

**CATAWBA COUNTY BOARD OF HEALTH  
MINUTES  
January 30, 2012**

The Catawba County Board of Health met on Monday, January 30, 2012. The meeting convened at 7:00 p.m. in the Boardroom located at Catawba County Public Health, 3070 11<sup>th</sup> Av Dr SE, Hickory, NC 28602.

**Members present:** Dr. Robert Rights, Chairman  
Mr. Dan Hunsucker  
Dr. Sharon Monday  
Dr. William Geideman  
Ms. Susan Witherspoon  
Mr. William Mixon  
Dr. David Kulesia

**Members absent:** Ms. Brenda H. Watson, Vice-Chair  
Mr. Thomas Fannin

**Staff present:** Mr. Douglas Urand, Health Director  
Ms. Kelly Isenhour, Assistant Health Director  
Ms. Sindie Sigmon, Business Manager  
Ms. Jennifer McCracken, Health Services Manager  
Ms. Amy McCauley, Community Outreach Manager  
Ms. Alice Layne, Home Health Manager  
Mr. Scott Carpenter, Environmental Health Supervisor  
Mr. Mike Cash, Environmental Health Supervisor  
Ms. Amy Sigmon, Office Support Specialist

**Visitor:** Ms. Christine Dutoit, Physical Therapist Supervisor, Therastat

**CALL TO ORDER**

Dr. Robert Rights, Chairman, called the meeting of the Catawba County Board of Health to order. Dr. Rights welcomed staff to the meeting of the Board of Health.

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**APPROVAL OF AGENDA**

Mr. Dan Hunsucker moved to approve the agenda as presented. Dr. William Geideman seconded the motion and it was approved unanimously.

**APPROVAL OF MINUTES**

Dr. Rights, Chairman stated that the Board had in their packets the minutes for the December 6, 2011 meeting. He stated on page 5 a correction needs to be made to the motion to approve the Health Priorities the numbering needs to be changed to 1, 2, 3, 4. Dr. William Geideman made a motion to approve the minutes with the stated correction. Mr. Dan Hunsucker seconded the motion and it passed unanimously.

**PUBLIC COMMENTS**

No one presented to speak to the Board.

**COMMISSIONER'S COMMENTS**

Mr. Dan Hunsucker, County Commissioner, made his report to the Board. He stated that the Commissioner continue their focus to bring new industries and new jobs to the county, which is their number one priority.

The Board of Commissioners presented the 2011 Distinguished Budget Presentation Award from the Government Finance Officers Association to Budget Manager Jennifer Mace and Budget Analysts Paul Murray and Katrina Crooks. The award is given to local governments that prepare and publish a budget document judged to be both informative and understandable. Catawba County has won the award for 23 consecutive years.

**BUDGET FOR 2012-13**

Doug Urland, Health Director, thanked Amy Sigmon, Office Support Specialist, for filling in on short notice for Martha Knox, who is out sick.

Mr. Urland directed the Board's attention to the Attachments I & II they have at their places. He reviewed highlights of the Budget Summary. The Board of Health Finance Subcommittee met on Tuesday, January 24<sup>th</sup> to review details of the 2012-13 budget and that subcommittee will make a recommendation to the Board at this meeting. The Budget will be submitted to the Budget office on Friday, February 3<sup>rd</sup>. There will be budget meetings with the County Budget Analyst. Then there will be meetings with the County Manager. After all information has been compiled by the county the County Manager will present his budget recommendation to the Board of County Commissioners in May and public hearings will be held on the budget with the approval of the 2012-13 budget in June, 2012.

The total of the 2012-13 budget is \$11,917,289, which is a \$481,897 decrease over the 2011-12 budget. The percentages of revenue contributors to this budget for Public Health are:

- County – 16%
- State/Federal – 15%
- Fees/Medicaid – 59%
- Other Revenue – 10%

**Summary of Significant Changes**

Doug stated that Public Health and the County Budget office are reviewing whether employees that receive high mileage reimbursement would justify purchase of vehicles for Public Health. At this time Public Health does not have vehicles for use in the Home Health and Environmental Health areas and employees use their own vehicles and receive reimbursement at the IRS current rate, which at this time is .555 per mile. Other significant changes are as follows:

- In FY 11-12, we began our partnership with Catawba Pediatrics Associations for the provision of Child Health and Adolescent services. This partnership has provided not only well-child visits but also given the child and family access to primary care that they may otherwise not have been connected to in the past. This partnership continues for the 12-13 Fiscal Year.
- Also, in FY 11-12, the Child Service Coordination (CSC) and Maternity Care Coordination (MCC) programs underwent many changes. The programs names were changed to Care Coordination

for Children (CC4C) and Pregnancy Care Management (PCM). Unsure of how these programs would be directed by the State, our agency combined these programs under one umbrella entitled "Family Care Coordination" or FCC. Later in the 11-12 Fiscal Year we were instructed the two programs and their revenues/expenses must remain separated. You will note in the FY 12-13 budget this separation into individual cost centers (580252 and 580305).

- Public Health continues to analyze current and future services to ensure the best use of all resources. Through this review our agency identified the prenatal program as an area where improved use of resources could be accomplished by moving from the "provision" role into the "assurance" role for prenatal services. In the FY 12-13 our agency will partner with Catawba Valley Medicaid Center (CVMC) to ensure all pregnant women regardless of ability to pay receive adequate and appropriate prenatal care. Public Health agreement addenda with the State require that our agency provide case management and ensure all require services are provided to this population. Contract development with CVMC is currently being completed. The contract will begin July 1, 2012 with CVMC continuing to provide prenatal services within our facility.
- The FY 11-12 will bring the end of the Health and Wellness Trust Fund. This grant, provided to our agency for the last six years, funded efforts to prevent or postpone the onset of youth smoking. Staff worked with other agencies and school systems to provide comprehensive school-based programs, and community and mass-marketing efforts to work toward this goal.
- The Fiscal Years of 11-12 and 12-13 will see an expansion in the Dental Services. This expansion is estimated to be completed early spring of 2012 and will allow Public Health to: provide improved facility and equipment services; move toward the provision of better patient/parent education; increase operatories from 3 to 6; upgrade to digital intra oral and extra oral x-rays; move toward electronic medical records; better provision of patient privacy through private consultation and separate check-in/check-out areas. In the FY 12-13 budget please note a contract dentist has been budgeted to work one (1) day per week, however, this may increase to include additional days at a later time.
- The WIC program continues to experience growth in their caseload numbers – this growth should provide for FY 12-13 projected revenues to remain constant with projected revenues for FY 11-12. In FY 11-12 the actual WIC revenues decreased from the budgeted revenues due to caseload drop experienced in FY 10-11. WIC caseload has now risen back to well over 4000.
- In current year, as in previous years, our agency will realize most of its revenue from the Fee/Medicaid source (59%). This source being the largest in our budget causes our agency to continue to focus on maximizing all resources – revenues, staff, equipment, technology, grant opportunities. Some of these are as follows:
  - Our agency is now a part of the North Carolina Debt Setoff program through the NC Department of Revenue to collect outstanding debt from clients. In FY 10-11 our agency collected approximately \$22,000 of outstanding debt.
  - In August 2011, Public Health implemented a new internal billing system – this system is Public Health based and allows our agency to provide services, track client bills and payments more efficiently, move toward electronic medical records, and will provide more in-depth and accurate management reports.
  - Move into a partnership with CVMC for provision of prenatal services to eligible pregnant women.
  - Complete the "Public Health Quality Improvement 101 Program" with our Adult Health services and begin work to complete this same process through our WIC program. Adult

Health is reviewing adding additional services to the population that may be underserved such as men and women no longer of childbearing age.

#### **Fees for Public Health**

Health Department clinical fees are based on the *Medicaid Rates for Local Health Departments*, as issued by the North Carolina Department of Health and Human Services (DHHS), Division of Medical Assistance and Division of Public Health Services. The fee is rounded to the nearest five dollars. Where service cost is higher than the Medicaid rate or Medicaid rate is unavailable, charge will be based on the actual cost.

Vaccine fees are based on cost (cost of vaccine plus an administrative charge) and can be increased/decreased at any time during the fiscal year when an increase in vaccine cost is realized. Environmental Health fees will support 100 percent of the total cost.

Home Health fees are based upon Medicare and Medicaid rates. Where service costs (as determined by an annual cost study) are higher than the Medicaid or Medicare rate, the charge will be based upon the actual cost.

#### **BOARD OF HEALTH FINANCE SUBCOMMITTEE**

Dr. Robert Rights, Chairman of the Board of Health Finance Subcommittee stated that the Finance Subcommittee recommends the 2012-13 Budget as presented. Dr. Rights added there were very little increases or decreases in the proposed budget as presented. Mr. William Mixon made a motion to recommend the 2012-13 Budget for Catawba County Public Health as presented. Dr. Sharon Monday seconded the motion and it passed unanimously.

#### **OUTCOMES FOR 2012-13**

Ms. Kelly Isenhour, Assistant Health Director gave a brief report on the outcomes that will be submitted with the 2012-13 Budget. She stated that some of the outcomes for 2012-13 have not been finalized at this time due to lack of data to project what the goal will be. At the meeting of the Board of Health in March she will give a finalized report of the Outcomes for 2012-13.

#### **HOME HEALTH ADVISORY BOARD AND GOVERNING BODY**

Dr. William Geideman made a motion to suspend the regular meeting of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Professional Advisory Board. Mr. Dan Hunsucker seconded the motion and it passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular meeting of the Catawba County Board of Health. Dr. Sharon Monday seconded the motion and the motion passed unanimously.

#### **MID-YEAR OUTCOME SUMMARY**

Kelly Isenhour, Assistant Health Director, stated that Public Health is on target to meet all of the outcomes for 2011-12 with the exception of one, which is in the Child and School Health area.

The outcome in the report that is not on target at this time and states:

“A two point reduction in Body Mass Index (BMI) to 18.6 of fifth grade student measures will result from the coordination of community organizations to initiate and accomplish Eat Smart Move More programs

targeted at Catawba County children such as the Healthy Schools Recognition Program. The 2010 average fifth grade BMI was 20.6.”

**Not on Target to Achieve (Mid-Year):** BMI screenings have been conducted on 1,819 fifth graders year-to-date with an average BMI of 20.66. This outcome is a cumulative outcome and will be known by June 30, 2012.

The report shows that out of 37 Outcomes, 1 outcome has been achieved and 35 are on target to achieve. Therefore the achievement rate is on target for 94.60% of outcomes to be achieved for 2011-12.

#### **DENTAL EXPANSION UPDATE**

Kelly Isenhour, Assistant Health Director, gave an update on the expansion project for the Public Health Dental Practice. David E. Looper & Company is the firm that is remodeling the area next to the Adult Health Clinic. The project is on schedule and Kelly shared some pictures of the project. The Dental Practice currently has three operatories and after the expansion is complete the Dental Practice will have a private consultation room next to the waiting room, a brushing station area, a sterilization area, and six operatories. There will also be an office for the Dentist, a reception area, checkout area, and a conference room. The dental staff will also have office space in their new practice area.

Kelly stated that the goal for the Dental Practice is to help children get the treatment they need along with education to care for their teeth from an early age.

Dr. Rights asked about additional staffing that was mentioned in the budget. Kelly stated that the average will be approximately 1 day per week for another dentist. That average takes into account the time it will take to get the renovations completed and the scheduling for another dentist in place. At this time the Dental Practice operates 4 days per week and the staff consists of Dr. Patrick Maddy, Dentist, 1- Dental Hygienist, 2 Dental Assistants, and 1 – Receptionist. The plan is to gradually build the practice to utilize the other operatories and capacity. Sindie Sigmon, Business Manager stated the additional staff mentioned in the 2012-13 Budget is for the addition of another Dentist for at least one day a week or more as the need indicates.

Kelly stated that a tour of the existing Dental Practice area and the renovated space will be offered at the March, 2012, Board of Health meeting. The Practice offers services to children 1- 21 years of age.

Mr. Hunsucker asked when the expansion of the Dental Practice was first discussed and Doug stated it was in 2003 the year prior to Doug joining Public Health. This renovation is utilizing the funds that were originally set aside for that first project. Kelly added that this expansion will give a significant increase to the work space and enable service delivery in a more efficient manner.

#### **COMMUNITY TRANSFORMATION GRANT (CTG) (See Minutes Attachment I)**

Amy McCauley, Community Outreach Manager, gave a report on the Community Transformation Grant (CTG.) Amy stated that it is anticipated that Catawba County Public Health will be involved in this process beginning March 1, 2012. This grant is essentially a repackaging of some federally funding for health promotions and is a 5-year federal grant focused on improving preventive health through Policy, System, and Environmental changes (PSE change strategies).

Overall objectives:

- Reduce chronic disease
- Prevent development of secondary conditions
- Address health disparities, prioritizing rural areas
- Develop a stronger evidence base for effective prevention programming

The NC CTG is a \$7.4 Million award and is the 4<sup>th</sup> largest in the US. There are 10 multi-county collaborative and will be \$400,000 per year over 5 years. Catawba County Public Health is in the collaborative with: Alexander, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union. Cabarrus County is the lead County in this collaborative and Rowan County is the Lead Rural Coordinator.

The strategic direction is planned as follows:

- |   |                         |
|---|-------------------------|
| I. Tobacco-free Living  | Lead – Catawba County   |
| Ila. Active Living  | Lead – Gaston County    |
| Ilb. Healthy Eating   | Lead – Lincoln County   |
| III. High Impact Evidence-based Clinical<br>And Other Preventive Services | Lead – Cleveland County |

Amy gave the Board an overview of the focus of each of these strategic directions. She stated that for First Strategic Direction of Tobacco-free Living, there are four goal areas in Strategic Direction I and the focus during the first year will be: 1. Government buildings and public indoor spaces and 2. Government grounds, including parks and recreation areas. As the grant moves forward there will be focus on Public and private sector housing and Colleges and Universities. She also reviewed the other three Strategic Directions and stated that Ila and Ilb will focus on the Health Partners/Eat Smart Move More goals that our Catawba Health Partners coalition is working on.

The Strategic Direction III – will have Hypertension/High Cholesterol Quality Coaches available to work with communities to implement these services.

Amy added that this collaborative is a natural extension of what CCPH has been doing with the Health and Wellness Trust Fund. This will allow work on policy development that will bring about more lasting changes.

During the first year, Cabarrus and Rowan counties will receive more funding to provide the grant required FTEs. Eight of the counties will receive \$27,930 and the four lead counties of Catawba, Cleveland, Gaston and Lincoln will receive \$29,930. Mecklenburg County is not eligible to receive funding, although they are participating in this process.

The grant application was submitted by the collaborative on January 27, 2012 and the approval is expected sometime in February. The work will begin on March 1, 2012. Catawba County Health Promotion team will be coordinating our efforts and a .5 FTE is dedicated to the CTG activities.

Doug stated that this CTG process is part of the repackaging of the federal Health Promotion funding. He added that Catawba County is looking forward to working with this collaborative effort. Due to population threshold, the federal government required Mecklenburg and Wake counties to make a

separate application for the grant funds, which means they are not eligible for any funding, however, Mecklenburg will continue to share best practices and collaborate with the other counties in the process.

Mr. Mixon asked if the staff member has been identified that will work on the CTG process and Amy McCauley stated that a Masters in Public Health candidate from Lenoir Rhyne University will be work on the Tobacco Free Living project for the CTG Collaborative.

Mr. Hunsucker asked about food deserts and the initiative to have fresh produce added to convenience stores. Ms. McCauley stated that yes this is part of the "access and availability" of fresh produce. Doug added that there will also be expansion of farmers markets and mobile stands. Doug asked Amy to explain to the Board the definition of a "food desert". *See Minutes Attachment II –Food Desert Map courtesy of WPCOG*

Amy stated that Sherrill's Ford is an example of an area that does not have access to a full service grocery store within 5 mile radius of home. She stated that Catawba County has three areas identified as food deserts in our community. People in those areas without access to transportation may go to local convenience stores and pick up pre-packaged foods instead of healthier food choices.

#### **PRENATAL PROGRAM UPDATE**

Ms. Jennifer McCracken, Health Services Manager, gave a brief update to the board on the Prenatal Program Transition. She stated at this time the contract details between Catawba County Public Health and Catawba Valley Medical Center (CVMC) is being finalized. Staff will be meeting weekly with Ms. Trish Beckman, CVMC and some of the details that are being discussed include medical records, computers, phones, and staff to be provided by each agency. Jennifer stated that as the project moves closer to April, 2012, she will provide further updates.

#### **HEALTH DIRECTOR'S REPORT**

Doug updated the Board on several changes at the State level for Public Health. Effective February 1, 2012, Dr. Laura Gerald will be appointed NC State Health Director of a newly combined Division of Prevention, Access and Public Health Services. This newly formed agency is a merger of the Division of Public Health and the Office of Rural Health and Community Care. Dr. Gerald has a MPH from Harvard and most recently served as Executive Director of the Health and Wellness Trust Fund. Dr. Jeff Engel, NC State Health Director, will be taking on a broader policy-making role and bring his expertise to the Office of the Secretary as a special advisor on health policy.

Also effective February 1<sup>st</sup>, NC Department of Health and Human Services Secretary Lanier Cansler will be working on a Commission for the Governor's Office and Acting DHHS Secretary will be Mr. Al Delia. Mr. Delia previously worked with East Carolina University. Doug stated that the public health community looks forward to working with both Dr. Gerald and Mr. Delia in their new roles.

#### **Norovirus –**

Doug updated the Board on the recent outbreak of norovirus and he read the recent press release regarding the Harbor Inn outbreak. He stated that there have been no new illnesses reported.

Dr. Stephanie Griese, NC DHHS, was deployed to Catawba County and she will be working with the CCPH staff on a case control study to gather data. Due to the size of the outbreak in Catawba County and is

associated with a restaurant, NC DHHS and the CDC want to look at this outbreak to pinpoint the origin of the outbreak and how it can be prevented in the future.

Mr. Dan Hunsucker stated that the questions he receives are where the norovirus originates. Doug stated that it is a virus that is transmitted fecal to oral contact and is highly contagious for 48 hours. Doug stated that hand washing is effective in stopping the spread of the virus and those that have the illness should stay home until they are no longer contagious.

North Carolina has experienced numerous Norovirus outbreaks in the last couple of months including a long term care facility and schools in the eastern part of the state. This is the second most common virus after the common cold and is easily transmitted. Mr. Mixon asked how long people are contagious. Kelly stated that a person should stay home until 48 hours has past with them having no symptoms of the virus.

Doug stated that when a complaint comes in that a person has become sick and they ate a certain restaurant, Environmental Health investigates and follows up. Scott Carpenter, Environmental Health Supervisor stated that the first call was anonymous caller could not give in particulars of how she may have contracted the illness.

Doug added that he will keep the Board updated as more information is received and the case control study is completed.

#### **OTHER BUSINESS**

Dr. Robert Rights, Chairman stated that plans have been made by the NC Dental Society for a Mission of Mercy July 27 & 28 from 6:00 a.m. to 6:00pm on both days. This will be held at the Hickory Metro Convention Center and the local Dental Society is paying for the facility. Dr. Rights stated that volunteers will be needed to do health screenings and to transport people through the system. Those interested in volunteering they can access the NC Dental Society website. The event will have oral surgeons and 26 local dentists are participating. This will be on a first come first serve basis. The website is: <http://www.ncdental.org/ncds>

#### **NEXT MEETING**

The next meeting of the Catawba County Board of Health will be on Monday, March 5, 2012 at 7:00 p.m.

#### **ADJOURN**

Mr. Dan Hunsucker made a motion to adjourn the meeting and Dr. Sharon Monday seconded the motion. The motion was passed unanimously.

Submitted by:

  
Doug Urland  
Health Director

DWU: mjk



Catawba County Public Health  
2012-2016

# Community Transformation Grant



## What Is the CTG?

- 5-year federal grant focused on improving preventive health through PSE change strategies
- Overall objectives:
  - Reduce chronic disease
  - Prevent development of secondary conditions
  - Address health disparities, prioritizing rural areas
  - Develop a stronger evidence base for effective prevention programming

## CTG in NC

- \$7.4 million = 4<sup>th</sup> largest award in nation
- Funding 10 multi-county collaboratives @ \$400,000 per year for five years
- Catawba County's Region 4 Collaborative:  
**Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union**

## Strategic Directions & Leadership

- Cabarrus County = Lead CTG Coordinator
- Rowan County = Lead Rural Coordinator

STRATEGIC DIRECTION	LEAD COUNTY
I. Tobacco-free Living	Catawba
IIA. Active Living	Gaston
IIB. Healthy Eating	Lincoln
III. High Impact Evidence-based Clinical and Other Preventive Services	Cleveland

## Strategic Direction I: Tobacco-free Living

- Smoke-free and tobacco-free policies

**1. Government buildings  
& public indoor spaces**

**2. Government grounds,  
including parks and  
recreation areas**

3. Public and private sector housing

4. Colleges and universities



*\*In conjunction with DPH/HWTF tobacco grant*

## Strategic Direction IIA: Active Living

1. Comprehensive plans for land use and transportation

**2. Promote joint use/community use of facilities**

*\*In conjunction with  
Health Partners/ESMM*



## Strategic Direction IIB: Healthy Eating



*\*In conjunction with Health Partners/ ESMM*

1. Increase fresh produce and decrease sugar-sweetened beverages in convenience stores
2. **Increase number of farmers' markets, mobile markets or farm stands**

## Strategic Direction III: High Impact Evidence-based Clinical and Other Preventive Services



1. Increase QI systems for clinical practice management of HBP/high cholesterol, weight management, tobacco cessation
2. Increase tobacco use screening as a vital sign and referral to Quitline
3. Increase community supports for HBP/high cholesterol and tobacco use

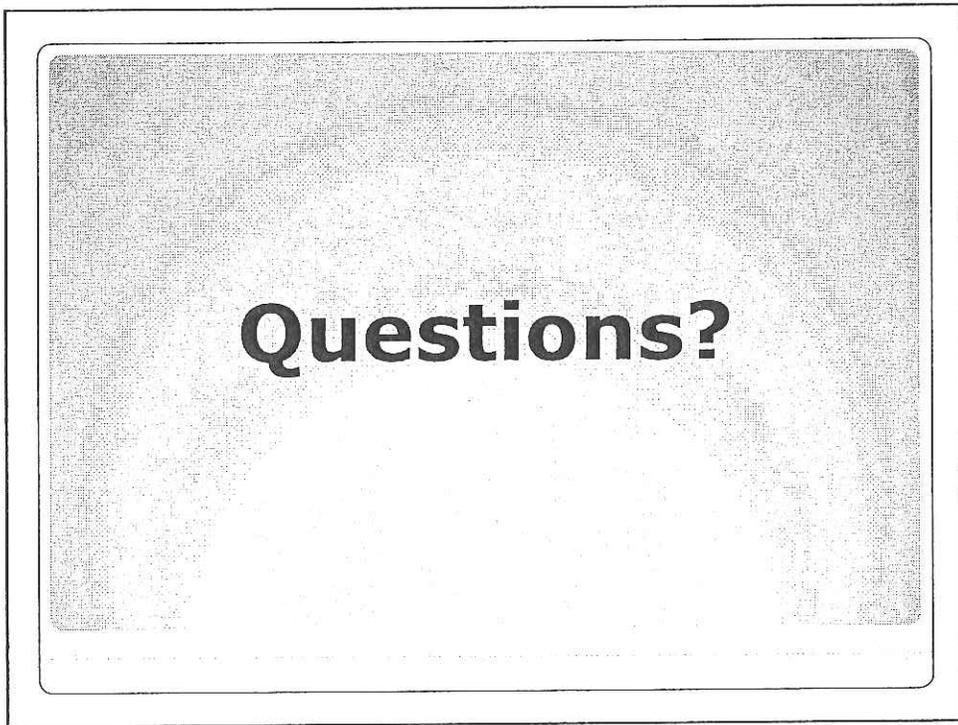
*\*In cooperation with state Hypertension/High Cholesterol Quality Coaches*

## CTG Distribution of Funds Year One

- Cabarrus = Lead County/Fiscal Agent
- Cabarrus, Rowan receiving more funds to staff grant-required FTEs
- 8 other counties = \$27,930
- Catawba, Cleveland, Gaston, Lincoln receive additional \$2,000 for strategic direction leadership = **\$29,930**
- Mecklenburg = \$0

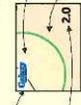
## CTG Implementation

- Application submitted by collaborative January 27
- Approval expected in February
- Work begins March 1
- Led by Health Promotion team
  - Dedicated .5 FTE to coordinate CTG activities



# Map 3-1. Catawba Co. "Food Deserts": Minority Birth Density (2005-09) & Food Access (1 mi. radius)

**Grocery Store**  
**Minority Birth Density (psm)**



Area within 1-mile radius of grocery store  
 Area farther than 1 mile from grocery store

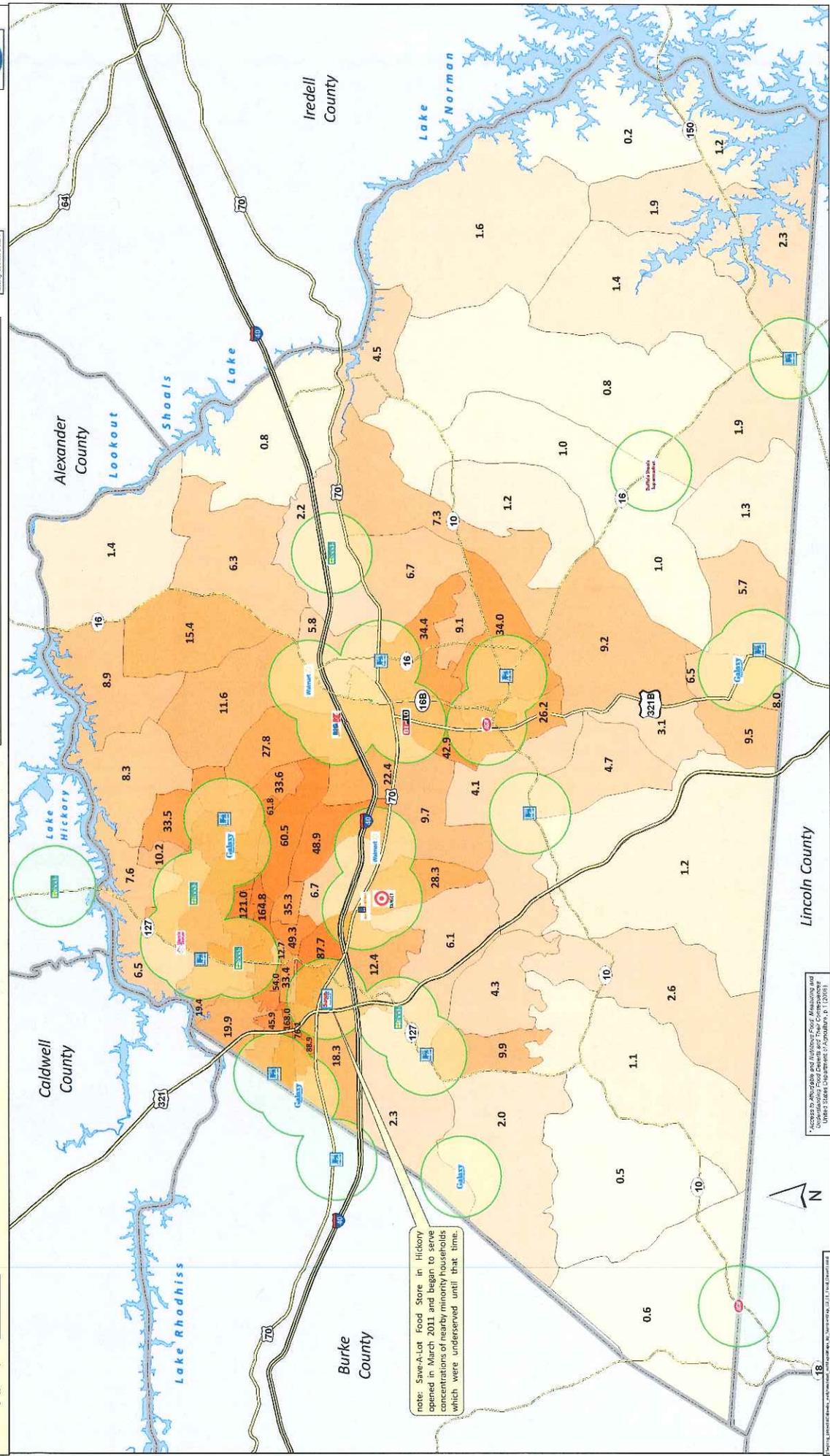
"Food Deserts" are defined as "areas in the US with limited access to affordable and nutritious foods." They are often found in urban areas with sizeable populations of ethnic/racial minorities. (USDA, 2008)\*

% of births per square mile which were Latino or racial minority, from birth certificate data (2005-09) according to 2000 US Census Tract Block Groups. (Source: NC SRS & WPCOG)



0.2 minority births per square mile (2005-2009)  
 237.0

This map was created in February & March 2011 by WPCOG GIS using data from the US Census Bureau, the NC SRS, WPCOG Data Center, & the Catawba County GIS Department.



note: Save-A-Lot Food Store in Hickory opened in March 2011 and began to serve concentrations of nearby minority households which were underserved until that time.

\*Access to Affordable and Nutritious Food: Measuring and Identifying Food Deserts and Higher Concentrations of Ethnic/Racial Minorities (USDA, 2008)