heart, and it was about 3% higher than the N.C. rate. Chronic Lower Respiratory Disease was about 27%, and “All other Unintentional Injury” was about 59%. Adult Diabetes the change in prevalence of diagnosed diabetes among adults 18 and older between 2006 and 2013; Wilkes County, we were down 12%, from surrounding counties, Surry County was up 26%, and the state of N.C. was up 17% overall (Average-year prevalence of diagnosed diabetes among adults (2006-2013), Wilkes County was 9.8%, Surry County was 10.5% and the state of N.C. was 9.5%. Adult Obesity; the change in prevalence of diagnosed obesity among adults 18 and older between 2006 and 2013 was Wilkes County down by 2% and Surry County up by 21%. Average 6 year prevalence of diagnosed obesity among adults from 2006-2013 was Wilkes County 28.2% and Surry County 29.5%. Childhood Obesity; from ages 2-4 overweight, Wilkes County was at 18%, where Surry County was at 17%, and the overall state of N.C. average was 15%. Obese category, Wilkes County is at 15% and Surry County 14%, with the overall state of N.C. being 14%. Ages 5-11 year olds, Overweight, Wilkes County is at 15%, Surry County 13%, and the state of N.C. 13%. Obese, Wilkes County was at 19%, Surry County 9%, and the state of N.C. was at 15%. Mental Health; there were 2,811 persons from Wilkes County served by the local Area Mental Health Program, Vaya Health, in 2017, 9 persons from Wilkes County were served by State Psychiatric Hospitals, and in 2016- 2013 Wilkes County residents were served by N.C. State Alcohol & Drug Abuse Centers. Opioid Prescribers; over the four year period, the percentages have not changed dramatically in any location. Opioid Prescribing Rate has decreased between 2013 and 2016 in all locations available for analysis (nation, state, Wilkes County, Surry County, and certain zip codes) except Ferguson. Mr. Jared Belk also reviewed the following graphs with the board members: Survey/Population Comparison, Community Issues, Environmental Health Concerns, Services Needing Improvement, Health Behaviors, Stakeholder Survey Results (Participants, Changes in the needs of their Clients, & Overcoming Barriers).

Six Month Financial Review – Ms. Nancy Moretz: The first page of the report is a “summary” page and the revenue and expenses for our six month review are reflected; we are half way through our fiscal year, so our Revenue should be at 50% or above and our Expenses below 50% and those numbers are good. Our budget meeting with the county is coming up to start preparations for Fiscal Year 2020. Revenue is broken into General, Programs, State Grants, Federal Grants, & Permits and Fees. Our YTD Total Revenue is a little over \$2.6 million or 48% of our overall total budget. Expenses are broken down between our General Salaries & Benefits, our Operating Expenses and our total expenses for General are \$988,338 (46%), Program Salaries & Benefits, Program Operating Expenses, Federal Grants & Benefits, and Federal Operating Expenses are YTD approximately 3.2 million (45%) of our overall total budget. A report which had all Revenue & Expenses by line was provided to the Board also and reviewed.

Schedule of Business – Ms. Debbie Nicholson: The schedule reflects the six months that the Board of Health will be meeting for the year 2019; the schedule is to show the topics of each meeting and what has to be reviewed on an annual basis.

Committee Reports: None

Public Concerns: None

CHNA Public Concerns: None

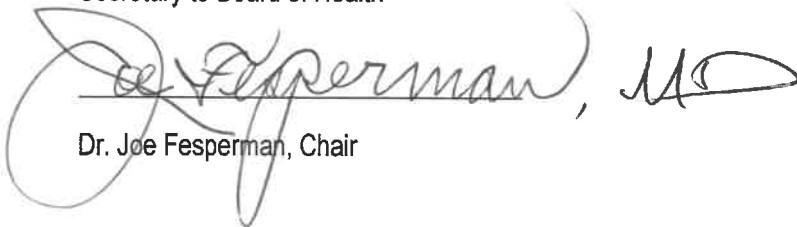
****Commissioner, David Gambill, Jr. – Question: What is the BOH doing about vaping; it is affecting middle and high school students and what are some things that could be done? This needs to be approached and the board needs to act on the situation. Mr. Jared Belk responded that Wilkes County Schools are getting ready to implement a program called, “Catch My Breath” and it is specifically targeting middle school age students because this is where the largest number of students are vaping. Teachers are being trained through this divergence program. Also, a “Kick Butts” Day event at all middle schools will be occurring at the end of March.**

Next Meeting Date: The next board of health meeting will be on April 8th, 2019, at 5:30 p.m. in the conference room.

Adjournment: Mr. David Gambill, Jr. made the motion to adjourn the meeting; the motion was seconded by Ms. Marcia Reynolds, all members approved unanimously. The meeting was adjourned at 6:45 pm.

Minutes respectively submitted by,

April Edwards, Administrative Assistant
Secretary to Board of Health

A handwritten signature in cursive script, reading "Dr. Joe Fesperman", is written over a horizontal line. To the right of the signature is a smaller, stylized mark that appears to be "MD".

Dr. Joe Fesperman, Chair