

**Catawba County Board of Health
Minutes
September 3, 2013**

The Catawba County Board of Health met on Monday, August 5, 2013. The meeting convened at 7:00 p.m. at Catawba County Public health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Ms. Brenda H. Watson, Chair
Dr. David C. Hamilton, Jr.
Dr. David Kulesia
Ms. Susan Witherspoon
Ms. Naomi East
Mr. Brian Potocki

Members Absent: Dr. William Geideman
Mr. Dan Hunsucker, Commissioner
Mr. John Dollar
Dr. Sharon Monday
Mr. William Mixon

Staff present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Amy McCauley, Community Outreach Manager
Ms. Julie Byrd, WIC Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Rhonda Stikeleather, Children's Service Nurse Supervisor
Ms. Alice Layne, Home Health Manager
Ms. Martha J. Knox, Administrative Assistant III

CALL TO ORDER

Ms. Brenda Watson, Chair, called the meeting to order at 7:00 p.m.

APPROVAL OF AGENDA

Ms. Watson stated that Item F. on the agenda would be deleted, due to Commissioner Hunsucker being unable to attend this meeting tonight. She asked if there were any further changes to the agenda. No further changes were noted and Ms. Naomi East made a motion to accept the agenda with the deletion of Item F. The motion was seconded by Dr. David Kulesia, the motion was unanimously approved.

APPROVAL OF MINUTES

Ms. Watson asked if there were any corrections to the August 5, 2013, Board of Health minutes included in the Board packets. Hearing none, Ms. Watson asked for a motion to approve the minutes as presented. Dr. David Kulesia so moved and Ms. Naomi East seconded the motion and the August 5, 2013, minutes were approved as presented.

PUBLIC COMMENTS

Ms. Watson asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

NEW EMPLOYEES

There were no new employees to introduce to the Board of Health at this meeting.

STRATEGIC PLAN PROGRESS REPORT (see *Minutes Attachment I*)

Ms. Kelly Isenhour gave the annual update report on the Strategic Plan for Catawba County Public Health. Ms. Isenhour stated that Board members had received information regarding the Program Report for 2012-13. The following gives highlights of Ms. Isenhour's report for more details please see *Minutes Attachment I*.

Administration – CCPH staff has evaluated and analyzed programs and services to ensure that opportunities were maximized through use of information technology and improve service delivery, quality and increase available revenue. A competent diverse workforce is crucial now and in the future for Public Health to meet the needs of the community.

Ms. Isenhour stated that 2013 also has been focused on retaining CPH NC Public Health Accreditation status as well as maintaining high quality standards in all areas of the organization. In addition, CPH has cultivated leadership by employees in all areas.

Clinical - CPH successfully collaborated with Catawba Valley Medical Center to assure Prenatal Services for low income/Medicaid eligible women in the most efficient and effective manner. In addition, CPH has worked to assure that all eligible women and children have access to WIC program services and respond to the dental health needs of children in Catawba County. CPH has also assured timely and convenient access to preventive, screening, diagnostic, and treatment services and/or programs for eligible adults.

CCPH also has ensured a safe work environment for employees.

Community Practice – CPH through community outreach works to be a catalyst for healthy lifestyles in the community. Providing leadership and guidance in prioritizing and addressing the health needs of the community, such as:

- ❖ "EPI" center for communicable disease control, information and surveillance
- ❖ Provide fully developed Case Management Services.
- ❖ Prepare for and respond to epidemiological events and terrorism events in Catawba County.
- ❖ Participate as a core member of a school health partnership by coordinating preventive and acute health services for school age children.
- ❖ Engage and connect the community with Public Health through innovative marketing, communications and technology approaches.

Ms. Isenhour shared the methods used to promote the services provided by CPH. This includes: Press releases, websites, use of Net Presenter to provide information in clinical areas while clients wait to be seen. Social Media such as Facebook, Twitter, etc, is also being used to get the CPH message out to the community. Print media including posters, flyers, and pamphlets are provided on a variety of topics. Radio and TV spots, educational videos and an award winning annual report have been utilized to impact 13,115 individuals during the past year.

Environmental Health – has used technology and field based outreach to publicize the mission of Environmental Health services in the community. Staff has worked to develop capabilities through continuous quality improvement to be recognized as a model Environmental Health program.

CCPH staff understands and responds to current environmental health emerging issues and threats. Staff is responding to complaints in a timely and proactive manner by responding to 99.5 percent of all complaints received within 48 hours.

EH staff continues to be an integral part of the local preparedness response team and participated in several preparedness exercises and epidemiological investigations.

Home Health – Catawba County Home Health continues to respond to the needs in Catawba County and surrounding communities. This has been accomplished through expanding the workforce to meet the needs. Providing access to care 24/7 and using on-call staff after hours, weekends and holidays for coverage in six counties.

CCHH is second in market position maintaining 26.8% of the market share among 15 agencies serving Catawba County. Referrals for home health services have increased by 7.74% in the past year.

Ms. Isenhour stated that CCHH continues to work at maintaining quality Home Healthcare at or above State and National standards. Such as:

- ❖ Maintained ACHC Accreditation with “Deemed Status.”
- ❖ Maintaining compliance with “Conditions of Participation.”
- ❖ Highly competent staff, which includes two Certified Wound Care Nurses.
- ❖ Collaboratively working with community partners on an Acute Care Transition Model of Care to prevent re-hospitalizations.

Through utilization of technology and information, CCHH has improved efficiency and communication among staff, physicians, referral sources and payors. CCHH implemented 100% electronic medical records with scanning, eFax, and electronic forms. CCHH has also made marketing and educational materials available to better represent the organization and services within the community.

Ms. Isenhour stated that staff will be participating in a Strategic Plan analysis in October, 2013. The Policy and Strategic Plan Subcommittee of the Board of Health will assist in this process.

Doug Urland, Health Director stated that the Strategic Plan is not a large notebook on a shelf, but instead is a living document with a tactical plan that addresses how to achieve the Strategic Plan statements. He added that it has been five years since staff worked to develop the Strategic Plan. Therefore, this year staff will again work with a facilitator to look at the Plan and where we want to go in the future. There are new Management Team members that will participate in the process this year, and this will be helpful to have their input.

Dr. David Hamilton, Jr., asked which Home Health agency is ranked first in Catawba County for Home Health Services. Ms. Alice Layne, Home Health Manager, stated that Gentiva is the provider ranked first due to their two certificates of need in Catawba County and have two offices and they hold approximately 46% of the market share. Ms. Layne stated there are 13 Home Health agencies that serve Catawba County.

Ms. Brenda Watson, Chair, asked if Gentiva has contracts with hospitals in Charlotte. Ms. Layne stated she believes they are utilized by a lot of the orthopedic centers in Charlotte and have a lot of contracts with orthopedic providers.

FLU PLAN 2013-14

Ms. Kelly Isenhour, Assistant Health Director, reviewed the 2012-13 Flu season. CCPH gave approximately 3,232 total vaccines, which includes 80 doses distributed to other providers. Typically, more doses can be mined for each vial than expected especially when doses for infants (which are ½ the volume) are taken from the vial. In December, 2012, NC DHHS had a larger amount of vaccine available and opened up free vaccines for all age groups. There were specially staffed walk-ins clinics, 3 outreach clinics and pharmacies and physicians in the community also gave flu vaccines. The illness peaked in late December – early January, 2013. The normal peak time is March. There were 59 deaths in North Carolina with most of those 65 and over.

In 2013-14, CCPH has looked at the environment. The vaccine is widely available at pharmacies, physician offices, and large employers. The State vaccine will only be provided free to the Vaccine for Children (VFC) eligible children, and women that are uninsured that are receiving Public Health maternity services; and those women with the Family Planning Waiver receiving services at Public Health.

There will be two types of flu vaccine, Trivalent Flu – that has three viruses included and the Quadrivalent Flu vaccine has four viruses included. See *Minutes Attachment II*.

CCPH has ordered 500 vaccines - 350 high dose for (65 and over only) and 150 seasonal flu. 730 State supplied vaccines – which are single/multi dose vials and flu mist (VFC only). The Plan this year includes two walk-in Flu Clinics October 4 and 7 at CCPH. Appointments for infants will utilize existing Immunization clinic appointment schedule and staff will evaluate the need to organize a flu clinic at Valley Hills Mall on November 6th.

The 2 Day Flu Blitz – walk-in clinics are for ages 3 and older and will be held on Friday, October 4 and Monday October 7, 2013 from 8:00 – 11:30 am and 1:00 – 4:30 pm. Infants ages 6 months to 35 months will need to schedule appointments for the flu vaccine and after the October 7th clinic; those ages 3 and older can schedule appointments on Monday and Wednesday 1:00pm-4:30 pm and Tuesdays 8:00 am to 11:30 am.

The cost will be:

- ❖ Seasonal Flu \$20
- ❖ High-Dose Flu \$38 (65 years and older)
- ❖ Pneumonia \$70

CCPH will accept cash, checks, Medicare Part B (only), and Medicaid. Medicare Advantage and other insurance plans will not be accepted. Individuals will need to apply and file for reimbursement from their insurance provider.

Those eligible for vaccine without charge are:

- VFC eligible children 6 months through 18 years of age
- Non-Medicaid uninsured women who are pregnant during the flu season and receiving services at the Local Health Department (LHD) and
- Females with a family planning waiver – receiving services at LHDs, Federally Qualified Health Centers and Rural Health Centers.

Dr. David Kulesia asked why CCPH does not accept Medicare Advantage plans. Mr. Doug Urland, Health Director, stated that because CCPH is not a primary care provider, our agency is unable to become a network provider with private insurance plans. Dr. Kulesia expressed concern about people coming in thinking they have Medicare and not realizing that Medicare Advantage is a different type of coverage. Mr. Urland stated that CCPH sees Medicare Advantage coverage mostly in the Home Health area. Ms. Isenhour stated that participants must show their insurance card and that indicates if they are Medicare B or Medicare Advantage. Ms. Alice Layne stated that the cards are very different. Tradition Medicare is a red, white and blue card and if they have other coverage it will look like a regular insurance card.

Ms. Jennifer McCracken stated that all of the advertisements about our services indicate what methods of payment are accepted at CCPH.

Mr. Urland stated that regarding the number of vaccines purchased for 2013-14, the lower amount of purchased vaccine has been reduced due to the expansive availability of vaccine in the community and our ability to staff our clinics. Therefore, the focus will be population over the age of 65, those with limited or no access to vaccines (VFC eligible), and Pregnant women during the flu season.

RE-ACCREDITATION SITE VISIT

Ms. Kelly Isenhour, Assistant Health Director, stated that the site visit for Re-Accreditation will happen on September 17-19, 2013. The Site Visit team will arrive about 12:00 noon on Tuesday, September 17th. The team will evaluate CCPH on 148 activities. The benchmarks and activities are broken down into three categories: 1. Agency Core Functions & Essential Services, 2. Agency Facilities and Administrative Services, and 3. Board of Health/Governance.

Agency Core Functions & Essential Services

- 29 Benchmarks and 93 Activities – for full Accreditation status agency must meet
 - o Assessment Function -26 of 29 activities must be met.
 - o Policy Development Function – 23 Of 26 activities must be met
 - o Assurance Function – 34 of 38 activities must be met

Agency Facilities and Administrative Services –

- 4 Benchmarks and 27 activities – 24 of the 27 activities must be met.

Board of Health/Governance –

- 8 Benchmarks and 28 Activities – 25 of the 28 activities must be met.

The team will interview staff, community partners and Board of Health members. Ms. Brenda Watson and Mr. John Dollar have agreed to participate in the interview with the Site Team. If they have questions, they will send an inquiry to the staff representative and staff will have an opportunity to clarify how we meet that activity. They will provide a written report of the finding within 10 business days to the Accreditation Administrator. There will be a NC Accreditation Board meeting in Raleigh scheduled in December 2013.

Ms. Isenhour stated the Board will receive an update as soon as CCPH receives notification of our Accreditation status.

HOME HEALTH GOVERNING BODY AND ADVISORY BOARD (Attachment II)

Ms. Susan Witherspoon 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. Dr. David Kulesia seconded the motion and it passed unanimously.

Ms. Susan Witherspoon made a motion to return to the regular meeting of the Catawba County Board of Health. Dr. David Kulesia seconded the motion and the motion passed unanimously.

HEALTH DIRECTOR'S REPORT

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

Legislative Session - HB74 will impact multiple things. Such as, policy, rules and regulations particularly in the Environmental Health area. Well Permit – language change that local EH will have 30 days of receipt to make a determination to issue or deny a permit. If the LHD fails to meet that requirement, the permit is automatically issued after 30 days.

Local EH feel they can meet the criteria, however, this may be a real disservice to the resident and/or the contractor. Due to reduced staffing it may be difficult to meet all the requests coming in for different services provided by Local Environmental Health staff. The State is still evaluating the impact. The Attorney General's office is looking at the legalities involved should a well get approved and contamination causes a public health issue.

Enclosed spaces – This is in regards to the Smoking Rules and outside patios. Environmental Health responds to complaints about smoking. Establishments can ban smoking outside their facilities if they own the property. Mr. Urland stated that establishments will put up walls in their patio areas to deal with wind and cold temperatures. Then a determination has to be made on whether it is a patio or an enclosed space where smoking should be banned. Mr. Urland stated that two separate incidents had different outcomes from health departments; however, on closer examination the photos showed that the structures were different. The Supreme Court ruled the local health department determinations were correct. So now the issue has gone to the General Assembly.

The Commission on Public Health will have a hearing on the issue and make a decision as to more specific definition and interpretation of "enclosed spaces."

Maternal Child Health – The grant reduction was much larger than anticipated. This was due in part to carry over funds from the previous year being fully utilized. The General Assembly, budget moved the money and allocated it to Community Based Organizations. Some of the Community Based Organizations may not address needs of all communities. \$1.875 million is the amount with an estimated \$18,000 lost locally to Catawba County Public Health.

Landscaping at CCPH – our facility had trees that developed a fungus and had to be removed. The County horticulturalist has met with staff and will be planting low growing shrubs, etc., to replace the damaged bushes, trees, and shrubs.

OTHER BUSINESS

Ms. Brenda Watson, Chair, stated that Susan Witherspoon will be welcoming a new grandchild into her family and has decided to retire from the Board to spend more time with her family. In addition, she will be completing her doctorate. Ms. Witherspoon has served on the Board of Health since 2005 and served as Vice-Chair from July 1, 2007 to June 30, 2011. She presented Ms. Witherspoon with a plaque that stated:

**Presented to Ms. Susan Witherspoon
In appreciation for dedicated service
to the
Catawba County Board of Health
Catawba County Public Health
and the
Citizens of Catawba County
Board member: July 1, 2005 to September 3, 2013
Vice-Chair: July 1, 2007-June 30, 2011**

Ms. Witherspoon thanked the Board and stated that she appreciated the opportunity to serve on the Board of Health. She stated the greatest asset is the staff and Board members that show such a dedication to provide excellent service to the community.

There was no further business for the Board and Ms. Brenda Watson, Chair, asked for a motion to adjourn the meeting.

ADJOURNMENT

Dr. David C. Hamilton, Jr., made a motion to adjourn the meeting of the Catawba County Board of Health and Mr. Brian Potocki seconded the motion and it passed unanimously.

Respectfully submitted,


Douglas W. Urland, MPA
Health Director

DWU: mjk

Administration Progress Report for FY12-13

August 2013

Minutes Attachment I

Maximize opportunities available through information and technology to improve service delivery, enhance service quality, and increase available revenue.

Understand, prioritize, and seek funding for Public Health information technology needs.

Arrived

- Funds allocated to expand utilization of new software systems for clinical programs- Insight and Dentrix by adding system modules, reporting functions, and client tracking as well as increasing staff system competency through training.
- Funds allocated to purchase scanning software for the Home Health program which resulted in all records being scanned to provide real-time access to patient information for field staff; as well as reduction in records storage space and paper records

Add, change and/or maintain all resources needed for improved program efficiency.

Approaching

- Public Health staffing/service needs thoroughly analyzed resulting in improved alignment of available resources to service areas
- Home Health program analysis of billing, supplies, reimbursement, and contact rates continues; however, improvements have occurred in processes related to supplies, organizational structure, finance, and patient systems. Cost Accountants were utilized to assist with the analysis.

Utilize technology/information systems and tools to maximize revenues and offset uncompensated care.

Arrived

- Expanded use of Insight through custom reports have improved staff ability to track and monitor financial information critical to processing and receiving timely payments for services as well as determine productivity and use of resources
- Utilization of Debit/Credit payment method increased 60% over last year resulting in improved collection rates and decreased cost of manual payments
- Continued successful use of Debt Setoff program with Public Health and Home Health programs with collections totaling \$55,000 since 2010.

Have a competent diverse workforce, now and in the future, capable of managing the public health needs of the community.

Have a Workforce Development Program to ensure employees receive training.

Arrived

Administration Progress Report for FY12-13

August 2013

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Have a competent diverse workforce, now and in the future, capable of managing the public health needs of the community.

Have a Workforce Development Program to ensure employees receive training.

Arrived

- All employees newly employed with CCPH receive general orientation. In addition, new employees and existing employees who are promoted or transfer to a new position receive position specific training and competency assessment.
- Annually, supervisors assess employees' professional development needs and develop an individual plan as a component of the performance evaluation.

Ensure that all professional and para-professional staff has active licenses and certifications to perform their duties.

Arrived

- Required licenses and certifications are verified as a part of the hiring process. In addition, supervisors verify required practice licenses and certifications during annual performance evaluation.
- Achieve quarterly audit ratings of 99 percent or above.

Work with Catawba County Personnel to recruit qualified candidates when possible for all positions in Public Health.

Arrived

- Human Resources provide custom assistance with recruitment as requested; in addition, Human Resources participate in job fairs at CVCC and LRU and contacts other colleges and universities to provide information about Public Health positions and benefits.
- CCPH Human Resources coordinator develops salary strategies and recommendations in cooperation with health director and County Human Resources. A salary study is completed prior to each job offer.

Retain North Carolina Public Health Re-Accreditation status as well as attain high quality standards in all areas of the organization.

Catawba County Public Health (CCPH) will meet and practice the standards of North Carolina Local Health Department (NCLHD) Re-Accreditation.

Approaching

- Preparation for September 2013 site visit nearing completion.

Continuous Quality Improvement will be sustained with the development of a Quality Assurance Program.

Approaching

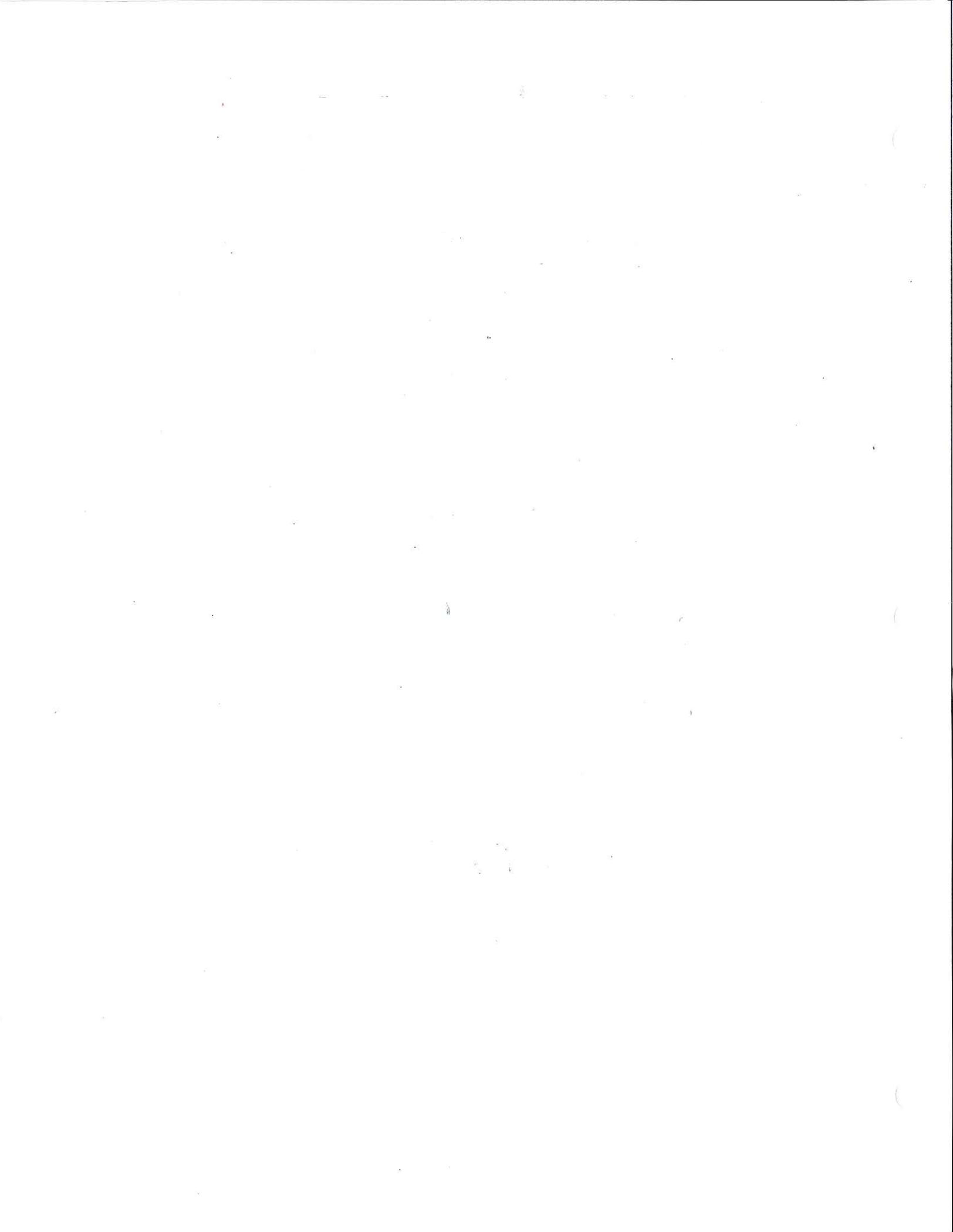
- A standardized system is in place to provide control of policies and procedures.
- Customer feedback from all program areas is collected and reviewed to determine areas of improvement.
- QI tools have been utilized to identify root causes of unexpected program outcomes and/or to assess or rule out suspected root causes. Other tools have been developed to improve accuracy and efficiency of data collection or information tracking.

Have leadership cultivated in and exhibited by employees in all areas of Public Health.

CCPH will have employees equipped with leadership capabilities and the desire to utilize these skills and/or advance within the organization.

Approaching

- Employees encouraged to participate on PH and County government committees such as United Way, Employee Committee (PH and County), Social Committee, Diversity Committee, Green Team, Safety Committee (PH and County), IT Governance Committee, PH Month/75th Anniversary, etc. as well as community coalitions such as Interagency Council, Children's Agenda, Child Protection Team, Parenting Network, Greater Hickory Cooperative Christian Ministry (GHCCM), etc.
- Supervisors and staff are supported and participate in PH State association activities and professional associations of which some serve in leadership positions.
- Several supervisors are involved in County Management Book Club; two supervisors participated in the inaugural County Leadership Academy; and one supervisor completed Leadership Catawba.
- Supportive of staff pursuing college degrees and certification programs as well as two staff pursuing their Masters degree.



Clinical Practice Progress Report for FY12-13

August 2013

Assure Prenatal Services for low income/Medicaid eligible women in the most efficient and effective manner.

CCPH Prenatal Clinic will assure CVMC Maternity Services will apply best practice principles to enhance efficiency and provide early access to prenatal care in order to maximize positive birth outcomes.

Arrived

On July 1, 2012, CCPH shifted prenatal service provision to CVMC while maintaining the assurance role for low income/Medicaid eligible women.

- 66% (381/580) new prenatal patients entered care in the first trimester.
- Seamless approach to eligibility, appointment scheduling, ancillary services(WIC, RhoGam, 17P, Registered Dietician, Social Work and substance abuse services and referrals) and wrap around services (Medicaid eligibility, postpartum home visits, postpartum exams and ongoing family planning, and case management services)
- CVMC Maternity Services now offer Group Centering Care for both English and Spanish patients as well as Child birth classes.

All low income pregnant women who qualify are aware of prenatal services and wrap-around services available through CCPH.

Arrived

- Pregnancy Care Manager program - 5 PCMs assigned and located in all OB practices; risk assessment completed on all pregnant women with 1,636 eligible for PCM and 1,586 enrolled; 86.7 percent completed the 6 week postpartum assessment.
- Post Partum Home Visit program - agreements established with all OB practices; 157 visits.
- School Health – 100 percent (15/15) newly identified pregnant students initiated care in the first trimester.

CCPH will assure prenatal care is available for low income women in Catawba County.

Arrived

- CCPH continues a contractual and close relationship with CVMC through routine meetings, reports, local and state audits, and outcome monitoring.

Assure all eligible women and children have access to WIC program services.

Adopt best practice standards to enhance efficiency, productivity and client access, allowing women, infants, and children to reach optimal nutritional goals.

Arrived and continuing

- WIC participation rate is 99 percent of state assigned caseload.

- Continue to improve program efficiencies in the areas of Open Access appointments; appointments for pregnant women within 2 days of request to increase first trimester enrollment; and clinic flow (patient wait time goals of 30 minutes for recert and 15 minutes for voucher issuance) through cross-training staff; online nutrition education; certifying women and infants while in the hospital (after delivery); and preparing for WIC data system upgrade scheduled for 2014.
- Increased awareness of the WIC Program through outreach to physician offices, Medicaid office, Food Stamp office, daycares and other places that serve women, infants, and children.
- Collaborated with CCHP Eat Smart Move More Coalition and CCPH-Health Promotion to offer a Farmers' Market at CCPH with WIC-only approved farmers that aims to improve access to fresh fruits and vegetables to WIC, PH, and Social Services clients as well as increase WIC Farmers' Market voucher redemption rates.
- Continue to collaborate with CVMC in working with the breastfeeding mothers and babies to expedite their services into the WIC Program and to receive breastfeeding support and/or supplies as needed.
- Increased Catawba County WIC Vendors by 7 percent to a total of 41.

Ensure a safe work environment.

Maintain an active Safety Committee

Approaching

- CCPH completed the three day onsite STAR inspection by the North Carolina Department of Labor and received the Public Sector STAR certification.
- Safety Committee is active and a resource for all employees. In addition, reviews all accidents at CCPH to identify the root cause and recommend actions needed per incident and incident trends.

Public Health staff understands and practices infectious disease preventive measures.

Arrived

- CCPH has guidance documents in place and has trained all staff on how to reduce the spread of infectious disease among staff as well as with the public.
- Access to EHC for staff and supervisors to assist/determine risk and management of a potentially infectious.
- Annual staff training and fit tested.

Public Health will have a secure building.

Approaching

- Staff is trained annually on safety within the building.
- Staff understands and complies with badge requirement and obtaining a temporary badge if needed.

Respond to the dental health needs of children in Catawba County.

Operate a financially self sufficient Dental Practice.

Arrived

- Financially solvent dental practice.
- Improved efficiency through clinical, practice management, and billing best practices.

Dental Practice provides quality services using PH and private dental practice as well as community standards as benchmarks.

Arrived

- Increased knowledge and skills in ages 1 - 3 oral health assessment.
- Expanded dental facility with digital intra- and extra-oral imaging, electronic scheduling and dental records, Nitrous Oxide option, larger waiting room area, improved confidentiality through separate check in/out areas, and patient/parent educational and consultation spaces.

The public and eligible clients/families will be aware and access Dental Practice services and availability.

Approaching

- Expanded eligibility – serving ages 1 - 21.
- Dental tours offered to preschool classes; video produced to announce and describe the dental expansion; and video produced to educate patients/families about the first dental visit.
- Continue to partner with Early Head Start and Early Childhood Support Team to provide a dental home to children ages 1 – 4.
- Continue to partner with Catawba County Department of Social Services to market dental services to those clients covered by Medicaid and NC Health Choice.

Build capacity to ensure low income children have access to dental care.

Approaching

- Increased number of patients one to five years of age by 155 percent over the past two years.
- Increased new patients ages 1-21 by 22 percent over the past year.
- Expanded dental facility doubled the dental operatories from three to six.
- Dr. Maddy secured oral surgery privileges at Catawba Valley Medical Center beginning July 1, 2013.
- 41 uninsured school age children were able to access critical dental treatment through an allocation of \$43,000 earmarked for Catawba County children in poverty.

Assure timely and convenient access to preventive, screening, diagnostic, and treatment services and/or programs for eligible adults.

Increase access to care and services for adults.

Arrived

- Partnerships with CVMC, local surgical groups (Carolina Surgery and Cancer Center and Catawba Surgical Associates), and Susan G. Komen Foothills Affiliate to screen and diagnose under- and un-insured women. In FY12/13, approximately, \$65,000 in funding

assisted 80 women receive the evaluation/diagnostic services needed to identify or rule out the need for breast cancer treatment.

- Increased screening mammograms from 223 (FY11-12) to 395 (FY12-13); more Latino patients received mammograms - increasing from 163 (FY11-12) to 180 (FY12-13) partially due to a partnership with Centro Latino made possible by a Susan G. Komen Foothills Affiliate grant.
- A cooperative agreement with A Woman's View provides APH patients with expanded gynecological services.
- Successful Breast and Cervical Cancer Control Program State monitoring - no recommendations!

Ensure that public is aware of available adult health services.

Approaching

- In addition to the website, CCPH also has a Facebook page, twitter account, and presents information through a number of other venues such as health fairs, digital screens, outreach to media through newspaper, TV, and radio, community presentations targeting CVCC, LRU, churches, schools, and other community agencies.

Ensure timely and convenient access to Adult Health Services.

Arrived

- Continues to utilize the open access system of scheduling to ensure that clients can access services within 48-72 hours; most clients calling with urgent needs can be given a same day appointment.
- Fast Track Clinic has more efficiently served patients for birth control checks, STD treatments, etc. by delivering the requested service in 30 minutes for 95 percent of patients (average total visit time is 20 minutes).
- Clients who have been diagnosed with an STD or found to have abnormal breast and/or cervical findings are notified and receive appropriate evaluation/treatment within 2 weeks of diagnosis.

Community Health Progress Report for FY12-13

August 2013

Be a catalyst for healthy lifestyles countywide.

Provide targeted health promotion and health education outreach to promote healthy lifestyles.

Arrived

- Provided targeted outreach to 13,115 individuals through 17 health fairs and 117 educational programs, including second grade tours and dental clinic tours.
- Evidence based strategies utilized in tobacco free initiative, farmers' market, and use of communication/marketing initiatives.

Partner with local organizations and businesses to promote health:

Arrived

- Implemented County and municipal outreach plan to support Community Transformation Grant project for tobacco-free initiative.
- Cultivated new health promotion outreach partnerships with CVCC and LRU.
- Cultivated new partnerships within the local farming community to support the Public Health Farmers' Market, which hosted a total of eight farmers and 1,441 customers on eight market days in FY12-13.
- Forged/maintained key partnerships through Catawba County Health Partners and other existing collaborations, including Children's Agenda, Interagency Council, Distracted Driving Committee, Project Lazarus, Regional Bicycle and Pedestrian Plan Work Group, Heritage Alliance, Community Transformation Project, NCPHA, and NC SOPHE.

Provide leadership and guidance in prioritizing and addressing health needs of the community.

Assess and monitor the health status of the community.

Arrived

- Completed and published the 2012 State of the County Health report.
- Community Health Assessment completed 2011. Next edition slated for 2015.

Ensure identified health priorities are addressed.

Arrived

- Continued to address all four identified health priorities through Catawba County Health Partners coalitions:
 - Access to Care – Established diabetes work group and distributed community survey to determine barriers to diabetes care and education.
 - Cancer/Cancer Task Force - Received \$40,000 NACCHO grant to support development of the Cancer Task Force Well Business program, which recognizes businesses implementing evidence-based worksite wellness policies or practices that help prevent cancer. Program is still in development.
 - Obesity/Eat Smart Move More Catawba County – Received \$38,340 ESMM NC Community Grant to support efforts, including recognition of 37 Healthy Schools (impacting 20,600 students) and 20 Healthy Childcare Centers; creation of the Public

Health Farmers' Market in partnership with WIC; continued support of the Center United Methodist Church Farmers' Market; financial and workday support of Carolina Thread Trail; and partnership on the downtown Newton walking trail.

- Substance Abuse/A.S.A.P. of Catawba County – Received \$11,500 NCPUD grant to implement underage drinking prevention strategies, including alcohol purchase surveys and the “Not Here” campaign.

Be the “EPI” center for communicable disease control, information, and surveillance.

Partner with local health care providers to increase awareness of focused data trends from the North Carolina Electronic Disease Surveillance System (NCEDSS) regarding patterns, trends and prevention measures for targeted community locations.

Not Arrived

- Continue to understand NCEDSS, its capabilities, and how best to use the information available to target education and prevention strategies.

Have fully developed Case Management Services.

Provide case management services for the community that allows families and individuals to reach their maximum potential and goals.

Arrived

- ECST nurses identify and assist in management of children with chronic health care needs.
- ECST nurses provided training on Management of Children with Medical Needs to six child care centers. All participants (37) demonstrated they could respond to the following medical situations: Asthma, seizures, diabetes, and allergic reactions.
- ECST Nurses trained 387 providers in Heartsaver First Aid

Arrived

- CC4C care managers served 567 children over the past year - an average of 189 patients for the three primary managers.
- Are assigned to Catawba County medical practices that serve Medicaid eligible children ages birth to five.
- CC4C managers ensured:
 - 95.5 percent (654) of children who were admitted to the hospital or visited the emergency room received a contact and follow up with 72 hours of discharge.
 - 99.6 percent (236) of children with special healthcare needs or in foster care had a medical home.
 - 100 percent (81) of NICU graduates with Medicaid had an office visit with primary medical provider within 30 day of hospital discharge.

- 100 percent of pregnant students presenting to the school nurse entered into prenatal care within their first trimester.

Promote and recognize behaviors that lead to a reduction in the number of overweight students.

Arrived

- Continue to partner with Eat Smart Move More of Catawba County to promote the Healthy Schools Recognition Program in all schools in the county - 25 schools met the criteria to become recognized as a Healthy School, an increase of 15 schools from last year.
- Average BMI of 5th grade students remains 20.69.
- KIN fund received \$44,000 in donations (including \$20,000 from United Way) and served 64 children.
- Vision screened 11,371 students with 783 referrals of which 82 percent secured care.

Engage and connect the community with Public Health through innovative marketing, communications and technology approaches.

Public Health Marketing Plan will be updated and implemented annually to promote Public Health services.

Arrived

- Developed and implemented new, comprehensive marketing plan in FY12-13. Highlights include production of a new video to promote the KIN Fund; an innovative television segment about preparedness; and a bilingual Newborn Postpartum Home Visiting Program brochure to help reintroduce the program.

Public Health will be positioned as a local resource/authority on health issues.

Arrived

- Positioned Public Health as a community leader/subject matter expert by releasing important health, prevention, and partnership information to the media and public through multiple channels on a regular basis.
- Prepared and responsive to media requests and communication related to urgent health issues.
- Staff received additional crisis communication training.

Public Health website will be utilized to provide current information to the community.

Arrived

- Continued to develop Public Health's identity through branded outreach materials, including an award-winning annual report.
- Implemented website enhancements (such as the carousel and online appointment request form) to increase website utilization.
- Expanded online engagement by launching an actively followed Facebook page.

Arrived

- PCM are embedded in Pregnancy Medical Homes (four private OB practices and Catawba Valley Medical Center Maternity Services at CCPH) and have access to electronic and/or paper records in the practices.
- Entered 1,303 risk screenings into the Case Management Information System within seven days of receipt from the provider.
- PCMs enrolled 1,586 pregnant women in the Pregnancy Care Management program.
- 86.7 percent of PCM enrolled women completed the six6 week postpartum exam visit.

Prepare for and respond to epidemiological events and terrorism events in Catawba County.

Maintain a realistic capacity to prevent, protect, respond and recover across a wide range of Public Health hazards.

Approaching

- In March 2013, the CCPH Strategic National Stockpile Plan scored 100 percent when evaluated by NCPHP&R.
- All staff has received annual training on preparedness and more specifically where they fit into the plan.
- Continued focus to meet the gaps that were addressed during the assessment of the Public Health Preparedness Target Capabilities that is mostly directed by NCPHP&R.

Participate as a core member of a school health partnership by coordinating preventive and acute health services for school age children.

Improve the dental health of kindergarteners.

Arrived

- 77 percent of kindergarteners and 5th graders who were referred, received dental treatment, compared to 92.5 percent in Fy11/12.
- Each kindergartener and parents of kindergarteners in Catawba County received dental education including the importance of dental care at least two times this past year.

Promote and assist students with obtaining a medical and dental Home.

Arrived

- Students routinely identified and linked to NCHC and Medicaid.
- Parents received information on importance of medical and dental home two time time past year.

Ensure 80% of pregnant students that present to School Nurse have access to prenatal care within the first trimester of pregnancy.

Arrived

- School Nurses serve as an essential link between teen and prenatal services.

Environmental Health Progress Report for FY12-13 August 2013

Work to make the Environmental Health (EH) mission known, through technological and personal outreach.

Make the Environmental Health mission known.

Arrived – continuous progress made and ongoing for this objective

- EH Program staff and supervisory personnel routinely attend and participate in a number of local associations and advisory committees as well as provide frequent updates, education, and training opportunities to various organizations including LRU, BOH, and BOC.
- Improved customer service by leveraging technology such as tablets, smart phones, GPS units, portable scanners and printers, etc.

Develop capabilities through continuous quality improvement to be recognized as a model HC program.

Be recognized as a model EH program.

Arrived – recognized by peer agencies as a trend-setting EH program, specifically with regard to the efficiency of service delivery and technology integration.

- EH has demonstrated a commitment to provide excellent customer service by achieving a 99.3 percent completion goal of all onsite well and septic permits within seven Environmental Health process days as well as completing 100 percent of all required FLI inspections for the year.
- Quality Improvement Program has been an effective method of addressing program improvement needs and professional growth since late 2009 through review of statistically significant sample of work product.
- Expanded use of CDP and Energov applications has enabled both OSWP and FLI programs to operate completely independent of an “office” type structure as well as more complete integration and interface with other County agencies involved in building services functions.

Understand and respond to current environmental health emerging issues and threats.

Develop the capability to recognize emerging issues and threats, and identify resources necessary to respond.

Arrived

- EH has maintained and continues to improve staff competency in routine as well as emerging PH/EH issues through education and local response to actual threats.
- EH staff is responding to complaints in a timely and proactive manner by responding to 99.5 percent of all complaints received within 48 hours.

Develop capabilities and resources to engage emerging environmental technologies and trends.

Approaching

- EH continues to be an integral part of the local preparedness response team and has participated in several preparedness exercises and epidemiological investigations.
- Conducted a survey of geo-located wells to determine the extent of arsenic present in water.
- Continues to explore new and expand existing technology to improve service capacity.

Home Health Progress Report for FY12-13

August 2013

Respond to the Home Health needs in Catawba and surrounding counties.

Catawba County Home Health will have the capacity to meet the demand for home health services in Catawba and 6 surrounding counties 24 hours a day, 7 days a week, while maintaining a profitable agency.

Arrived

- Workforce expanded to meet clinical service demand.
- Access to care 24/7 using on-call staff after hours, weekends, and holidays for coverage in six counties.
- Financial stability supports agency growth.
- CCHH is second in market position with 26.8 percent of the market share among the 15 agencies serving Catawba County.
- Referrals for home health services have increased by 108 patients (7.74 percent) in the past year.

Advance the Quality of Home Healthcare above Industry Standard.

Outcome measures will rank at or above State and National Standards

Approaching

- Maintained ACHC Accreditation with "Deemed Status."
- Maintained compliance with "Conditions of Participation."
- Highly competent staff including two Certified Wound Care Nurses.
- Home Health Compare Outcomes consistently improving toward and above State and national benchmarks.
- Collaboratively working with community partners on an Acute Care Transitions Model of Care to prevent re-hospitalizations.

Utilize Technology and information to effectively and efficiently attain and allocate resources.

Add, upgrade and/or maintain access to most current technology

Arrived

- Implemented advanced technology applications to improve the efficiency and communication among staff, physicians, referral sources and payors.
- Implemented 100 percent electronic medical records with scanning, eFax, and electronic forms.
- Marketing/education materials available to better represent organization and services provided within the community.

Strategic Plan Update

Administration

- ❖ Maximize opportunities available through information and technology to improve service delivery, enhance service quality, and increase available revenue.
- ❖ Have a competent diverse workforce, now and in the future, capable of managing the public health needs of the community.
- ❖ Retain North Carolina Public Health Re-Accreditation status as well as attain high quality standards in all areas of the organization.
- ❖ Have leadership cultivated in and exhibited by employees in all areas of Public Health.

EVALUATE

ANALYZE

MAXIMIZE

Strategic Plan Update

Clinical Practice

- ❖ Assure Prenatal Services for low income/Medicaid eligible women in the most efficient and effective manner.
- ❖ Assure all eligible women and children have access to WIC program services.
- ❖ Ensure a safe work environment.
- ❖ Respond to the dental health needs of children in Catawba County.
- ❖ Assure timely and convenient access to preventive, screening, diagnostic, and treatment services and/or programs for eligible adults.

COLLABORATION

CUSTOMER-DRIVEN NEED-FOCUSED

Strategic Plan Update

Community Practice

- ❖ Be a catalyst for healthy lifestyles countywide.
- ❖ Provide leadership and guidance in prioritizing and addressing health needs of the community.
- ❖ Be the "EPI" center for communicable disease control, information, and surveillance.
- ❖ Have fully developed Case Management Services.
- ❖ Prepare for and respond to epidemiological events and terrorism events in Catawba County.
- ❖ Participate as a core member of a school health partnership by coordinating preventive and acute health services for school age children.
- ❖ Engage and connect the community with Public Health through innovative marketing, communications and technology approaches.

PRIORITIZE

PARTNER

PROMOTE

Strategic Plan Update

Environmental Health

- ❖ Work to make the Environmental Health (EH) mission known, through technological and personal outreach.
- ❖ Develop capabilities through continuous quality improvement to be recognized as a model HC program.
- ❖ Understand and respond to current environmental health emerging issues and threats.

REFINE

CAPITALIZE

RESPOND

Strategic Plan Update

Home Health

- ❖ Respond to the Home Health needs in Catawba and surrounding counties.
- ❖ Advance the Quality of Home Healthcare above Industry Standard.
- ❖ Utilize Technology and information to effectively and efficiently attain and allocate resources.

CAPACITY

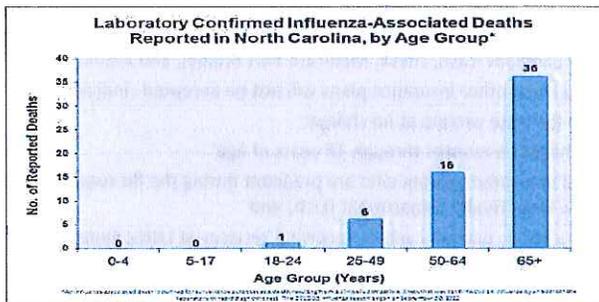
DYNAMIC

BALANCE

2013/2014 Flu Season

12/13 Flu Season Review

- 2332 total vaccines given (737 purchased; 1432 state supplied)
- In December 2012, NC expanded state vaccines to anyone, any age, regardless of insurance status.
- Specially staffed walk-in clinics daily at CCPH; 3 outreach clinics
- Nearly all pharmacies and private providers purchased and gave flu vaccine
- Many large employers give flu vaccine-Catawba County, Corning, Frye, CVMC, etc
- Illness peaked late December 2012/January 2013
- Majority of influenza isolates A; followed by B; a few H1N1
- 59 deaths in NC- 61% ages 65+ ; 88% ages 50+



2013/2014 Flu Season

Environment:

- Widespread availability of Flu vaccine for general public
- State vaccine **only** for VFC eligible and uninsured women receiving PH FPL and Maternity services
- Trivalent Flu vaccine:
 - A/California/7/2009 (H1N1),
 - A/H3N2 A/Victoria/361/2011, and
 - B/Massachusetts/2/2012 like virus.
- Quadrivalent Flu vaccine: 3 above + B/Brisbane/60/2008 like virus.
- Illness adversely affects older population

Priorities:

- Older population- 65+
- Population with limited or no access to vaccines (VFC eligible)
- Pregnant during flu season

Flu Distribution Plan

- Ordered 500 vaccines for purchase- 350 high dose (65+ only) and 150 seasonal flu
- Ordered 730 state supplied vaccines- single/multi-dose vials and flu mist (VFC only)
- Flu Blitz- 2 designated walk-in Flu Clinics
- Utilize existing Immunization clinic appointment schedule
- Evaluate and adjust Immunization appointments to accommodate need for flu.
- Evaluate the need to give flu vaccine at Health First Center in Valley Hills Mall on Nov 6

2013/2014 Flu Season

Flu Clinics

"2 Day Flu Blitz"-Walk in Clinics - Ages 3 and older

Friday, Oct 4 and Monday, Oct 7 - 8am-11:30 and 1pm- 4:30 pm

By Appointment - Ages 6 months to 35 months only; Ages 3 and older after Oct 7th

Mon and Wed - 1:00 pm-4:30 pm and Tues - 8:00 am-11:30 am

Cost

- Seasonal Flu \$20
- High-Dose Flu \$38 (65 years and older)
- Pneumonia \$70

Payment Information

- Accepted forms of payment -cash, check, Medicare Part B(only), and Medicaid.
- Medicare Advantage and other insurance plans will **not** be accepted--individuals may pay and file
- Individuals eligible for State vaccine at no charge:
 - VFC eligible children 6 months through 18 years of age
 - Non-Medicaid uninsured women who are pregnant during the flu season and receiving services at the Local Health Department (LHD) and
 - Females with a family planning waiver receiving services at LHDs, Federally Qualified Health Centers and Rural Health Centers.

Public Health Accreditation

Health Department Self-Assessment Instrument (HDSAI)

Standard #1:

Agency Core Functions & Essential Services

29 Benchmarks and 93 Activities

To be recommended for Full Accreditation Status meet

- Assessment Function - 26 of 29 activities
- Policy Development Function - 23 of 26 activities
- Assurance Function - 34 of 38 activities

Public Health Accreditation

Health Department Self-Assessment Instrument (HDSAI)

Standard #2:

Agency Facilities and Administrative Services

4 Benchmarks and 27 Activities

To be recommended for Full Accreditation Status

meet 24 of 27 activities

Standard #3:

Board of Health/Governance

8 Benchmarks and 28 Activities

To be recommended for Full Accreditation Status

meet 25 of 28 activities

Public Health Accreditation Review Process

- HDSAI and other documents
- 3 Day Site Visit
- Peer Review
- Interviews - Staff, Partners, & BOH
- Written Report of Site Visit Findings within 10 business days to Accreditation Administrator then to Public Health
- Accreditation Awarded at Accreditation Board Meeting