

**Catawba County Board of Health**  
**Minutes**  
**February 4, 2013; 7:00pm**

The Catawba County Board of Health met on Monday, February 4, 2013. The meeting convened at 7:00 p.m. at Catawba County Public Health, 3070 11th Av Dr SE, Hickory, NC 28602 in the Boardroom.

**Members present:** Ms. Brenda H. Watson, Chair  
Dr. William Geideman, Vice-Chair  
Mr. Dan Hunsucker, Commissioner  
Ms. Susan Witherspoon  
Mr. William Mixon  
Mr. John Dollar  
Dr. Robert Rights  
Dr. David Kulesia

**Members Absent:** Dr. Sharon Monday

**Staff Present:** Mr. Doug Urand, Health Director  
Ms. Kelly Isenhour, Assistant Health Director  
Ms. Jennifer McCracken, Health Services Manager  
Mr. Mike Cash, Environmental Health Supervisor  
Ms. Chantae Lail, Medical Lab Manager  
Ms. Alice Layne, Home Health Manager  
Ms. Amy McCauley, Community Outreach Manager  
Ms. Julie Byrd, WIC Program Manager  
Ms. Martha Knox, Administrative Assistant III  
Ms. Rhonda Stikeleather, Children's Services Nursing Supervisor  
Ms. Dana Lynch, Charge Nurse II  
Ms. Marilyn Klinger, Administrative Assistant II

**Visitors:** Ms. Callie Ernst, Wingate University Pharmacist student.

**CALL TO ORDER**

Ms. Brenda Watson, Chair, called the meeting to order at 7:00pm. She asked Mr. William Mixon, Board Member, to introduce his guest to the meeting.

Mr. Mixon introduced Ms. Callie Ernst, a Senior Pharmacist student, from Wingate University School of Pharmacy. Ms. Ernst is doing a rotation at Mr. Mixon's Pharmacy during the month of February. Ms. Watson welcomed Ms. Ernst to the meeting.

**APPROVAL OF AGENDA**

Ms. Brenda Watson stated that members received the agenda for this meeting in their packets and asked if there were any additions or corrections to the agenda. Hearing none, she asked for a motion to accept the agenda as presented.

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Mr. Dan Hunsucker made a motion to accept the agenda, Dr. Robert Rights seconded the motion and it passed unanimously.

**APPROVAL OF MINUTES**

Ms. Brenda Watson, Chair, stated that members received a copy of the December 4, 2012, Minutes in their packets and asked if there were any additions or corrections to the minutes. Hearing none, she requested a motion to approve the minutes as presented.

Mr. William Mixon made a motion to approve the minutes as presented. Dr. William Geideman seconded the motion and it was unanimously approved.

**PUBLIC COMMENTS**

Ms. Brenda Watson, Chair, asked if anyone from the public had requested to speak to the Board. Ms. Martha Knox, Administrative Assistant, stated that no one presented to speak.

**NEW EMPLOYEES**

Ms. Watson asked Martha Knox to introduce the new employees to the Board. Ms. Knox stated that Ms. Marilyn Klinger, Administrative Assistant II, returned to Catawba County Public Health (CCPH) on January 2, 2013. Ms. Klinger left Public Health in January, 2010 and has worked with the Western NC Department of Emergency Management for the past three years. Public Health is happy to have Ms. Klinger rejoin the Administration office team.

Ms. Dana Lynch, Charge Nurse II, joined CCPH on December 17, 2012, as the Charge Nurse II over the CC4C and PCM programs. Ms. Lynch has over 17 years' experience in Public Health with over 5 years as a supervisor. We are happy to welcome Ms. Lynch to CCPH. Ms. Watson welcomed the new employees on behalf of the Board.

**COMMISSIONER'S COMMENTS**

Mr. Dan Hunsucker, County Commissioner, made his report to the Board of Health. Mr. Hunsucker stated that the Board of Commissioners officially dedicated the entrance to the Catawba County Jail in honor of L. David Huffman, in recognition of his 32 years of service to Catawba County, including four years as a county commissioner and 28 years as Sheriff. The Board presented David Huffman with a plaque which will be placed in the entrance of the Justice Center and Board members expressed their thanks for his service to the County.

The Board of Commissioners received a report from the NC Department of Transportation (NCDOT) on the Secondary Roads Improvement Plan for Catawba County approved by NCDOT for fiscal year 2012-13. NC law gives the NCDOT the authority to approve these projects; the Board of Commissioners received this report as information only.

The Board of Commissioners at the February 4, 2013, meeting also accepted a new exclusive solid waste management franchise to Republic Services, of NC, LLC (formerly known as GDS) for solid waste management and disposal services in Catawba County, for a period of ten years, with an option for a four year extension by mutual agreement of both the County and Republic Services. This was approved at the January 22, 2013, meeting of the Board of Commissioners; however, NC law requires that the ordinance be adopted at two separate meetings.

This new franchise agreement will substantially increase the number of items collected for recycling across Catawba County, with further expansion of items collected as needed over time; begin "single stream" collection of recyclable commodities to recycled materials will no longer have to be separated at curbside; enhance the

collection of yard waste; increase Republic Services' investment in Catawba County by \$13 million; and protect over 150 local jobs.

Mr. Hunsucker stated with the additional items for recycling, Catawba County will be number one in the State regarding recyclables. This project will add at least 65 years to the landfill in Catawba County. Dr. David Kulesia asked if Republic had bought out GDS. Mr. Hunsucker stated that GDS was purchased by Republic Services, LLC.

Mr. William Mixon asked what the old jail was currently being used for at this time. Mr. Hunsucker stated that the old jail was still being used primarily for female prisoners. The old and the new jail are joined together. The new jail was built to deal with the overcrowding issues at the jail. The new jail was constructed to allow expansion in the future as needed.

### **2013-14 BUDGET**

Mr. Doug Urland, Health Director, stated that he was presenting the Catawba County Public Health proposed budget for 2013-14. The Finance Subcommittee of the Board of Health met on January 28, 2013, at 6:30p.m., and received a detailed review of the 2013-14 budget and that subcommittee will make its recommendation following Mr. Urland's report.

He directed the Board's attention to Attachment I in their Board packets, Board of Health Summary of FY 13-14 Annual Budget. He stated that the preparation for this budget began in the fall of 2012 and CCPH receives information from the County Budget office in the spring. The budget is due the 1st day of February to the County Manager's office. CCPH did meet the submission deadline and there will no doubt be changes to that budget and those will be sent to the Budget Office. The Federal and State budget may impact funds for local government budgets. Therefore, the proposed 2013-14 budget for CCPH reflects the best projections at this time. The first budget conference for CCPH with the County Manager is scheduled in March, 2013.

The 2012-13 budget that is listed in the detail budget sheets is the approved budget numbers from July 1, 2012. He stated that over the course of the year those numbers change due to revenues and expenditures that fluctuate during the year. However, this budget is a comparison of the proposed budget to the approved budget on July 1st. The budget for FY 13-14 includes potential pay increases, along with the elimination of the County's FSA/HSA employee contribution, these funds will now be incorporated into the potential pay increases. The total of the 2013-14 proposed budget for CCPH is \$11,813,527. This is \$105,925 less than the 2012-13 budget. Salaries and fringe are 75% of the budget with an overall increase of \$137,811. This is primarily due to an increase in the Cost of Living adjustments after the FY 12-13 budget had been submitted to the County. Also, there was an increase to FTEs for Pregnancy Care Management, CC4C, and a Home Health coder position.

Operating expenses are 25% of the budget and shows an overall decrease from 2012-13 of \$243,736. This is primarily due to: 1) reduction of in-kind support for CVMC Maternity Services; 2) reduction in various line items, such as, education, office supplies, medical supplies, postage and telephone; 3) reduction of indirect costs paid to the county by elimination of several vacant positions – the county charges \$3,000 for any positions over our base FTE count from 1995. By eliminating vacant positions we were able to decrease the indirect costs.

Regarding personnel for CCPH, Public Health strives to maximize all resources – this year you will note several positions have been moved to different cost centers, either as a whole FTE or as a portion of an FTE. These moves were made to maximize revenue streams and better align staff to the cost centers with which they are working. Also, we are downsizing our list of active positions – we have removed 9.0 FTEs that were vacant and unfunded; and removed 3.0 FTEs that were vacant and funded. Doug stated that if a position is needed in the future, he would bring the request before both the Board of Health and the Board of Commissioners showing the justification for such a request.

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Revenues for 2013-14 budget breakdown are as follows:

- o County – \$1,877,001 or 16%
- o State/Federal – \$1,862,584 or 16%
- o Fees/Medicaid – \$6,805,800 or 57%
- o Other Revenue – \$1,268,132 or 11%

Regarding other revenue, Doug stated that this part of CCPH funding includes grants received such as Susan G. Komen, NACCHO grants, funds from CVMC for Prenatal services and school health, etc.

Doug gave a brief report on some of the significant changes in the 2013-14 budget. He stated that the budget includes funding to provide the needed educational and workforce development opportunities for staff. It is important for the staff to have access to educational opportunities and receive appropriate training to do their jobs respectfully. Training costs also reflect utilization of telephone conferences when available and webinars.

Another line item that shows a reduction is phones. The County phone system has received an upgrade that provided some savings that is reflected in the budget. Also, postage shows a reduction due to staff utilizing email and faxing where possible.

**Partnerships -**

- In FY 12-13, our agency continued and expanded our community partnerships. This fiscal year began our partnership with Catawba Valley Maternity Services (a new prenatal program established through joint efforts of Public Health and Catawba Valley Medical Center). This partnership will provide area prenatal patients the opportunity to continue their prenatal services with the same providers contracted in the past by Public Health, as well as, provide continuity of care and linkages to support services offered through Catawba County Public Health (WIC, Pregnancy Care Management, Postpartum Newborn Visit).
- Other successful partnerships will continue, such as, Child Health care by Catawba Pediatrics Associates; and School Nurse support by Catawba Valley Medical Center, all three school systems and the State.
- New partnerships are being formed with our Postpartum Newborn Home visit staff and area OB-GYN offices to provide home visits for Medicaid newborns and postpartum mothers.
- These programs seek to ensure timely access to medical services and ensure medical homes for children of various ages throughout Catawba County.

**PCM and CC4C -**

- Public Health continues to serve Medical eligible women and children through the State's Pregnancy Care Management (PCM) and Care Coordination for Children (CC4C) programs. These programs receive funding through a per member per month payment (PMPM) based on the number of eligible Medicaid women and children in each county served. These programs have added additional staff during the 12-13 FY to ensure we are meeting targeted Medicaid clients.
- Public Health continues to analyze current and future services to ensure the best use of all resources. The FY 13-14 budget reflects this analysis through the movement of Fulltime Equivalents (FTEs) or portions of FTEs to other cost centers where staff is working and where grant funds could be used appropriately cover salaries and fringes related to these FTEs. Another part of this review was to look at all operating expenses and ensure funds were available for day-to-day operations, as well as, to make reductions if costs had been reduced.

**Home Health -**

- While some of our programs remained fairly constant, we did see trends changes in others. Home Health continues to be a dynamic environment of unknowns. As a Home Health provider, we will be closely reviewing Medicaid and Medicare regulation changes, the Affordable Care Act and how it may affect Home Health, and revenue and caseload trends. This FY of 12-13, our Home Health agency will be undergoing an operational assessment conducted by our HH cost accounting firm – Clifton Larson Allen. This assessment will help us ensure we are maximizing all resources and identify any areas where process changes may be needed.

**Dental Clinic -**

- Other programs changes include the expansion of our Dental program into a newly renovated and enlarged space. We will begin in FY 13-14 to add some contract dentist hours and expand the number of children served in this program.

**WIC -**

- Our Women's, Infants, and Children's program (WIC) continues to experience growth. This program has expanded their space in recent years, as well as, their caseload. They continue to offer outstanding service to mothers, newborns, and children birth to five. The WIC staff and Health Promotion staff are working with area farmers to bring a farmer's market to the grounds of Public Health where clients get utilize their WIC vouchers for fresh fruit and vegetables.

Mr. Urland stated that CCPH will continue to look for opportunities to tap into grants that become available. He added that he will keep the Board updated as changes occur throughout the year with the budget.

**Fees for Public Health - Guidelines**

**Clinical Fees-**

- 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 --**

- Environmental Health fees will support 100 percent of the total cost.

**Home Health -**

- 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.

Mr. William Mixon asked about the expenses associated with dispensing prescriptions. Ms. Jennifer McCracken, Health Services Manager, stated that the rate for contraceptives is the state rate and there is no reimbursement for State provided vaccines. Ms. Sindie Sigmon, Business Manager, stated that the contraceptives are administered at a % paid – and most are 0% paid. CCPH does not receive reimbursement for

0% paid. If the patient has Medicaid then a prescription is written and the patient goes to a pharmacy. STD clinic cannot charge for services provided due to the State mandate. Mr. Mixon asked if those charges are in the line by line items and Ms. Sigmon stated most of those expenses are listed in the Adult Health (580400) under medical supplies. She added that under medical supplies in Women's Health (580500) there is a line item for purchasing birth control.

Mr. Urland stated that these services are provided regardless of the clients ability to pay these services must be provided according to the General Statutes.

Mr. Urland next directed the Board's attention to the Public Health Fees for FY 13-14 and a couple of changes that are being requested this year.

**Rabies Titer Test –**

This fee is being increased incrementally. This process began three years ago. This year it will be increased to \$85.00, but will still be below actual cost of service.

**Environmental Fees -**

Mr. Urland stated that at this time the fee is \$250.00 for a plan review of new restaurant – the ownership change/walk thru is a new fee of \$75.00. This will be used for a brief walk thru to look prior to purchase or making a modification to the facility and is essentially a consultative fee. If a purchase is made and the owner later is ready for the full plan review, they will pay the balance due of the \$250.

For the Public Health Accreditation process, the budget must include continuing education training funds and other workforce development training. Electronic trainings that are offered has reduced the traveling costs while still providing the required continuing education credits and re-certification hours.

**Outcomes -**

Ms. Kelly Isenhour, Assistant Health Director, gave a brief report on the outcomes that were submitted with the 2013-14 Budget. She stated that staff is still working with the Budget office on wording and other minor changes to these 39 outcomes for 15 to 16 programs.

Ms. Isenhour stated that the outcomes are connected to the Strategic Plan for CCPH. She gave a brief description about each program section.

— **Administration-**

Quality Improvement is the focus. CCPH wants to measure improvement and quality in how our programs are delivered. The desire is to maximize the impact of available CCPH resources and improve efficiencies by utilizing skills learned in Public Health Quality Improvement 101 and the QI Advisor Program.

— **Preparedness –**

This outcome will ensure that CCPH is prepared to prevent, mitigate and/or respond to disease outbreaks and biological threats to our community. This includes training of staff and plans that exceed what the State requires.

— **Children's Services -**

Five programs are represented in this section of the outcomes. The goal is to ensure access to care and healthier children for Catawba County. The five programs are: Child Health, CC4C, Early Childhood Support Team, School Health, and Dental Health.

- **Child Health-**

Ensures children ages 0-18 have access to preventive and acute health care. Routine health care promotes physical, social, and emotional growth of children through the early detection, treatment and referral of health problems, illness prevention, and anticipatory guidance.

- **CC4C -**

Through these care management services CCPH seeks to ensure that services are provided for all Medicaid children birth to five years of age that have been determined to be high-risk and qualify for the services.

- **Early Childhood Support Team -**

The ECST nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including health education for children, center staff, and families, health consultation and staff development, assistance to families in locating and obtaining the health resources and the identification and development of emergency action plans for children with chronic illnesses.

- **School Health -**

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and students to promote maximum physical, social, emotional, and educational growth of children.

- **Dental -**

The goal is to improve the overall dental health of Catawba County children; income eligible Catawba County children will have access to comprehensive, preventive, and treatment dental services through the CCPH Dental Practice.

— **Community and Adult Health**

The CCPH Adult Health Programs provide patients with screening exams for early detection of breast, cervical, and communicable diseases. Patients can also receive assistance with methods and strategies for prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices.

— **Environmental Health**

This program assures a safe and healthful environment for the citizens of Catawba County with respect to permitted establishments, subsurface waste disposal, private well construction and protection, and North Carolina smoke-free laws.

— **Home Health**

Catawba County Home Health (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. Home Health provides skilled nursing, physical therapy, speech

therapy, and occupational therapy as well as home health aide and medical social work services to residents in their homes. The overall goal is to ensure that HHA clients in the Catawba Valley area will have access to, and receive quality home health care regardless of their socio-economic status.

— **Prenatal**

Catawba County Public Health (CCPH) aspires to ensure the highest quality and most efficient prenatal services to pregnant women by assuring early access to prenatal and postpartum medical care and support services that aims to maximize birth outcomes. CCPH in partnership with Catawba Valley Medical Center (CVMC) assures comprehensive prenatal care is available to all pregnant women in Catawba County.

— **Women, Infants, and Children (WIC)**

The WIC program is a federally funded initiative with both State and local management that provides nutrition education and supplemental foods to eligible women, infants, and children of Catawba County.

One of the outcomes for 2013-14 will be a Farmer's Market on the CCPH campus. This will allow local farmers to bring locally grown fruits and vegetables to CCPH and offer a convenient access to the public.

Ms. Isenhour stated that there will be some minor changes to these outcomes and she will report on any changes at future Board meetings.

**BOARD OF HEALTH FINANCE SUBCOMMITTEE**

Ms. Brenda Watson, Chair of the Catawba County Board of Health Finance Subcommittee stated that the Finance Subcommittee met on January 28, 2013, and reviewed the Budget and outcomes as presented. Therefore, the Catawba County Board of Health Finance Subcommittee recommends the approval of the 2013-14 Budget and Outcomes as presented to the Catawba County Board of Health. This recommendation needs no second, therefore, Ms. Watson asked Board members for those that are in favor, and the recommendation passed unanimously.

Mr. Urland stated that he will keep the Board informed of any modifications to the budget that was submitted as it continues in the 2013-14 budget process.

**MID YEAR OUTCOMES 2012-13**

Ms. Kelly Isenhour, Assistant Health Director, gave the mid-year report on the 2012-13 outcomes. She stated that CCPH is on target to meet 37 of the 39 outcomes for 2012-13. The following are the two outcomes that are not on target to achieve:

1. Environmental Health – the goal was to respond to 100% of complaints related to possible violations of NC Environmental Health statutes and rules within 48 hours.

As of 12/31/2012, there were 87 complaints reported with 86 investigated within 48 hours for a compliance rate of 98.90%.

2. Dental Practice – The target was to increase the number of new patients enrolled by 30%. The target for 2012-13 was 547 unduplicated new patients and at this time, 247 new patients were enrolled during the 1st two quarters of this fiscal year. Ms. Watson asked if the increase in private Dentist seeing

Medicaid children has had an impact on this outcome. Ms. Isenhour stated that has been a trend seen over the past several years.

February is Dental Health Month and CCPH has dental tours so that parents and caregivers can see the new facility and be educated on getting their children started early with good dental hygiene. The Dental Practice promoting a first visit for one year olds. CCPH is also conducting second grade tours are planned for this month.

Ms. Brenda Watson, Chair, asked if any Board members had questions for Ms. Isenhour. Hearing none, she asked for a motion to leave the regular Board meeting and go into the Home Health Advisory Board and Governing Body meeting.

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

Dr. Robert Rights 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. William Geideman seconded the motion and the motion passed unanimously.

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

Mr. Doug Urland, Health Director, gave his report to the Board.

#### **Communicable Disease Update-**

Doug stated that from October 1, 2012 – February 1, 2013, a total of 2,117 Flu and Pneumonia Vaccines have been administered. 737 paid Flu vaccine, 1,365 State provided Flu vaccine and 15 Pneumonia shots. The majority of those receiving the vaccine have been 65 years of age and older. The State supplied vaccine is provided to anyone without charge.

There were 3 outreach clinics – (2) at Health First in Valley Hills Mall and (1) at a church in Catawba. These outreach clinics vaccinated approximately 100 people. Kelly Isenhour stated that at this time about 25 flu vaccines are administered daily at the health department. Mr. Mixon asked what would be done with any vaccine that is left. Ms. Isenhour stated that some vaccine has been distributed to other practitioners. She estimates that the health department has 200 - 250 doses available.

35 deaths have been reported this flu season in NC, and 27 of those deaths were people over the age of 65. Most flu has tested as the seasonal A or Seasonal B with some H1N1. The vaccine administered this year has been 88% effective.

#### **Norovirus like Illness –**

Approximately 85 residents of three Assisted Living facilities and 22 staff members became ill. One person was hospitalized for hydration purposes. CCPH Communicable Disease staff, Environmental Health staff, and NC DPH EPI were involved in site visits and phone consultation and provided the facilities with CDC information and those measures included:

- Closed dining room and clients served meals in their rooms.
- Isolate the ill clients in their rooms.
- Exclude all ill staff for 48 hours after symptoms are gone.
- Increase the cleaning regimen (one facility changed their cleaning solution to a bleach based solution.)

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- Limit visitors until the outbreak is over.

Staff instructed the facilities to continue active surveillance of staff and residents, and the Infection Control departments at both local hospitals were informed of the outbreak. Mr. Urland added that hand washing and staying home if sick are still the best ways to stop this type of outbreak.

**OTHER BUSINESS**

Mr. Mixon stated that he saw an email from the Virginia Department of Health regarding a shortage of medications and he asked if that has impacted Public Health. Mr. Urland stated that this has been a problem with shortage from time-to-time of the Rabies pre-exposure vaccine and a TB medication. The State is looking at utilization of medications that are in short supply on a case by case basis. Mr. Urland added that medication shortage and delays in treatment is a national issue. Mr. Urland stated that Dr. Billy Price, Medical Consultant for CCPH is aware of this issue.

Ms. Brenda Watson, Chair, asked if there was any further business. Hearing none she asked for a motion to adjourn the meeting of the Catawba County Board of Health.

**ADJOURNMENT**

Mr. William Mixon made a motion to adjourn the meeting of the Catawba County Board of Health and Dr. Robert Rights seconded the motion. The motion passed unanimously. The meeting adjourned at 8:35 p.m.

Respectfully submitted:

Douglas W. Urland  
Health Director



DWU: mjk