

**Catawba County Board of Health
Minutes
November 4, 2013**

The Catawba County Board of Health met on Monday, November 4, 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
Dr. William Geideman
Mr. Dan Hunsucker, Commissioner
Mr. John Dollar
Mr. William Mixon
Mr. Brian Potocki

Members Absent: Dr. Sharon Monday
Ms. Naomi East

Staff present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Ms. Alice Layne, Home Health Manager
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Julie Byrd, WIC Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Sindie Sigmon, Business Manager
Ms. Amy McCauley, Community Outreach Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Krystal P. Deal, Home Health Nurse
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 asked if there were any corrections or additions to the Agenda. Hearing none, Dr. William Geideman made a motion to accept the agenda as presented and the motion was seconded by Mr. William Mixon, the motion was unanimously approved.

APPROVAL OF MINUTES

Ms. Watson asked if there were any corrections to the October 7, 2013 Minutes and the Closed Session Minutes for October 7, 2013 included in the Board packets. Hearing none, Ms. Watson asked for a motion to approve the minutes as presented. Dr. David C. Hamilton, Jr., so moved and Dr. William Geideman seconded the motion and minutes were unanimously approved as presented.

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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

Ms. Brenda Watson, Chair asked if there were any new employees to introduce to the Board. Ms. Martha Knox, Administrative Assistant stated that Krystal P. Deal, Home Health Nurse, was present. Krystal joined Catawba County Home Health on October 28, 2013, and comes to CCHH with Public Health experience and a desire to be part of the Home Health team. Catawba County Public Health is happy to welcome Krystal to our staff.

Ms. Watson welcomed Krystal on behalf of the Board.

COUNTY COMMISSIONER'S COMMENTS

Commissioner Dan Hunsucker stated that the Catawba County Board of Commissioners met in regular session on this date. The Board of Commissioners passed two proclamations, a Proclamation recognizing Hospice and Palliative Care Month and the second a Proclamation recognizing Home Health and Hospice Month, which Doug Urland will be presenting to the Board later in this meeting.

In addition, the Board of Commissioners recognized 17 graduates from the County's Mini Course. Public Health had the following included in that group: Julie Byrd, Dana Lynch, Chantae Lail, and Jennifer Lindsay.

Ms. Watson thanked Commissioner Hunsucker for his report

ENVIRONMENTAL HEALTH REPORT

Mr. Scott Carpenter, Environmental Health Supervisor, gave a report to the Board on clarifications of the definition of enclosed areas for the NC Smoke-Free Restaurant and Bar Laws (HB74). He stated no later than January 1, 2014, The Commission of Public Health will amend and clarify the rules adopted pursuant to GS 130A-497 for the implementation of prohibition of smoking in restaurant and bars and will ensure the consistent interpretation and enforcement of part 1c of article 23 of Chapter 130A of the General Statutes. Mr. Carpenter added that the NC Administrative Code 10ANCAC30C.0104 clarified the designation of an "enclosed space". This regulation states:

- A. An area is enclosed if it has:
 - 1) A roof or other overhead covering and
 - 2) Permanent or temporary walls or side coverings on three or more sides that make up 55 percent or more of the total combined perimeter surface area.
- B. A roof, overhead covering, wall or side covering includes any permanent or temporary physical barrier or retractable divider. Examples of materials for a roof, overhead covering, wall or side covering include wood, metal, canvas, tarp, cloth, glass, tent material, plastic, vinyl sheeting, fabric shades, lattice, awning material, polyurethane sheeting or any other similar material. Walls or side coverings do not include mesh screening which is .011 gauge with an 18 by 16 mesh count or more open mesh.
- C. An opening means door, a window or any other aperture that is open to the outdoors.
- D. If the openings in an unenclosed area are covered, such that the area at that time meets the definition of being enclosed pursuant to Paragraph (a), then smoking must be prohibited in the area while the openings are so covered.

- E. If windows or doors form any part of the partition between an enclosed area and an unenclosed area that is used for smoking, these openings shall be closed at all times during the operation of the establishment except for ingress and egress to prevent migration of smoke into the enclosed area.
- F. Nothing in this Rule prohibits a restaurant or bar owner from making an unenclosed area smoke-free.

The Environmental Health staff has guidance for calculating the perimeter of the enclosed space area provided in the regulations. See *Minutes Attachment I* for pictures demonstrating what unenclosed and enclosed spaces would look like.

Mr. Carpenter also discussed Mobile Food Unit Pushcart Information found in NC Administrative Code 15A NCAC 18A, section .2600 and the 2009 NC Food Code Manual. He stated that Mobile Food Unit Pushcarts are different from Temporary food service establishments, which are defined as "those food and drink establishments which operate for a period of 21 days in connection with a fair, carnival, circus, public exhibition, or other similar gathering", although a mobile food unit or push cart can serve at such events without the issuance of a separate permit unless you are not able to leave the site.

Mr. Mixon asked if Environmental Health gives push carts a sanitation rating. Mr. Carpenter stated that temporary food stands are not issued a sanitation rating. He added that the permit is issued for 21 days and most do not operate for that entire period. The Environmental Health staff ensures that temporary food stands are compliant with the rules of operation.

Mr. Carpenter stated the following is required for mobile food unit or push carts:

- ▣ The first and most important requirement for any mobile food unit or push cart is that it **must operate in conjunction with a permitted restaurant, food stand or commissary, and shall report at least daily to that food service or commissary for supplies, cleaning and servicing.** The county in which the restaurant or commissary is located will issue the permit for the mobile food unit or push cart.
- ▣ Must submit for plan review prior to construction and permitting of both pushcart and mobile food unit. The owner must submit an application, plans, menu and fee prior to construction. This helps the owner plan out how the unit shall be setup in accordance to the rule. This in the long run can save the owner time and money. Once the unit is completed after approval, then the unit must be submitted for inspection to the Environmental Health Department to determine compliance with the rules. For a mobile food unit all equipment must meet the NSF/ANSI standard and be labeled commercial. Floors, walls and ceilings must be smooth, non-absorbent and easily cleanable. Push carts must be constructed to NSF/ANSI standards (one that is made by a manufacturer and certified is ideal). If it is constructed not by a certified manufacturer, it must meet NSF/ANSI standards of construction.
- ▣ An agreement must be signed by the restaurant or commissary operator and the mobile food unit or push cart operator and properly notarized. This agreement will give access to the restaurant adequate to meet all requirements in the rules. Facilities in compliance with section .2600 and the 2009 North Carolina Food Code Manual must be provided at the restaurant or commissary for storage of all supplies. All solid waste and liquid waste must be properly disposed of at this establishment. All cleaning of equipment must be done at the facility as well as storage of food. A meeting among the restaurant owner or operator, the mobile food unit operator, and a representative from the Environmental Health Department will be arranged during which the responsibilities of each party will be explained. The agreement form will be provided by the Environmental Health representative to the parties at this meeting. A log sheet will also be given to the owner so that he or she can keep it at the permitted food service or commissary so when

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they return from the days operation they can check off the items on that sheet that needs to be done with a date and initial.

- ☐ Once the agreement is signed and notarized, then a permit can be issued.
- ☐ The operator must provide to the local health department issuing the permit a list of all counties and locations where the unit will operate, **and** to the local health departments in all counties of operation a list of those locations within that county where the unit will operate and times of operation. Failure to do so could result in immediate suspension of permit.
- ☐ The permit shall be posted so that it is visible to the public until an inspection has been completed then a grade card shall be posted..
- ☐ It is the responsibility of the owner to meet all zoning ordinances, tax and other laws, rules and ordinances if applicable to this type of food service operation.
- ☐ Only hot dogs shall be prepared, handled, or served from a pushcart; however, food which has been prepared, pre-portioned, and individually pre-wrapped at a food establishment or commissary may be served from a pushcart.
- ☐ These units are normally inspected twice a fiscal year (July to June). If they travel out of county a great deal they may get more than the twice a year inspection from the different counties that they may operate in.
- ☐ A new grade card shall be posted each time an inspection is completed and is visible to the public at all times

Mr. Carpenter asked if there were any questions from the Board. Mr. William Mixon asked if Catawba County has any of the "pushcarts" that are required to meet these criteria. Mr. Carpenter answered that yes, there are 16 mobile food units and pushcarts at this time operating in Catawba County. The operators must notify Environmental Health of all counties that they operate in and their permit can be suspended if they fail to report to the county they are operating in.

He added that the permit must be posted in a visible place and the mobile push cart must also post the Grade card visibly. Mr. Carpenter offered to answer questions for the Board. Ms. Watson asked about a hotdog stand under a tent and asked if that qualifies as a push cart. Mr. Carpenter stated yes, that usually push cars are under an umbrella; however the operator of that hotdog stand wants to keep the sun off of her. The operator investigated erecting a car shed over her stand and was denied because she would have to follow the county building codes for that structure.

Doug Urland, Health Director, stated that there have not been any issues that have required the Board of Health to take additional actions. Mr. Carpenter stated that the State has indicated they would like to compile a statewide database so that mobile push carts can be monitored on a more consistent basis.

Mr. Mixon asked Mr. Carpenter to explain the process for an establishment to obtain a 95 rating on the grade card. Mr. Carpenter stated that establishments can no longer get more than a 100 grade, since the State of North Carolina adopted the FDA Food Code.

School cafeterias get 100 scores on a consistent basis. The employees of school cafeterias get bonuses if they maintain that rating. However, in restaurants the high turnover of staff makes it more difficult to have consistent high scores. Mr. Carpenter offered for Board members to ride along with an Environmental Health Specialist. Mr. Mixon asked what the criterion to shut an establishment down was and Mr. Carpenter stated any grade below a 70 will merit closing the establishment. He added that the grades of local restaurants are listed on the CCPH Environmental Health website. There is also a link to the statewide restaurant grades.

Mr. Urland stated that closing may occur even if the score is not below 70 should other critical issues be identified. Mr. Carpenter stated if there an establishment does not have power, or hot water, or sewage in the floor drain will require immediate suspension of operations.

Mr. Carpenter was asked if any inspections are conducted in the evening and he stated that if an establishment is open from lunch through the evening that inspections will be conducted during that time.

FINANCIAL REPORT

Ms. Sindie Sigmon, Business Manager, stated that the Board had before them copies of the two financial reports that were emailed to them. The first report she reported on was for the Year End for 2012-13. She stated that last fiscal year was a very different year due to a number of areas that had reduced revenue. Home Health experienced reduced revenue of \$700,000 and the Escrow Medicaid settlement payment was reduced by a little over \$300,000. There were also some clinical services that were provided to a larger number of 0% pay clients, rather than Medicaid.

At the end of Fiscal Year 2012-13, there was a little over \$1 million less in revenue than was expected. Last year required asking the Board to approve a revised budget and there was also a Reduction in Force (RIF) plan. Several positions were affected including loss of some positions and reductions in hours for several employees. Some service areas have reduced hours such as the Immunization Clinic. She offered to answer any questions that the Board may have regarding Fiscal Year 2012-13.

She stated that the report shows on the expense side some staffing changes. The report also shows that there is an increased use of the debit/credit cards, which is good for bringing in revenues. Hearing no questions about the end of year report, Ms. Sigmon moved on to the 1st Quarter report for 2013-14.

Ms. Sigmon stated that she will be giving a quarterly report to the Board for 2013-14. The report will be made to the Board the month after the end of the quarter. The budget for 2013-14 is less than last year and shows staff and service reduction and changes. She stated that Home Health is looking on track the first quarter. The caseload is up and the payor mix has improved. In the Women's Health area, one nurse practitioner resigned. This was the employee that experience reduction from fulltime to ½ time hours starting July 1st. CCPH is not filling that position at this time. This does affect the revenue from that clinic. Due to NC Tracks (the new NC Medicaid billing system), the 1st quarter does not show clinical revenues due to not receiving the reimbursement on claims until almost the end of September or first of October. The reimbursements are up-to-date at this time and the revenue looks good at this time. There is still a large number of indigent clients utilizing Women's Health services.

The Medicaid Escrow payment for this year is still an unknown. Mr. Urland stated that in 2012-13 CCPH did not know about the reduction in the Medicaid Escrow payment until March; however, the budget for 2013-14 reflected an adjustment to anticipate a smaller payment. Although the amount is anticipated to be lower it is hoped that the estimate in the 2013-14 budget is closer to what the actual settlement will be.

Ms. Sigmon stated that the Finance staff is doing a thorough analysis of the budget on a weekly basis. Ms. Sigmon meets with the Director, Assistant Director and Health Services Manager on a weekly basis to attempt to anticipate the changes that may occur during the year.

Ms. Watson asked what the Child Seat Copay refers to. Ms. Sigmon stated that the Early Childhood Support Team provides child seats with an ECST grant. They purchase the car seats and parents apply. If they are eligible the parents pay \$10 for the seats.

Mr. Urland stated that one of the items that CCPH is monitoring closely is the utility bills. The electricity bills continue to increase. Last year there was a big increase, and although the budget for 2013-14 was increased for utilities the bills are again showing a large increase that has caused the expenditures to be 50% of what was budgeted for certain areas. Finance staff will be working to determine why the electricity charge are going up.

Mr. Urland stated that there was a new air conditioner installed for the computer server room here at Public Health. Therefore, there was higher utilization due to that addition. At times, there have been some discrepancies in the power bills. Ms. Sigmon stated that one year there was a malfunction in the heat system that had to be fixed. CCPH is scheduled for all new energy efficient lighting.

Mr. Urland added that regarding Home Health, September, 2013 has not been closed out therefore final data on revenues was not available, although the expenses were documented. Sindy mentioned there is a better payor mix at this time for Home Health, and it is hopeful that additional revenue will realized. She added that if any Board member would prefer a different report format, she would be glad to present the information in different way if that is desired.

POLICY AND STRATEGIC PLANNING SUBCOMMITTEE REPORT

Mr. John Dollar, Chair of the Policy and Strategic Planning Subcommittee stated that the subcommittee met on October 21, 2013 with Doug Urland, Health Director, Kelly Isenhour, Assistant Health Director and Martha Knox, Administrative Assistant. The meeting was to review the Catawba County Public Health Strategic Plan and recommend any changes to that document. He stated that the subcommittee will recommend approval of the Strategic Plan with the changes that Ms. Kelly Isenhour will outline in her presentation.

Ms. Kelly Isenhour, Assistant Health Director, gave a brief overview of the process that resulted in the revision of the Catawba County Public Health Strategic Plan. She stated that the CCPH Management team met twice once on October 8, 2013 at CVCC to discuss the Strategic Plan. Ms. Kathy Crump, CVCC Economics and Business Instructor, acted as facilitator for that session.

At the October 8th session, Public Health Management Team compiled a list of strengths, weaknesses, opportunities, threats, strengths to opportunities, value areas, and discussed possible value statements. During the discussion the Management Team came to a consensus that the Vision Statement "Leading the Way to a Healthier Community" was still relevant and should continue to be the Vision Statement for CCPH. The Management Team gave feedback on the October 8th session and on October 15th continued with work on the Strategic Statements.

It was determined that a change to the Mission Statement was needed, therefore, the Mission Statement now reads: "To promote, protect, and improve the health of the community by assessing and responding to needs, assuring services, developing policies, and fostering collaboration."

Value Statements

- **Collaboration:** Working together for the mutual benefit of the community through the sharing of information, resources, and ideas to improve health.
- **Excellence:** Striving to provide the highest standard of service through a commitment to best practices and continuous quality improvement.
- **Respect:** Approaching all people with understanding, compassion, and dignity.
- **People:** Ensuring the effective recruitment, retention, and continual development of staff to meet the evolving needs of the organization and the community.
- **Trust:** Building public trust by being accountable for our actions, acting with consistency of character, providing responsive and dependable service, and communicating timely, accurate information.
- **Innovation:** Continually seeking to adapt and apply new ideas, technologies, and strategies to be a transformational leader in public health.

Ms. Isenhour stated she shares the value statements from the strategic plan with new employees during the Public Health Orientation Class. The CCPH Management Team made changes to the Value Statements to make them more concise and easier for employees to remember.

Each Program area has Strategic Statements that define the priorities for the next three to five years. The Strategic Statements have a tactical plan with goals and objectives that are developed with input from public health staff and where appropriate key stakeholders in the community. Please see the *Minutes Attachment II* for more information on Program Area Strategic Statements.

She stated that Home Health stayed very similar to the statements in the past. However, the statement combined several into one focus for the Home Health area. Pregnant Women and Children was combined to represent the contracts CCPH has with Catawba Valley Medical Center and Catawba Pediatrics to assure services to pregnant women and children.

Focuses on community healthy lifestyles and surveillance to ensure CCPH is prepared to respond to epidemiological events in Catawba County are also addressed in the strategic statements. In the School Health Program, the statements highlight the collaborative role of the hospital and school systems to provide those services to the schools in Catawba County.

The Administration section is now included in the over-arching statements that highlight the use of our resources in any of the Public Health program areas. QI is another area that CCPH utilizes to become a better provider of services to the community. Ms. Isenhour offered to answer any questions for Board members.

She stated that the next step is to develop the tactical/operational plan. This will show how the agency will achieve the Strategic Statements. These plans will coincide with the outcomes for CCPH that are required for the Budget process. She added the vision and mission statements should push down to the strategic plan and operations, which will help the CCPH prioritize where our resources are being focused. Success will be measured by achieving the mission and vision we have established.

Ms. Brenda Watson, Chair, thanked Ms. Isenhour for her presentation and asked if there were any further questions from the Board. Hearing none, she stated that the Policy and Strategic Planning Subcommittee has recommended approval of the Public Health Strategic Plan as presented and the recommendation does not require a second. Therefore, she asked for a vote of the Board. The Catawba County Strategic Plan for November 2013 was unanimously approved.

IMMUNIZATION UPDATE

Ms. Kelly Isenhour, Assistant Health Director, gave an update report on Tdap vaccine and the non-compliance identified in the schools. She reported that only 15 children in Catawba County remained out of compliance in Catawba County schools. One of the 15 was a kindergarten student and the remaining 14 are 6th grade students. School nurses continue to work to get those 15 students into compliance as soon as possible.

Jennifer McCracken, Health Services Manager, has been meeting with staff to identify any additional measures that can be taken to ensure compliance with immunization requirements.

Regarding the current flu season, Ms. Isenhour stated that only have about 57 doses remaining of the flu vaccine. The Flu blitz clinics that were held were very successful. Those remaining doses will be utilized at a clinic held at the Health First Center in Valley Hills Mall. The over-65 high dose vaccine will be given to the mall walkers at the Health First Center.

Ms. Isenhour added that due to reduction in hours for the Immunization Clinic, if a parent calls to schedule immunizations for a child today, they first available appointment would be November 26th. If there is an emergency situation, staff will evaluate and make adjustments as necessary.

Walgreens Pharmacy met with CPH staff to discuss a mini-clinic for uninsured individuals or under-insured. They approach NC Health Departments about a partnership. CPH called and set up the meeting to discuss possible locations throughout the county that would need that service. Walgreens has talked with Greater Hickory Cooperative Christian Ministries. Other places that were contacted include: Salvation Army, Centro Latino, and other clinics that serve that population of people in the community. Mr. Mixon asked if Ms. Isenhour had any numbers on the acceptance rate in those targeted populations. She stated that she did not currently have any data on how many accepted the free flu vaccine.

Next year it is planned to begin the partnership earlier. Mr. Doug Urland stated that he responded to the email he received because of the opportunity to leverage additional coverage of flu vaccines in the community. Ms. Amy McCauley, Community Outreach Manager stated that Health Promotions staff assisted with distribution of a flyer through the CPH clinic areas.

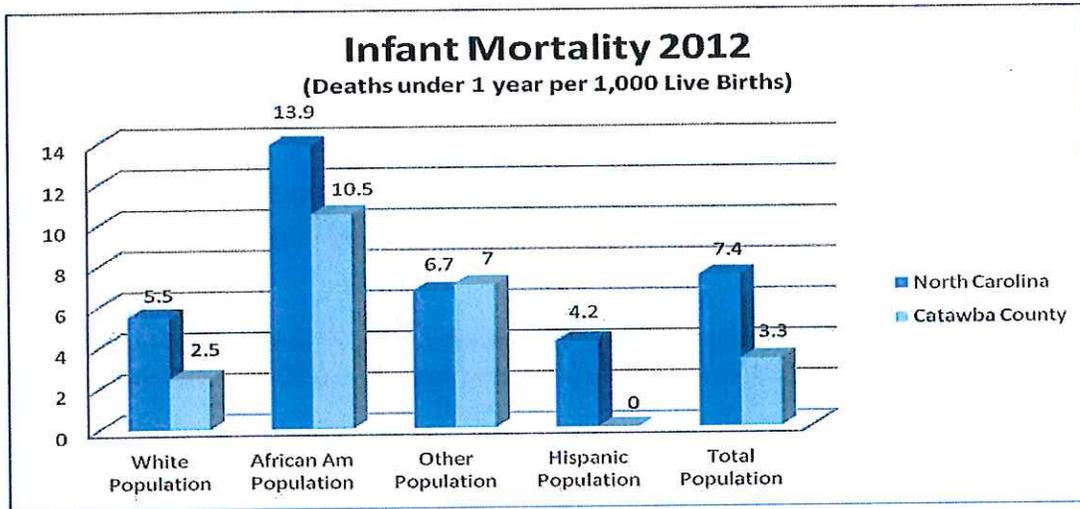
2012 INFANT MORALITY DATA

Ms. Jennifer McCracken, Health Services Manager, gave a brief report on the 2012 Mortality Data. She stated that she generally reports on the Child Fatalities during the February or March Board of Health meeting. However, this year she has an interim report to focus on the infant mortality rate for Catawba County. The report was released from the State on the 2012 Infant Mortality Rate.

This report focuses on any infant that died 12 months of age or younger or from the 20 week gestation up to 12 months of age. Ms. McCracken's report showed that the rates in 2012 for infant mortality was 7.4 for 1,000 births and had ticked up slightly since 2010 when the rate was 7.0 per 1,000 births. In 2011 it was 7.2.

African-American infant mortality is higher across NC, and ½ of the women were overweight or obese. Tobacco use is also a factor with 10.6% of women smoked during pregnancy in 2012 across NC. 12% of births in NC had a birth interval less than 6 months between delivery and the next conception. The recommendation is that a woman would wait 18 months before the next pregnancy.

Catawba County Public Health is focusing on the obesity rate and tobacco use among pregnant women. The Family Planning Clinic focuses on women spacing out their pregnancy. Catawba County's Infant Mortality rate is 3.3% compared to the State's total death rate of 7.4%. Ms. McCracken noted the disclaimer which states "Rates based on small numbers (fewer than 10) are unstable." The following slide shows the rate comparisons for Catawba County versus North Carolina Infant Mortality.



Ms. McCracken stated the case management programs through Pregnancy Care Management (PCM) and Care Coordination for Children (CC4C) programs are specific to Public Health and provides this population of women specific care management. These case managers work with all four Prenatal practices in Catawba County. At the 60 days post-partum time frame, the new mothers transition to the CC4C program for continued monitoring and assistance. The CC4C case managers follow the children in high risk up to the age of 5 if they meet the criteria of the program.

In addition, there is a critical Home Visit made to assess the post-partum mother to ensure the bonding is occurring and make appropriate referrals. The partnership with Catawba Valley Medical Center works will to ensure the Medicaid mothers served by that Maternity Services practices have the access to all the programs offered here at Public Health. CVMC continues to provide the prenatal services that CCPH provided to pregnant women along with the state-of-the-art facility that is right next door to CCPH. The level three nursery provides acute care to infants without the need to transport the infant out of the county.

CVMC also conducts a centering program, which is a group prenatal model. This is a continuation of the group prenatal model that CCPH conducted in the past. There are currently up to five centering groups, which is the best practice way of provision of prenatal care to women that gives them a peer group that benefits them with successful outcomes.

The CCPH WIC program is also available to provide services that connect prenatal patients and their children to the services provided here at CCPH. Ms. Watson asked if the definition for Infant Mortality was the same in other countries. Ms. McCracken stated she did not know if that was true, however, the definition is the same here in the United States.

A PROCLAMATION – Home Health and Hospice

Mr. Doug Urland, Health Director stated that he would like to present a resolution to the Board of Health to recognize Home Health and Hospice care in Catawba County. He read the following Proclamation:

**Home Health and Hospice Month
A Proclamation**

WHEREAS, home care and hospice services provide for an individual's health and social needs across the continuum of life; and

WHEREAS, home care and hospice offers compassionate care which serves expectant mothers, infants, children, adults, the disabled and elderly, and also provides love, comfort and support at the end of life; and

WHEREAS, according to the Association of Home & Hospice Care of North Carolina home care and hospice agencies provided health and social needs to approximately 500,000 North Carolina citizens last year in their homes; and

WHEREAS, home care and hospice services enable North Carolina citizens to receive quality health and social services in their own home, surrounded by family and friends; and

WHEREAS, home care and hospice services strengthen the family bond and support families as they care for their loved ones at home, lessening caregiver burnout and unnecessary placement in more costly institutional settings; and

WHEREAS, home care and hospice services build upon a strong tradition of care and compassion, striving to keep families together while preserving an individual's independence and dignity in the setting of their choice;

NOW, THEREFORE, the Catawba County Board of Health does hereby proclaim November, 2013 as "Home Care and Hospice Month" in Catawba County, and commend this observance to the citizens of Catawba County.

Signed this the 4th day of November, 2013.

Mr. John Dollar made a motion that the Catawba County Board of Health adopt the Proclamation as read. Mr. William Mixon seconded the motion and it was passed unanimously.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated he had three items for his report to the board.

- Budget - Mr. Urland stated that the budget season has begun and staff are currently working on the preparation for the 2014-15 budget and on outcomes that this year will also include outcomes that will be multi-year outcomes and also work with other county departments to achieve inter-departmental outcomes.

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- Department Head Retreat - is scheduled in December and will be looking at budget projections for 2014-15. He stated the General Session will meet in short session beginning in May, 2014.
- The last item was to state as discussed by the Board at the last meeting, the next regular meeting of the Board of Health will be on Monday, December 2, 2013, and will be held here at Public Health in the Boardroom. There will be dessert and coffee, which will begin at 6:30pm.

OTHER BUSINESS

Ms. Brenda Watson, if there was any further business for consideration in the regular session of the Board of Health.

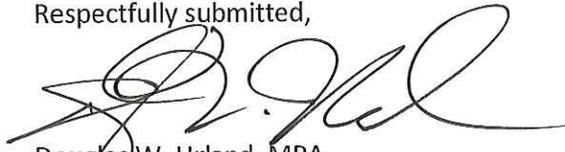
Dr. David C. Hamilton, Jr. stated that two years ago he participated in an event to provide dental services to the Hmong community. At that clinic, 890 patients received treatment at the event. He stated that to be able to offer that sort of clinic in the Catawba County area again, there is a need to raise \$48,000 of the \$75,000 required for this type of event.

Dr. Hamilton stated he feels that our community has the resources and asked for assistance in finding donations to host this type of clinic at the end of 2014 or beginning of 2015. He stated he just wanted to bring this to the Board's attention and would appreciate any assistance in this effort.

ADJOURNMENT

Mr. Dan Hunsucker made a motion to adjourn the meeting of the Catawba County Board of Health and Dr. William Geideman seconded the motion and it passed unanimously.

Respectfully submitted,



Douglas W. Urland, MPA
Health Director

DWU: mjk

ENVIRONMENTAL HEALTH FOOD, LODGING AND INSTITUTION UPDATE

**Scott Carpenter , REHS
Supervisor**

Clarification of the Definition of Enclosed Areas for the NC Smoke-Free Restaurant and Bar Laws

- S.L. 2013-413 (HB74) - No later than January 1, 2014, the Commission for Public Health shall amend and clarify its rule adopted pursuant to G.S.130A-497 for the implementation of the prohibition on smoking in restaurants and bars. The rules shall ensure the consistent interpretation and enforcement of Part 1C of Article 23 of Chapter 130A of the General Statutes and shall specifically clarify the definition of **enclosed areas** for purposes of implementation of the Part.
- S.L. 2009-27 Prohibit Smoking in Certain Public Places - prohibits smoking in enclosed areas of restaurants and bars.
- G.S.130A-92 defines "**enclosed area**" as "an area with a roof or other overhead covering of any kind and walls or side coverings of any kind, regardless of the presence of openings for ingress and egress, on all sides or on all sides but one."

10A NCAC 39C.0104 Clarified Definition:

- A. An area is enclosed if it has:
 - 1) A roof or other overhead covering and
 - 2) Permanent or temporary walls or side coverings on three or more sides that make up 55 percent or more of the total combined perimeter surface area.
- B. A roof, overhead covering, wall or side covering includes any permanent or temporary physical barrier or retractable divider. Examples of materials for a roof, overhead covering, wall or side covering include wood, metal, canvas, tarp, cloth, glass, tent material, plastic, vinyl sheeting, fabric shades, lattice, awning material, polyurethane sheeting or any other similar material. Walls or side coverings do not include mesh screening which is .011 gauge with an 18 by 16 mesh count or more open mesh.
- C. An opening means door, a window or any other aperture that is open to the outdoors.
- D. If the openings in an unenclosed area are covered, such that the area at that time meets the definition of being enclosed pursuant to Paragraph (a), then smoking must be prohibited in the area while the openings are so covered.
- E. If windows or doors form any part of the partition between an enclosed area and an unenclosed area that is used for smoking, these openings shall be closed at all times during the operation of the establishment except for ingress and egress to prevent migration of smoke into the enclosed area.
- F. Nothing in this Rule prohibits a restaurant or bar owner from making an unenclosed area smoke-free.

Clarification of the Definition of Enclosed Areas Timeline

- ☐ Certified by the Office of State Budget and Management - **Sept. 18, 2013**
- ☐ Posted by the Office of Administrative Hearings for Public Comments - **Oct. 1, 2013**
- ☐ Public Hearing - **Oct. 23, 2013**
- ☐ Update the Commission for Public Health - **Oct. 25, 2013**
- ☐ The Commission shall report to the Joint Legislative Oversight Committee on Health and Human Services on its progress in amending and clarifying the rules - **Dec. 2, 2013**
- ☐ Comment Period Ends - **Dec. 4, 2013**
- ☐ Approval by the NC General Assembly - Session begins **May 14, 2014**

How to Calculate Whether an Area is Enclosed or Unenclosed

- 1) Measure the WIDTH and HEIGHT of each wall or side forming the perimeter of the area under consideration. Use just vertical sides
- 2) Multiply the WIDTH and HEIGHT of each wall or side to determine the SQUARE FOOTAGE of each wall or side
- 3) Add the SQUARE FOOTAGE of each wall or side to find the TOTAL COMBINED PERIMETER SURFACE AREA
- 4) Measure the WIDTH and HEIGHT of the openings to the outdoors in each wall or side
- 5) Multiply the WIDTH times the HEIGHT of each opening to the outdoors in the walls or sides to determine the SQUARE FOOTAGE of each opening(s)
- 6) Add the SQUARE FOOTAGE of each opening to the outdoors in the walls or sides to find the OPEN SURFACE AREA
- 7) Divide the OPEN SURFACE AREA by the TOTAL COMBINED PERIMETER SURFACE AREA to determine the percentage of the walls or sides that is open to the outdoors

Example:

There is an area in a bar (has a roof) with two sides consisting of solid walls and two sides containing openings to the outdoors:

The Square Footage of each side is as follows:

North wall = 500 sq ft, South wall = 500 sq ft, East wall = 1000 sq ft, West Wall = 1000 sq ft

Total Combined Perimeter Surface Area = 3000 sq ft

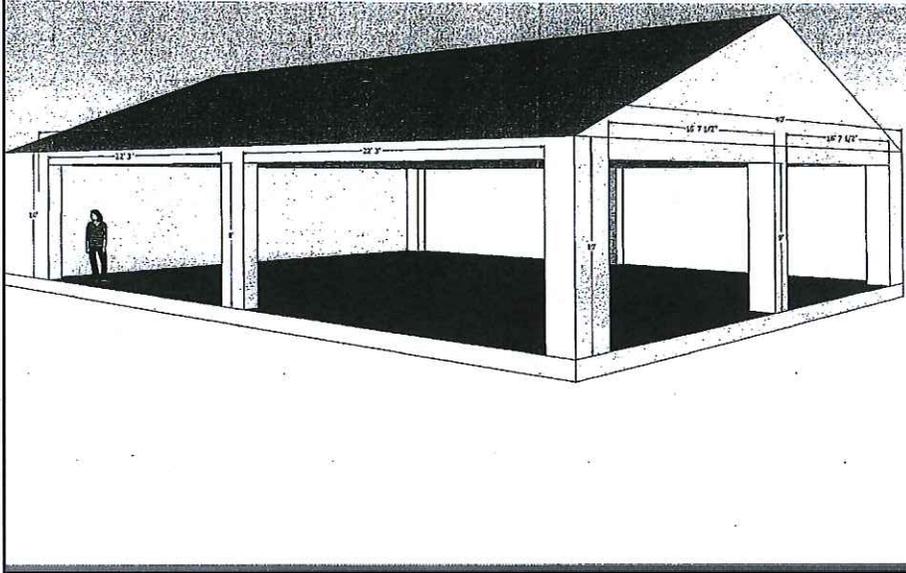
The Square Footage of the openings to the outdoors in the sides is as follows:

North wall = 0, South wall = 0, East wall = 900 sq ft, West wall = 900 sq ft

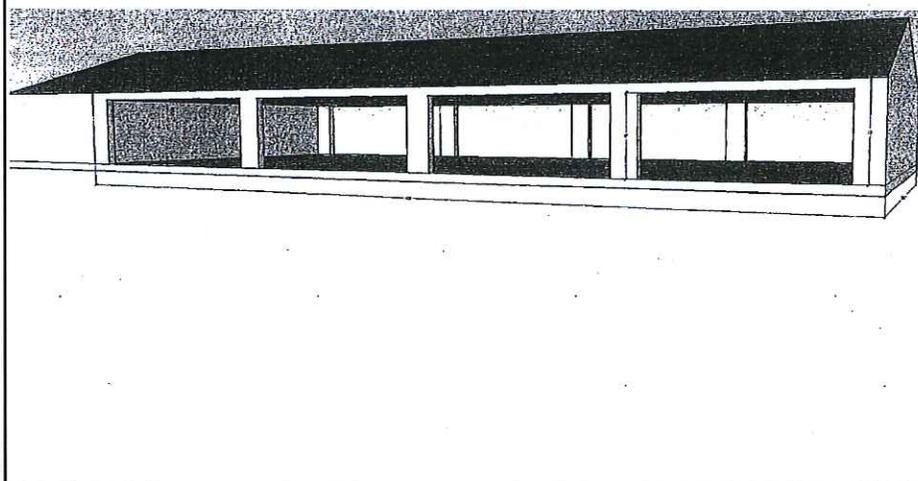
Total Combined Perimeter Surface Area = 1800 sq ft

Divide 1800 sq ft by 3000 sq ft = 60 % of Total Combined Perimeter Surface Area is open to the outdoors. Meaning that 40% of the Total Combined Perimeter Surface Area is enclosed. Less than 55% of the Total Combined Perimeter Surface Area is enclosed therefore it meets the rule being unenclosed.

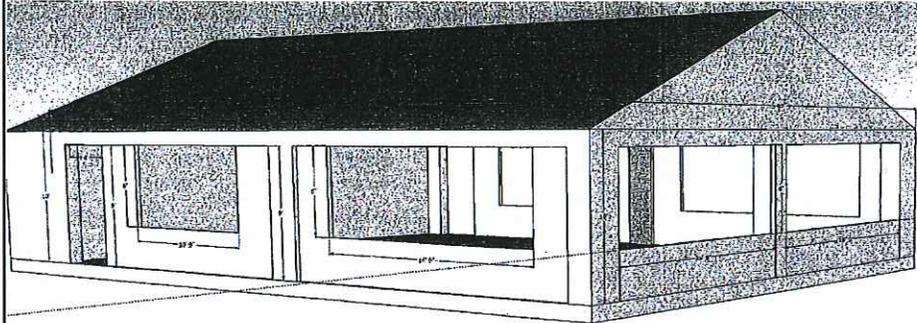
Example 1: Unenclosed



Example 2: Unenclosed



Example 3: Enclosed



General Mobile Food Unit/Pushcart Information

- The *Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments*, 15A NCAC 18A, section .2600 and the *2009 North Carolina Food Code Manual*, set forth requirements for the operation of foodhandling establishments, and contain specific requirements for operation of mobile food units and push carts, in addition to the rules governing foodhandling generally.
- In section .2651, a *mobile food unit* is defined as "a food establishment or pushcart designed to be readily moved and vend food". A *push cart* is defined as "a mobile piece of equipment or vehicle used to vend food."
- These permitted units can operate year-round. They are different from *temporary food service establishments*, which are defined as "those food and drink establishments which operate for a period of 21 days in connection with a fair, carnival, circus, public exhibition, or other similar gathering", although a mobile food unit or push cart can serve at such events without the issuance of a separate permit unless you are not able to leave the site.

General Information

- ❑ The first and most important requirement for any mobile food unit or push cart is that it must operate in conjunction with a permitted restaurant, food stand or commissary, and shall report at least daily to that food service or commissary for supplies, cleaning and servicing. The county in which the restaurant or commissary is located will issue the permit for the mobile food unit or push cart.
- ❑ Must submit for plan review prior to construction and permitting of both pushcart and mobile food unit. The owner must submit an application, plans, menu and fee prior to construction. This helps the owner plan out how the unit shall be setup in accordance to the rule. This in the long run can save the owner time and money. Once the unit is completed after approval, then the unit must be submitted for inspection to the Environmental Health Department to determine compliance with the rules. For a mobile food unit all equipment must meet the NSF/ANSI standard and be labeled commercial. Floors, walls and ceilings must be smooth, non-absorbent and easily cleanable. Push carts must be constructed to NSF/ANSI standards (one that is made by a manufacturer and certified is ideal). If it is constructed not by a certified manufacturer, it must meet NSF/ANSI standards of construction.
- ❑ An agreement must be signed by the restaurant or commissary operator and the mobile food unit or push cart operator and properly notarized. This agreement will give access to the restaurant adequate to meet all requirements in the rules. Facilities in compliance with section 2600 and the 2009 North Carolina Food Code Manual must be provided at the restaurant or commissary for storage of all supplies. All solid waste and liquid waste must be properly disposed of at this establishment. All cleaning of equipment must be done at the facility as well as storage of food. A meeting among the restaurant owner or operator, the mobile food unit operator, and a representative from the Environmental Health Department will be arranged during which the responsibilities of each party will be explained. The agreement form will be provided by the Environmental Health representative to the parties at this meeting. A log sheet will also be given to the owner so that he or she can keep it at the permitted food service or commissary so when they return from the days operation they can check off the items on that sheet that needs to be done with a date and initial.

General Information Continued

- ❑ Once the agreement is signed and notarized, then a permit can be issued.
- ❑ The operator must provide to the local health department issuing the permit a list of all counties and locations where the unit will operate, and to the local health departments in all counties of operation a list of those locations within that county where the unit will operate and times of operation. Failure to do so could result in immediate suspension of permit.
- ❑ The permit shall be posted so that it is visible to the public until an inspection has been completed then a grade card shall be posted..
- ❑ It is the responsibility of the owner to meet all zoning ordinances, tax and other laws, rules and ordinances if applicable to this type of food service operation.
- ❑ Only hot dogs shall be prepared, handled, or served from a pushcart; however, food which has been prepared, pre-portioned, and individually pre-wrapped at a food establishment or commissary may be served from a pushcart.
- ❑ These units are normally inspected twice a fiscal year (July to June). If they travel out of county a great deal they may get more than the twice a year inspection from the different counties that they may operate in.
- ❑ A new grade card shall be posted each time an inspection is completed and is visible to the public at all times

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

November 4, 2013



CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Review and Development

- Management Team meeting - 10/8/2013
- Management Team meeting - 10/15/2013
- BOH Policy and Strategic Planning Subcommittee - 10/21/2013

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Vision Statement

Leading the Way to a Healthier Community

Mission Statement

To promote, protect, and improve the health of the community by assessing and responding to needs, assuring services, developing policies, and fostering collaboration.

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Value Statements

- **Collaboration:** Working together for the mutual benefit of the community through the sharing of information, resources, and ideas to improve health.
- **Excellence:** Striving to provide the highest standard of service through a commitment to best practices and continuous quality improvement.
- **Respect:** Approaching all people with understanding, compassion, and dignity.
- **People:** Ensuring the effective recruitment, retention, and continual development of staff to meet the evolving needs of the organization and the community.
- **Trust:** Building public trust by being accountable for our actions, acting with consistency of character, providing responsive and dependable service, and communicating timely, accurate information.
- **Innovation:** Continually seeking to adapt and apply new ideas, technologies, and strategies to be a transformational leader in public health.

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Strategic Statement - Home Health

- Respond to the Home Health needs in Catawba and surrounding counties by providing quality home care as Evidenced by improved patient outcomes.



Strategic Statement – Environmental Health

- Sustain capacity to administer Environmental Health (EH) programs, effectively addressing public health issues and emerging threats in a changing regulatory environment.
- Develop and refine the capacity to be recognized as a model EH program.

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Strategic Statements – Clinical Practice

- Assure that pregnant women and children have access to comprehensive health services.
- Assure all eligible women and children have access to WIC program services.
- Respond to the dental health needs of children in Catawba County.
- Link individuals to and assure the availability of health care for the prevention, screening and treatment of Breast and Cervical Cancer, Sexually Transmitted Infections, and Family Planning services.

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Strategic Statements – Community Health

- Be a catalyst for county wide healthy lifestyles.
- Engage the community in a meaningful way to identify, understand, and address community health needs.
- Be the “EPI” center for communicable disease control, information, and surveillance.
- Deliver seamless care management to ensure healthy outcomes from pregnancy through childhood.
- Prepare for and respond to events that threaten the health of the community.
- Assure the implementation of a Coordinated School Health Program through leadership, expertise, and management of the community school health collaborative.

CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Strategic Statements – Overarching

- Assure sustainability and effective use of assets by maximizing opportunities to acquire new and expand existing resources and partnerships.
- Have a talented workforce committed to excellence and leadership in the practice of public health.
- Integrate Quality Improvement approaches in all aspects of public health practice resulting in increased efficiencies and improved outcomes.
- Promote consistent, positive awareness of Public Health’s services and role in the community.
- Ensure a safe work environment.

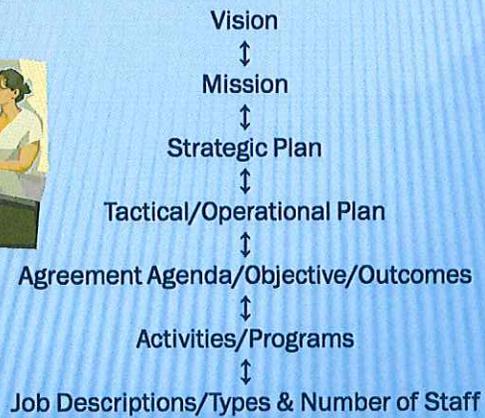
CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN – Next Steps

Operational Plan

- Goals/Objectives
- Outcomes



CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN



CATAWBA COUNTY PUBLIC HEALTH STRATEGIC PLAN

Success!

- Accomplishment of Mission and Vision Statements
- Address critical issues (Strategic Statements)
- Gauging progress (Tactical Plan Objectives)
- Adhere to Value Statements

